

## NOTICE OF PRIVACY PRACTICES

**THIS NOTICE DESCRIBES HOW PROTECTED HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.**

**PLEASE REVIEW IT CAREFULLY.**

### **I. General Description and Purpose of Notice**

Peritech Home Health Associates, Inc. is a care provider subject to the Health Insurance Portability and Accountability Act (HIPAA) of 1996, the HI TECH Act of 2010 and the 2013 Privacy and Security Rules. This Notice describes our practices which extend to any Peritech Home Health individuals authorized to enter your home, to work within our office or to review records for audits, billing, storage or similar operational activities.

### **II. Duty to Protect Your Health Information**

We are committed to protecting the privacy and confidentiality of your health information. State and federal regulations require us to implement policies and procedures to safeguard the privacy of your health information. Copies of our privacy policies and procedures are maintained in the administrative office.

Information about your past, present, or future health or condition, the care provided to you, or payment for the health care treatment or services you receive is considered *protected health information* (PHI). Examples of PHI are your medical diagnosis, medications you are taking, services you are receiving and laboratory results. **This *Privacy Notice* contains information regarding our privacy practices. It explains how, when and why we may use or disclose your protected health information and your rights and our obligations regarding them.** It extends to information received or created by this organization. Except in specified circumstances, we will use or disclose only the minimum necessary protected health information to accomplish the purpose.

We reserve the right to change this notice and our policies/procedures at any time and to make the revised or changed notice effective for health information we already have about you as well as any information we receive in the future about you. If we make changes and you continue to be a client of Peritech Home Health Associates, Inc. we will provide you with a new *Privacy Notice*.

Should you have questions concerning our Privacy Notices, contact information is available through the administrative office and is listed on the last page of this document.

### **III. HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION**

The following categories describe how we may use and disclose PHI that we have and share with others. For all others, you must give us your written authorization to release your protected health

information unless the law permits or requires us to make the use or disclosure without your authorization.

- Treatment/Assistance. We use previously provided information about you to provide your current services. Therefore, we may disclose PHI about you to persons involved in your care such as service coordinators, physicians, nurses, hospital personnel taking care of you.
- Payment. We may use and disclose PHI about you for services so they may be billed to and collected from the correct party/organization. For example, we may contact your payer source to check your eligibility for service, confirm payment and receive prior authorization. We may also give information to someone who helps to pay or pays for your care. We will not disclose information about care you totally pay for privately unless you give us permission to do so.
- For Health Care Operations. We may use and disclose your PHI for organizational operations. These uses and disclosures are necessary to manage the organization and to monitor our quality of care. For example, we may use personal health information to evaluate our organization's services, including the performance of our staff. When this is done, every effort will be made to remove personal identification so that data may be reviewed by others without learning who the specific clients are.
- Individuals Involved in Your Care or Payment for Your Care. Unless you object, we may disclose your personal health information to family members, friends, and other caregivers including clergy, who are involved in your care. You may restrict disclosure to specifically-identified persons and/or information.
- Business Associates. We may also use or disclose information about you with business associates for activities such as internal or external utilization review, quality assurance, assistance with regulatory compliance, audits to verify records, billing companies to assist with the process and similar activities. All business associates used by this organization are required to sign agreements stating their continued obligation to follow the organization's privacy, security policies and related notifications.
- Disaster Relief. We may disclose your personal health information to an organization assisting in a disaster relief effort.
- As Required By Law. We will disclose your personal health information when required by law.
- Public Health Activities. We may disclose your personal health information for public health activities. These activities may include, for example:
  - reporting to a public health or other government authority for preventing or controlling disease or injury, or reporting abuse or neglect;
  - reporting to the federal Food and Drug Administration (FDA) concerning adverse events or problems with products, to enable product recalls or to comply with other FDA requirements;
  - to notify a person who may have been exposed to a communicable disease or be at risk of contracting or spreading a disease or condition or
  - for certain purposes involving workplace illness or injuries.
- Reporting Victims of Abuse, Neglect or Domestic Violence. If we believe that you have been a victim of abuse, neglect or domestic violence, we may use and disclose your personal health information to notify a government authority if required or authorized by law, or if you agree to the report.

