

TWIN TIER HOME HEALTH (TTHH)'S NOTICE OF PRIVACY PRACTICES

THE FOLLOWING NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW THE INFORMATION CLOSELY.

TTHH is required by law to protect the privacy of its patients. Your confidential healthcare information may not be released for any purpose other than that which is identified in this notice.

OUR PLEDGE REGARDING MEDICAL INFORMATION:

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a medical record of the care and services you receive from the agency. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all records of your care generated by the agency, whether made by agency personnel or your doctor. This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of your medical information. We are required by law to:

- make sure that medical information that identifies you is kept private;
- give you this notice of our legal duties and privacy practices with respect to medical information about you; and
- follow the terms of the notice that is currently in effect.

The following categories describe different ways that we use and disclose your medical information. For each category we will explain what we mean and try to give some examples. While all of the ways we are permitted to use and disclose your information will fall within one of the following categories, this is not a complete listing of every way that your information may be used or disclosed..

I. WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU WITHOUT A CONSENT/AUTHORIZATION FOR:

- Care/Treatment.** We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, students, or other agency personnel who are involved in taking care of you. For example, a Therapist treating you for a broken leg may need to know that you have diabetes because diabetes may slow the healing process. Agency personnel also may share medical information about you in order to coordinate the different things you need, such as prescriptions, lab work, and x-rays. We also may disclose medical information about you to people outside the agency who may be involved in your care, such as family members or other agencies and providers that furnish services that are part of your care.
- Payment.** We may use and disclose medical information about you so that the treatment and services you receive from the agency may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give your health plan information about visits you received from our staff so that your health plan will pay us or reimburse you for the visits. We may also tell your health plan about treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment. We may release medical information about you for workers' compensation or similar programs that provide benefits for work-related injuries or illness as we are obligated to share information with them.

- ❑ **Normal Business Operations.** We may use and disclose medical information about you for agency operations. These uses and disclosures are necessary to run the agency and make sure that all of our patients receive quality care. For example, we may use medical information to review our treatment and services and evaluate the performance of our staff in caring for you. We may also combine medical information about many agency patients to decide what additional services the agency should offer, what services are not needed, and whether certain new treatments are effective. We may also combine the medical information we have with medical information from other agencies to compare how we are doing and see where we can make improvement in the care and services we offer. We may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning who the specific patients are.

- ❑ **Law Enforcement.** We may release medical information if asked to do so by a law enforcement official:
 - ▶ In response to a court order, administrative order, subpoena, warrant or similar process;
 - ▶ To identify or locate a suspect, fugitive, material witness, or missing person;
 - ▶ About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
 - ▶ About a death we believe may be the result of criminal conduct;
 - ▶ About criminal conduct at the agency; and
 - ▶ In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

- ❑ **Public Health, State, or Federal Organizations.** We may disclose medical information about you for public health activities. These activities generally include the following:
 - ▶ to prevent or control disease, injury, or disability;
 - ▶ to report abuse or neglect;
 - ▶ to report reactions to medications or problems with products;
 - ▶ to notify people of recalls of products they may be using;
 - ▶ to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
 - ▶ to health oversight agencies such as audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

- ❑ **Research Resulting in Reports Containing Non-personally Identifiable Data.** Under certain circumstances, we may use and disclose medical information about you for research purposes. For example, research projects may involve comparing the health and recovery of all patients who received one medication to those who received another, for the same condition. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of medical information, trying to balance the research needs with patients' need for privacy of their medical information. Before we use or disclose medical information for research, the project will have been approved through this research approval process. We may, however, disclose medical information about you to people preparing to conduct a research project, for example, to help them look for patients with specific medical needs, so long as the medical information they review does not leave the agency.

- ❑ **Organ/Tissue Procurement.** If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.
- ❑ **Coroners, Medical Examiners and Funeral Directors.** We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release confidential healthcare information about patients to funeral directors as necessary to carry out their duties.
- ❑ **Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.
- ❑ **Military Personnel/Veterans.** If you are a member or veteran of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.
- ❑ **Disaster Relief Agencies.** We may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status, and location.
- ❑ **If you, our patient are informed in advance and given the opportunity to agree to or prohibit or restrict the disclosure in the following circumstances:** To a family member, relative, friend or other identified person, the information relevant to such person's involvement in your care or payment for care: to notify family member, relative friend, or other identified person of your location, general condition or death.

II. WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU WITH A CONSENT/AUTHORIZATION TO/FOR:.

- ❑ **Marketing.** Agency personnel for marketing of healthcare treatment options or other health services that may be of interest to you, for example, if you are a diabetic patient, you might benefit from diabetic instruction. TTHH might notify you of the availability of diabetic classes.
- ❑ **Fund-raising** We may use information about you to contact you, in an effort to raise money for the agency and its operations.
- ❑ **Research Resulting in Reports Containing Personally Identifiable Data.** Agency personnel and/or healthcare providers conducting research resulting in reports containing personally identifiable data e.g. demographic data (inclusive of any component of your address), age, telephone number, photographs, etc. These types of research projects will have been approved by TTHH for appropriateness prior to implementation.

III. YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU:

You have the following rights regarding medical information we maintain about you:

Right to Request Restrictions.

You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or normal business operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had.

We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions, you must make your request in writing to TTHH. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure, or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

Right to Revoke Your Consent/Authorization.

In writing at any time, e.g. if you consented to the use of your confidential healthcare information for research, you may withdraw that consent, except to the extent that the action has already been taken.

Right to Request Confidential Communication.

You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at a specific phone number. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to Review and/or Request.

You have the right to review and/or request a photocopy of medical information that may be used to make decisions about your care. This includes medical and billing records.

To review and/or request a photocopy of your medical information, you must submit your request in writing to TTHH.

We may deny your request to review and/or receive a photocopy in certain very limited circumstances. If you are denied access to your medical information, you may request that the denial be reviewed.

Right to Request an Amendment.

If you feel that medical information we have about you is incorrect or incomplete, you may ask to amend or have your information amended. You have the right to request an amendment for as long as the information is kept by or for TTHH.

To request an amendment, your request must be made in writing and submitted to TTHH. In addition, you must provide a reason that supports your request. We must act on the

request for the amendment no later than 60 days from the request. If we are unable to act within 60 days of the date of the request, you will be notified. We will have up to an additional 30 days to act upon your request. If an amendment is accepted, you can identify who you would like to receive a copy of the amendment. TTHH will make every reasonable effort to meet your request.

We may deny your request for an amendment if it is not in writing, does not include a reason to support the request, or is not part of your medical record or billing information. In addition, we may deny your request if you ask us to amend information that:

Was not created by us;

Is not part of the medical information kept by or for the agency;

Is accurate and complete.

If we deny your request for amendment, you will receive a timely, written denial in plain language that explains the basis for the denial, your rights to submit a statement disagreeing with the denial and an explanation of how to submit that statement.

Right to Receive an Accounting of Disclosures

You have the right to request an “accounting of disclosures.” This is a list of the disclosures we made of your designated record set (your medical record or billing record.)

To request an accounting of disclosures, you must submit your request in writing to TTHH. Your request must state a time period which may be no longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example orally or written). Normally you will receive this requested listing within 60 days, but no more than 90 days from the date of request.

Right to file a Complaint.

If you believe your privacy rights have been violated, you may file a complaint with the agency or with the Office of Civil Rights. To file a complaint with the agency, please mail your complaint to:

Vice President of Clinical Services
Twin Tier Home Health
4401 Vestal Parkway
Vestal, NY 13850

All complaints will be investigated. ***You will not be penalized for filing a complaint.*** If your complaint cannot be resolved by TTHH, you may contact:

Office of Civil Rights
Ocrmail@hhs.gov
1-800-368-1019

TTHH will abide by the terms of this notice. TTHH reserves the right to make changes to this notice effective for all healthcare information that we maintain. If alterations are made to this privacy notice while you are an active Twin Tier Home Health patient, a copy will be provided to you so you can be aware of any changes that may affect you.

Any person may request and receive a printed copy of this privacy notice or further information by contacting, via postal mail:

Privacy Officer
Twin Tier Home Health
4401 Vestal Parkway
Vestal, NY 13850

Effective Date: 4/14/03

