

## NOTICE OF HOME CARE PRIVACY PRACTICES

### THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

#### WHAT IS HIPAA?

In 1996, the United States Government passed a law called the Health Insurance Portability and Accountability Act. It is referred to as "HIPAA". Title I of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) protects health insurance coverage for workers and their families when they change or lose their jobs.

#### HOW DOES HIPAA SIMPLIFY HEALTH CARE?

An important part of this rule is a system to simplify health care information so all providers, health plans, and related organizations can use the same forms and computer programs to communicate with one another.

#### HOW DOES HIPAA REGULATE THE USE AND DISCLOSURE OF MY HEALTH INFORMATION?

With uniform standards for communication in place, it becomes more important than ever to make sure your health care providers and health care plans are making every effort to protect your health information.

HIPAA rules define information about your past present or future physical or mental condition, treatment, or payment for treatment as PROTECTED HEALTHCARE INFORMATION. We refer to this as "PHI".

Under the rule, a healthcare provider, such as **Touch of Class** may use your PHI only for limited purposes without your consent. We can use your healthcare information for purposes of providing you treatment, obtaining payment for your care, and conducting health care operations. The Agency has established policies to guard against unnecessary disclosure of your health information.

#### HOW WILL TOUCH OF CLASS USE MY HEALTH INFORMATION?

**To Provide Treatment:** The Agency may use your health information to coordinate care within the Agency and with others involved in your case, such as your attending physician and other health care professionals who have agreed to assist the Agency in coordinating care.

For example, physicians involved in your care will need information about your symptoms in order to prescribe appropriate medications. The Agency also may disclose your health care information to individuals outside of the Agency who are involved in your care, including family members, pharmacist, suppliers of medical equipment or other health care professionals.

**To Obtain Payment:** The Agency may include your health information in invoices to collect payment from third parties for the care you receive from the Agency. For example, the Agency may be required by your health insurer to provide information regarding your health care status so that the insurer will reimburse you or the Agency. The Agency also may need to obtain prior approval from your insurer and may need to explain to the insurer your need for home care and the services that will be provided to you.

**To Conduct Health Care Operations:** The Agency may use and disclose health information for its own operations in order to help and Agency function better, and as necessary to provide quality care to all of the Agency's patients. Health care operations include such activities as:

- Quality assessment and improvement activities.
- Activities designed to improve health or reduce health care costs.
- Protocol development, case management and care coordination.
- Contacting health care providers and patients with information about treatment alternatives and other related functions that do not include treatment.
- Professional review and performance evaluation.
- Training programs including those in which students, trainees or practitioners in health care learn under supervision.
- Training of non-health care professionals.
- Accreditation, certification, licensing or credentialing activities.
- Review and auditing, including compliance reviews, medical review, legal services and compliance programs.
- Business planning and developing including cost management and planning related analyses and formulary development.
- Business management and general administrative activities of the Agency.

For example the Agency may use your health information to evaluate the employees who are taking care of you. We may combine your health information with other Agency patients in evaluating how to more effectively serve all Agency patients. We may need to disclose your health information to Agency staff and contracted personnel for training purpose, use your health information to contact you as a reminder regarding a visit to you, or contact you a part of general community information mailing (unless you tell us you do not want to be contacted).

**For Appointment Reminders:** The Agency may use and disclose your health information to contact you as a reminder that you have an appointment for a home visit.

**For Treatment Alternatives:** The Agency may use and disclose your health information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

#### THE FOLLOWING IS A SUMMARY OF THE CIRCUMSTANCES UNDER WHICH AND PURPOSES FOR WHICH TOUCH OF CLASS INFORMATION CAN USE YOUR PHI UNDER HIPAA REGULATIONS:

**When Legally Required:** The Agency will disclose your health information when it is required to do so by any Federal, State or local law.

**When There Are Risks to Public Health:** The Agency may disclose your health information for public activities and purpose in order to:

- Prevent or control disease, injury or disability, report disease, injury, vital events such as birth or death and the conduct of public health surveillance, investigations and interventions.
- Report adverse events, product defects, to track products or enable product recalls, repairs and replacements and to conduct post-marketing surveillance and compliance with requirements of the Food and Drug Administration.
- Notify a person who has been exposed to a communicable disease or who may be at risk of contracting or spreading a disease.
- Notify an employer about an individual who is a member of the workforce as legally required.