- Health Oversight Activities. We may disclose your personal health information to a health oversight agency for activities authorized by law. These may include, for example, audits, investigations, inspections and licensure actions or other legal proceedings. These activities are necessary for government oversight of the health care system, government payment or regulatory programs, and compliance with civil rights laws.
- Judicial and Administrative Proceedings. We may disclose your personal health information in response to a court or administrative order. We also may disclose information in response to a subpoena, discovery request, or other lawful process; efforts will be made to contact you about the request or to give you an opportunity to obtain an order or agreement protecting the information.
- Law Enforcement. We may disclose your personal health information for certain law enforcement purposes, including as required by law to comply with reporting requirements; to comply with a court order, warrant, subpoena, summons, investigative demand or similar legal process; to identify or locate a suspect, fugitive, material witness, or missing person; when information is requested about the victim of a crime if the individual agrees or under other limited circumstances; to report information about a suspicious death; to provide information about criminal conduct occurring at the organization; to report information in emergency circumstances about a crime; or where necessary to identify or apprehend an individual in relation to a crime.
- Coroners, Medical Examiners, Funeral Directors, Organ Procurement Organizations. We may release your personal health information to a coroner, medical examiner, funeral director or, if you are an organ donor, to an organization involved in the donation of organs and tissue.
- To Avert a Serious Threat to Health or Safety. We may use and disclose your personal health information when necessary to prevent a serious threat to your health or safety or the health or safety of the public or another person. However, any disclosure would be made only to someone able to help prevent the threat.
- Military and Veterans. If you are a member of the armed forces, we may use and disclose your personal health information as required by military command authorities. We may also use and disclose personal health information about foreign military personnel as required by the appropriate foreign military authority.
- Workers' Compensation. We may use or disclose your personal health information to comply with laws relating to workers' compensation or similar programs.
- Investigation and Government Activities. We may disclose personal health information to authorized federal officials conducting national security and intelligence activities or as needed to provide protection to the President of the United States, certain other persons or foreign heads of states or to conduct certain special investigations.
- Fundraising Activities. We may use certain PHI to contact you in an effort to raise money for affiliated organizations. We may disclose personal health information to a foundation related to our organization so that the foundation may contact you in raising money. In doing so, we would only release contact information, such as your name, address and phone number and the dates you received treatment or services at our organization. IF YOU DO NOT WISH TO HAVE THIS INFORMATION RELEASED FOR FUNDRAISING PURPOSES, YOU CAN INDICATE THIS ON YOUR ACKNOWLEDGEMENT FORM. YOU WILL CONTINUE TO RECEIVE CARE WITHOUT DISCRIMINATION.
- Appointment/Home Visit Reminders. We may use or disclose personal health information to remind you about appointments.

- Information Used or Disclosed in the Agency Directory. We may use or disclose your name and admission status to social service or health organizations who call inquiring about you.
- Health Related Benefits and Marketing Services. We may use/disclose personal health information to inform you about health-related benefits and services that may be of interest to you. We will NOT do so for the financial benefit of the agency.
- Inmates. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may use or disclose your health information to the correctional institution or to the law enforcement official as may be necessary (i) for the institution to provide you with health care; (ii) to protect the health or safety of you or another person; or (iii) for the safety and security of the correctional institution.

#### **IV. USES AND DISCLOSURES REQUIRING YOUR AUTHORIZATION**

For uses and disclosures of your protected health information beyond the identified treatment, payment and operations purposes, we are required to have your written authorization, except as permitted by law. You have the right to revoke an authorization at any time to stop future uses or disclosures of your information except to the extent that we have already undertaken an action based on your authorization. You may use our *Authorization for the Use and Disclosure of Protected Health Information* and/or our *Revocation of an Authorization* form to submit your request to us. Copies of these forms are available in the administrative office.

#### **V. USES OR DISCLOSURES OF INFORMATION BASED UPON YOUR AGREEMENT**

In the following situations, we may disclose a limited amount of your protected health information if we provide you with an advance oral or written notice and you do not object to such release or such release is not otherwise prohibited by law. However, if there is an emergency situation and you are unable to object (because you were not present or you were incapacitated, etc.), disclosure may be made if it is consistent with any prior expressed wishes and disclosure is determined to be in your best interest. When a disclosure is made based on these or emergency situations, we will only disclose health information relevant to the person's involvement in your care. For example, if you are sent to the emergency room, we may only inform the person that you suffered an apparent heart attack, stroke, etc., and/or we may provide information on your progress. You will be informed and given an opportunity to object to further disclosures of such information as soon as you are able to do so.

#### **VI. YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION**

You have the following rights concerning the use or disclosure of your protected health information that we create or that we may maintain on our premises:

- Right to Request Restrictions. You have the right to request restrictions on our use or disclose your protected health information for treatment, payment or health care operations. You also have a right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for your care or services. For example, you could request that we not disclose to family members or friends information about a specific service/ treatment you received.

Should you wish a restriction placed on the use and disclosure of your protected health information, you must submit such request in writing. You may submit such a request by adding it to the HIPAA Privacy Acknowledgement or you may request the *Opportunity to Agree or Object Form*. Copies of this form are available in the business office. We are not required to agree to your restriction request. However, should we agree, we will comply with your request not to release such information unless the information is needed to provide emergency care or treatment to you.

