

**COMMUNITY NURSE HOME CARE, INC.**  
**NOTICE OF PRIVACY PRACTICES**  
**Effective as of 1/13/2018**

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.*

This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out your plan of care, get paid for our services, administer our Agency and for other purposes that are permitted or required by law.

This Notice also describes *your rights* with respect to your health information.

Note: Special rules may apply with respect to the use and disclosure of genetic and HIV testing information. You may contact the Privacy Officer for more information about these rules.

**Our Responsibilities**

**We are required by law to protect the privacy of your health information and will not use or disclose your health information without your written permission, except as described in this Notice. If we change our practices and this Notice, we will give you a revised Notice.**

Throughout this Notice, we use the term “protected health information” or PHI. PHI is information about you that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

**You Have a Right to:**

***Request that we limit certain uses and disclosures of your information.*** You have the right to request that we limit how we use or disclose your PHI to carry out your plan of care, get paid for our services or administer our Agency. (This is also referred to as “treatment, payment, or health care operations.”) You also have the right to request a restriction on the PHI we disclose about you to someone who is involved in your care or payment for your care, such as a family member or friend. However, we are not required to agree to your request. To request limitations or restrictions, you must send a written request to CNHC.

***See and get a copy of your information.*** You have the right to look at and copy PHI about you contained in your medical and billing records for as long as the Agency maintains the information. To look at or copy your PHI, please send a written request to the attention of the Privacy Officer. You may request that your PHI be provided to you electronically. We must advise you that if the e-mail system you choose is not encrypted (secure), there is a risk of a breach of your privacy. You have the right to obtain your PHI upon request at the next home visit, or within 4 business days (whichever comes first). You have the right to obtain your PHI free of charge. You may also request that your PHI be sent to a designated individual.

Such requests must be in writing, signed by you, and must clearly identify the designated recipient and where the information should be sent. We may deny your request in certain limited circumstances. If you are denied the right to see or copy your PHI, you may request that the denial be reviewed.

You may exercise your rights through a personal representative. Your personal representative will be required to produce evidence of his/her authority to act on your behalf before that person will be given access to your PHI or allowed to take any action for you. CNHC retains discretion to deny access to your PHI to a personal representative to provide protection to those vulnerable people who depend on others to exercise their rights under these rules and who may be subject to abuse or neglect.

***Correct or update your information.*** If you feel that PHI we have about you is incomplete or incorrect, you may request that we correct or update (amend) the information. You may request an amendment for as long as we maintain your health information. To request an amendment, you must send a written request to the attention of the Privacy Officer. In addition, you must include the reasons for your request. In certain cases, we may deny your request for amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with the decision and we may prepare a response to your statement, which we will provide to you.

***Receive a list of the disclosures of your information.*** You have the right to receive a list (“accounting”) of the disclosures we have made of your PHI for most purposes other than treatment, payment, or health care operations. The accounting will not include disclosures we have made directly to you, disclosures to friends or family members involved in your care, and disclosures for notification purposes. The right to receive an accounting is subject to certain other limitations.

To request an accounting, you must submit your request in writing to CNHC’s Privacy Officer. Your request must state the time period, but may not be longer than six years. You have the right to receive disclosures free of charge.

***Request communications of your information by alternative means or at alternative locations.*** For instance, you may request that we contact you about medical matters only in writing or at a different residence or post office box. To request confidential communication of your PHI, you must submit your request in writing to CNHC’s Privacy Officer. Your request must state how or when you would like to be contacted. We will accommodate all reasonable requests.

***Withdraw your consent to use or disclose PHI except to the extent that action has already been taken.*** You may withdraw or “revoke” a consent in writing at any time. Upon receipt of the written revocation, we will stop using or disclosing your PHI, except to the extent that we have already taken action in reliance on the consent. We may refuse to continue to treat an individual that revokes his or her consent.

***Obtain a paper copy of the Notice of Privacy Practices upon request.*** You may request a copy of the Notice at any time. Even if you have agreed to receive the Notice electronically, you are still entitled to a paper copy of the Notice. To obtain a paper copy of the Notice, contact CNHC’s Privacy Officer.

## **Using and Disclosing Your Protected Health Information:**

***We will use your information for your care and treatment.*** For example, information obtained by a nurse or other member of your care team will be recorded in your record and used to determine your plan

of care. Your clinician will document in your record his or her expectations of the members of your care team. Members of your healthcare team will then record the actions they took and their observations.

***We will use your information for payment.*** For example, a bill may be sent to you, your insurance company or Medicare or Medicaid. The information on or accompanying the bill may include information that identifies you, as well as the treatment provided to you. Should you or a family member decide to pay for certain services or items ‘out of pocket’, you may request that we do not disclose this information to your health plan, as long as the health plan or state does not require us to do so.