**To Report Abuse, Neglect or Domestic Violence:** The Agency is allowed to notify government authorities if the Agency believes a patient is the victim of abuse, neglect or domestic violence. The Agency will make this disclosure only when specifically required or authorized by law or when the patient agrees to the disclosure.

**To Conduct Health Oversight Activities:** The Agency may disclose your health information to a health oversight agency for activities including audits, civil administrative or criminal investigations, inspections, licensure or disciplinary action. The Agency, however, may not disclose your health information if you are the subject of an investigation and your health information is not directly related to your receipt of health care or public benefits.

**In Connection With Judicial and Administrative Proceedings:** The Agency may disclose your health information in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal as expressly authorized by such order or in response to a subpoena, discovery request or other lawful process, but only when the Agency makes reasonable efforts to either notify you about the request or to obtain an order protecting your health information. *[Some States require a court order for the release of any confidential medical information and may be more protective than the Federal requirements.]*

**For Law Enforcement Purpose:** As permitted or required by State law, the Agency may disclose your health information to a law enforcement official for certain law enforcement purpose as follows:

- As required by law for reporting of certain types of wounds or other physical injuries pursuant to the court, warrant, subpoena or summons or similar process.
- For the purpose of identifying or locating a suspect, fugitive, material witness or missing person,

- Under certain limited circumstances, when you are the victim of a crime.
- To a law enforcement official if the Agency has a suspicion that your death was the result of criminal conduct including criminal conduct at the Agency.
- In an emergency in order to report a crime.

**To Coroners and Medical Examiners:** The Agency may disclose your health information to coroners and medical examiners for purpose of determining your case of death or for other duties, as authorized by law.

**To Funeral Directors:** The Agency may disclose your health information to funeral directors consistent with applicable law and if necessary, to carry out their duties with respect to your funeral arrangements. If necessary to carry out their duties, the Agency may disclose your health information prior to and in reasonable anticipation of your death.

**For Organ, Eye or Tissue Donation:** The Agency may use or disclose your health information to organ procurement organizations or other entities engaged in the procurement, banking or transplantation of organs, eyes or tissue for the purpose of facilitating the donation and transplantation, in appropriate circumstances.

**For Research Purposes:** The Agency may, under very select circumstances, use your health information for research. Before the Agency discloses any of your health information for such research purposes, the project will be subject to an extensive approval process. You will be notified if there is research involving your health information.

**In the Event of a Serious Threat to Health or Safety:** The Agency may, consistent with applicable law and ethical standards of conduct, disclose your health information if the Agency, in good faith, believes that such disclosure is necessary to prevent or lessen a serious and imminent threat to your health or safety or to the health and safety of the public.

**For Specified Government Functions:** In certain circumstances, the Federal regulations authorize the Agency to use or disclose your health information to facilitate specified government functions relating to military and veterans, national security and intelligence activities, protective services for the President and others, medical suitability determinations and inmates and law enforcement custody.

**For Worker's Compensation:** The Agency may release your health information for worker's compensation or similar programs.

#### **AUTHORIZATION TO USE OR DISCLOSE HEALTH INFORMATION**

Other than is stated above, the Agency will not disclose your health information other than with your written authorization. If you or your representative authorizes the Agency to use or disclose your health information, you may revoke that authorization in writing at any time.

#### **YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION**

You have the following rights regarding your health information that the Agency maintains:

- **Right to request restrictions.** You may request restrictions on certain uses and disclosures of your health information. You have the right to request a limit on the Agency's disclosure of your health information to someone who is involved in your care or the payment of your care. However, the Agency is not required to agree to your request. If you wish to make a request for restrictions, please contact **the Administrator**.
- **Right to receive confidential communications:** You have the right to request that the Agency communicate with you in a certain way. For example, you may ask that the Agency only conduct communications pertaining to your health information with you privately with no other family members present. If you wish to receive confidential communications, please contact your **Touch of Class** at the time of Admission or contact the Agency administrator. The Agency will not request that you provide any reasons for your request and will attempt to honor your reasonable requests for confidential communications.
- **Right to inspect and copy your health information:** You have the right to inspect and copy your health information, including billing records. A request to inspect and copy records containing your health information may be made to the Administrator. If you request a copy of your health information, the Agency may charge a reasonable fee for copying and assembling costs associated with your request.
- **Right to Amend Health Care Information:** You or your representative, have the right to request that the Agency amend your records, if you believe that your health information is incorrect or incomplete. That request may be made as long as the information is maintained by the Agency. A request for an amendment of records must be made in writing to **the HIPAA Privacy Official at the Touch of Class at 7171 Highway 6 North, Suite 130 Houston, TX 77095**. The Agency may deny the request if it is not in writing or does not include a reason for the amendment. The request also may be denied if your health information records were not created by the Agency, if the records you are requesting are not part of the Agency's records, if the health information you wish to amend is not part of the health information you or your representative are permitted to inspect and copy, or if, in the opinion of the Agency, the records containing your health information are accurate and complete.
- **Right to an Accounting:** You or your representative have the right to request an accounting of disclosures of your health information made by the Agency for certain reason, including reasons related to public purposes authorized by law and certain research. The request for an accounting must be made in writing to **The HIPAA Privacy Official**. The request should specify the time period for the accounting starting on or after April 14, 2003. Accounting requests may not be made for periods of time in excess of six (6) years. The Agency would provide the first accounting you request during any 12-month period without charge. Subsequent accounting requests may be subject to a reasonable cost-based fee.
- **Right to a Paper Copy of this Notice:** You or your representative, have a right to a separate paper copy of this Notice at any time even if you or your representative have received this Notice previously. To obtain a separate paper copy, please contact **your Touch of Class**.

#### **DUTIES OF THE AGENCY**

The Agency is required by law to maintain the privacy of your health information and to provide to you and your representative this Notice of its duties and privacy practices. The Agency is required to abide by the terms of this Notice as may be amended from time to time. The Agency reserves the right to change the terms of it Notice and to make the new Notice provisions effective for all health information that it maintains. If the Agency changes its Notice, the Agency will provide a copy of the revised Notice to you or your appointed representative. You or your representative, have the right to express complaints to the Agency and to the Secretary of DHHS if you or your representative believe that your privacy rights have been violated. Any complaints to the Agency should be made in writing to **Touch of Class at 7171 Highway 6 North, Suite 130, Houston, TX 77095**.

The Agency encourages you to express any concerns you may have regarding the privacy of your information. **Touch of Class Home Health** does not permit retaliation of any kind for filing a complaint.

#### **CONTACT PERSON**

The Agency has designated the **HIPAA Privacy Official** as its contact person for all issues regarding patient privacy and your rights under the Federal privacy standards. You may contact the Administrator **at 7171 Highway 6 North, Suite 130, Houston, TX 77095 or (281) 858-1165**.

**EFFECTIVE DATE: This Notice is EFFECTIVE April 7, 2005.**

**IF YOU HAVE ANY QUESTIONS REGARDING THIS NOTICE, PLEASE CONTACT YOUR LOCAL TOUCH OF CLASS OFFICE.**

#### **HIPAA PRIVACY NOTICE ACKNOWLEDGEMENT STATEMENT**

Effective April 14, 2003 Federal law now requires every participant or (legal designated representative) to read the **HIPAA Privacy Notice** and to provide you with a signed acknowledgement that you have read the Privacy Notice.

#### **Agreement to Abide by Confidentiality Policies**

I understand that due to the nature of my position, I will have access to information of a confidential nature regarding the participant (s) with whom I work. I agree that any information regarding the individual (s) with whom I work will be kept strictly confidential. This includes the name of the individual (s) unless the participant has directed me otherwise. I will participate in **NO** discussions regarding the individual or their service delivery unless it is with the participant and / or legal designated representative or supervisory staff at Touch of Class. The Agency is required by law to abide by the HIPAA Privacy Rule to maintain the privacy of the participant (s) health information. I agree to abide by the HIPAA Privacy Rule and have received information regarding HIPAA.