- Right to Access, Inspect, and Copy Your Consumer Care and Billing Records: You have the right to request access, inspect and copy your health information, such as your medical and billing records that we use to make decisions about your care and services. Generally, this does not include psychotherapy notes. You must submit a written request to the Privacy Officer. If you request a copy of your medical information, you should indicate the format e.g., paper, electronic. We may charge you a reasonable fee for paper, labor, mailing, and/or retrieval costs involved in filling your requests. We will provide you with the information concerning the cost prior to performing the service. Contact information for the person to whom you may file your request is listed on the last page of this document. You may submit your requests on our *Request to Access/Inspect/Copy Protected Health Information* form. Copies of these forms are available in the business office.

We are not required to permit access in all situations. Should we deny your request to inspect and/or copy your health information, we will provide you with written notice of our reasons of the denial. Denial of or limited access will be made by the Privacy Officer and an Officer of the Corporation. In such cases, you will have the right of appeal with a review conducted by a knowledgeable professional who was not a part of the original decision. We will comply with the outcome and in accordance with law and practice standards

- Right to Amend or Correct Your Health Information. You have the right to request the organization to amend PHI maintained by the organization for as long as the information is kept by or for the organization. You must make your request in writing and must state the reason for the requested amendment. We may deny your request for amendment if the information:
  - was not created by the organization, unless the originator of the information is no longer available to act on the request;
  - is not part of the personal health information maintained by or for the organization;
  - is not part of the information to which you have a right of access; or
  - is already accurate and complete, as determined by the organization.

If we deny your request for amendment, we will give you a written denial including the reasons for the denial and the right to submit a written statement disagreeing with the denial.

- Right to Request an Accounting of Disclosures of Protected Health Information: You have the right to request that we provide you with a listing of when, to whom, for what purpose, and what content of your protected health information we have released over a specified period of time. This accounting will not include any information we have made for the purpose of treatment, payment, or health care operations or information released to you, your family, or the facility/community directory, disclosures made for national security purposes, or any releases based on your authorization.

Your request must be submitted to us in writing and must indicate the time period for which you wish the information (for example, July 1, 2013 through July 14, 2013). Your request may not include releases for more than six (6) years **prior** to the date. Your request must indicate in what form (e.g., printed copy or electronic) you wish to receive this information. We will respond to your request within sixty (60) days of the receipt of the written request. Should additional time be needed to reply, you will be notified of such an extension. However, in no case will such extension exceed thirty (30) days. The first accounting that you request during a twelve (12) month period will be free. There may be a reasonable fee for additional requests during the twelve (12) month period. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

## **VII. ADDITIONAL RESTRICTIONS**

Certain federal and state laws may require special privacy protections that restrict the use and disclosure of certain health information, including highly confidential information about you. "Highly confidential information" may include information under federal laws governing alcohol and drug abuse and genetic information as well as state laws that often protect the following types of information: HIV/AIDS; Mental Health; Genetic Tests; Alcohol and drug Abuse; Sexually Transmitted Diseases and Reproductive Health Information; and Child or Adult Abuse and Neglect, including Sexual Assault.

If a use or disclosure of health information described in this notice is prohibited or materially limited by other laws that apply to us, it is our intent to meet the requirements of the more stringent law. Except for uses and disclosures described and limited as set forth in this notice, we will use and disclose your health information only with a written authorization from you. Once you give us authorization to release your health information, we cannot guarantee that the person to whom the information is provided will not disclose the information.

## **VIII. COMPLAINTS ABOUT OUR PRIVACY PRACTICES**

If you believe that we have violated your privacy rights, violated our privacy policies/procedures, or you disagree with a decision we made concerning access to your protected health information, etc., you have the right to file a complaint with us or with the Office of Civil Rights, Secretary of the U. S. Department of Health and Human Services, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, DC 20201. You will not be penalized for filing a complaint.

**PRIVACY OFFICER** Peritech Home Health Associates, Inc.  
P.O. Box 525, 5753 Shaffer Road, DuBois, PA 15801  
Phone: 814.375.2703 FAX: 814.375.1180

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## **VII. FOR FURTHER INFORMATION**

If you have any questions about this NOTICE or would like further information concerning your privacy rights, or wish to request a form related to the use and disclosure of your protected health information, please contact the PRIVACY OFFICER.

You will be notified and receive an updated copy of this NOTICE if there is a material change to the policies and procedures related to the use or disclosure of your protected health information, your individual rights, our legal duties, or other privacy practices.