***We will use your protected health information to operate our Agency.*** For example, members of our quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. Use and disclosure of your PHI may be required by the Secretary of the Department of Health and Human Services to investigate or determine CNHC’s compliance with privacy regulations.

***We will make reasonable efforts not to use, disclose or request more than the minimum amount of PHI than necessary.*** However, the minimum necessary standard will not apply in the following situations:

- Disclosures to or requests by a health care provider for treatment
- Uses or disclosures made with your authorization
- Disclosures for regulatory compliance with the U.S. Department of Health and Human Services
- Uses and disclosures required by law
- Uses and disclosures that are required for CNHC’s compliance with legal regulations

**We may use or disclose your PHI without your consent in the following circumstances:**

**When a disclosure is required by federal, state or local law, judicial or administrative proceedings or law enforcement:** For example, we may disclose your PHI for law enforcement purposes as required by law or in response to a valid subpoena. If you are involved in a lawsuit or a dispute, we may disclose your PHI in response to a court or administrative order. We may also disclose health information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

**Communication with family or friends involved in your care or payment for your care:** Our nurses or other clinicians, using their professional judgment, may disclose to a family member, close personal

friend or any other person you identify, PHI related to that person's involvement in your care or payment related to your care, unless you object.

**Food and Drug Administration (FDA):** We may disclose to the FDA PHI relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

**Worker's compensation:** We may disclose your PHI to the extent authorized by and to the extent necessary to comply with laws relating to worker's compensation or other similar programs established by law.

**Public health and health oversight activities:** As required by law, we may disclose your PHI to public health or legal authorities charged with preventing or controlling disease, injury, or disability. We may also provide information to coroners, medical examiners, and funeral directors as necessary for these persons to carry out their duties. We may disclose your PHI to an oversight agency for activities authorized by law, including audits and inspections, as necessary for our licensure and for the government to monitor the health care system, government programs, and compliance with civil rights laws.

**Specific government functions:** For example, if you are a member of the armed forces, we may release PHI about you as required by military command authorities. We may also disclose your PHI to authorized federal officials for national security purposes, such as protecting government officials and performing intelligence activities or investigations.

**Organ or tissue procurement organizations:** Consistent with applicable law, we may disclose your PHI to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

**Business associates:** There are some services provided by the Agency through contracts with business associates such as billing companies. When these services are contracted for, we may disclose your PHI to our business associates so that they can perform the job we have asked them to do. We require our business associates to appropriately safeguard your information.

**Personal communications:** We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

**Fundraising:** We may contact you as part of a fundraising effort for our Agency. You have the right to 'opt out' by having your name removed from our fundraising mailing list.

**Notification:** We may use or disclose your PHI to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location, and general condition.

**Correctional institution:** If you are or become an inmate of a correctional institution, we may disclose to the institution or its agents PHI necessary for your health and the health and safety of other individuals.

**To avert a serious threat to health or safety:** We may use and disclose your PHI when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

**Victims of abuse, neglect, or domestic violence:** We may disclose PHI about you to a social service or protective services agency, if we reasonably believe you are a victim of abuse, neglect, or domestic violence. We will only disclose this type of information to the extent required by law, if you agree to the disclosure, or if the disclosure is allowed by law and we believe it is necessary to prevent serious harm to you or someone else or the law enforcement or public official that is to receive the report represents that it is necessary and will not be used against you.

In the event that there is a breach in security and your PHI is inadvertently disclosed (for example: a lost computer, improper disposal of paper records, stolen records, etc.) we are required to notify you.

Before using or disclosing your PHI for any other purposes, we will obtain your written authorization. Written authorization is required for the release of psychotherapy notes, for marketing purposes, for the sale of mailing lists, and for participation in research. You may withdraw or “revoke” this authorization in writing at any time. After we receive your written revocation, we will stop using or disclosing your PHI, except to the extent that we have already taken action in reliance on the authorization.

**For More Information or to Report a Problem:**

**If you have questions or would like additional information about the Agency’s privacy practices, you may contact the Privacy Officer at 62 Center Street, Fairhaven, MA 02719, 508-992-6278. If you believe your privacy rights have been violated, you can file a complaint with the Privacy Officer or with the Secretary of the U.S. Department of Health and Human Services, Hubert H. Humphrey Building, 200 Independence Avenue S.W., Washington, D.C. 20201. There will be no retaliation for filing a complaint.**

**The HIPAA Privacy Rule is set out a 45 Code of Federal Regulations Parts 160 and 164. These regulations and additional information about the HIPAA Privacy Rule are available at <http://www.hhs.gov/ocr/hipaa/>.**