



## **NOTICE OF 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.**

If you have any questions about this Notice please contact our Privacy Officer at (401) 782-0500

### **WHO WILL FOLLOW THIS NOTICE**

This notice describes VNS Home Health Services (“VNSHHS”) practices and that of:

- Any health care professional authorized to enter information into your medical record.
- All departments and units of VNSHHS.
- All employees and volunteers.
- All entities, sites, and locations under VNSHHS follow the terms of this notice. In addition, these entities, sites, and locations may share health information with each other for treatment, payment, or healthcare operation purposes described in this notice.
- VNSHHS and your physician are members of an Organized Healthcare Arrangement. This arrangement is solely for the purpose of sharing your health information among VNSHHS and your physician for purposes of treatment, payment, and healthcare operations described in this notice, and is not intended to suggest or imply any other relationship between VNSHHS and your physician. This arrangement enables us to better address your healthcare needs.

### **VNSHHS PLEDGE REGARDING HEALTH INFORMATION**

We understand that health information about you and your health is personal. We are committed to protecting health information about you. We create a record of the care and services you receive in your medical record. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by VNSHHS. Your personal doctor may have different policies or notices regarding the doctor’s use and disclosure of your health information created in the doctor’s office or clinic.

This notice will tell you about the ways in which we may use and disclose health information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of health information.

#### **We are required by law to:**

- Make sure that health information that identifies you is kept private;
- Give you this notice of our legal duties and privacy practices with respect to health information about you; and
- Follow the terms of the notice that is currently in effect.

## **HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU**

The following categories describe different ways that we use and disclose health information. For each category of uses or disclosures we will explain what we mean, and where appropriate, we will give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

**Treatment:** We may use and disclose health information about you to doctors, nurses, therapists or other VNSHHS personnel who are involved in taking care of you and your health. For example: A doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell the nutritionist if you have diabetes so that we can arrange for appropriate meals. We also may disclose health information about you to people outside of VNSHHS who may be involved in your follow-up medical care after you leave VNSHHS.

**Payment:** We may use and disclose health information about you so that the treatment and services you receive from VNSHHS may be billed to and payment may be collected from you, an insurance company or a third party. 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 explain to the insurer your need for home care and the services that will be provided to you. This information may include information that identifies you, as well as your diagnosis, procedures, and supplies used. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

**Health Care Business Operations:** We may use and disclose health information about you to make sure that you and our other patients receive quality care and that we conduct our business efficiently. For example: We may use health information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine health information about many VNSHHS patients to decide what additional services the VNSHHS should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, therapists or students for review and learning purposes. We may also combine the health information we have with health information from other home health agencies to compare how we are doing and see where we can make improvements in the care and services we offer.

This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and services we provide. We may remove information that identifies you from this set of health information so others may use it to study health care and health care delivery without learning who the specific patients are.

**Appointment Reminders:** We may use and disclose health information to contact you as a reminder that you have an appointment for treatment with VNSHHS.

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

**Health Related Benefits and Services:** We may use and disclose health information to tell you about health-related benefits or services that may be of interest to you.

**Fundraising:** We may use health information about you to contact you in an effort to raise money for VNSHHS and its operations. We would only use contact information, such as your name, address and phone number and the dates you received treatment for services at VNSHHS. If you do not want us to contact you for fund raising efforts you must notify Administration at VNSHHS in writing.

**Individuals Involved in Your Care or Payment for Your Care:** We may disclose health information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care.

**Disaster Relief:** We may disclose health 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.

**To Avert A Serious Threat to Health or Safety:** We may use and disclose health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

**Required By Law:** We will disclose health information about you when required to do so by federal, state, or local law.

**Research:** We may use and disclose your health information to researchers when authorized by law, for example, if the research has been approved by an Institutional Review Board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.

**Organ and Tissue Donation:** Consistent with applicable law, we may disclose health information to organizations that handle organ procurement or organ, eye, or tissue transplantation or to an organ donation bank, as necessary to facilitate such donation and transplantation.

**Military and Veterans:** If you are a member of the armed forces, we may be required by military command or other government authorities to disclose health information about you. We may also disclose information about foreign military personnel to the appropriate foreign military authority.

**National Security and Intelligence:** We may disclose health information about you to authorized federal officials for intelligence, counterintelligence and other national security activities authorized by law.

**Workers Compensation:** We may disclose health information about you for workers compensation or other similar programs. These programs provide benefits for work-related injuries or illness.

**Public Health:** As required by law, we may disclose your health information to public health or legal authorities to prevent or control disease, injury or disability; to report births and deaths; to report child abuse or neglect; to report reactions to medications or problems with products; to notify people of recalls of products they may be using; and 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. In addition and as required by law, we may notify the appropriate government authority if we believe a patient has been the victim of certain abuse or neglect.

**Health Oversight Activities:** We may disclose health information to a health oversight agency for activities authorized by law, for example, audits, investigations, inspections, or licensing purposes. These disclosures may be necessary for certain state and federal agencies to monitor the health care system, government programs, and compliance with civil rights laws.

**Lawsuits and Disputes:** If you are involved in a lawsuit or a dispute, we may disclose health information about you, subject to all applicable legal requirements, in response to a court order, administrative order or subpoena.

**Law enforcement:** We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena, warrant, summons, or similar process in accordance with Rhode Island state law.

**Funeral Directors, Coroners, and Medical Examiners:** We may disclose health information to a coroner or medical examiner consistent with applicable law to carry out their duties. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also disclose health information about patients of VNSHHS to funeral directors as necessary to carry out their duties.

**Notification and communication to family and authorized representatives:** We may disclose health information about you to your family members or authorized representative.

## **YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU**

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

**Right to Inspect and Copy:** You have the right to inspect and copy your health information that may be used to make decisions about your care. Usually, this includes medical and billing records. You must submit a written request to VNSHHS Health Information Management Department in order to inspect and/or obtain a copy of your health information. If you request a copy of the information, we may charge a reasonable cost-based fee for the costs of copying, mailing or other supplies associated with your request. We may deny your request to inspect and/or copy in certain limited circumstances. If you are denied access to your health information, you may ask that the denial be reviewed. If such a review is required by law, we will select a licensed health care professional to review your request and our denial. The licensed health care professional conducting the review will not be the person who denied your request, and we will comply with the outcome of the review.

**Right to Request Restriction:** You have the right to request a restriction or limitation on certain uses and disclosures of your health information we use for treatment, payment, or health care operations. You also have the 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 it, like a family member or friend. For example, you could ask that we not use or disclose information about a procedure that you had. We are not necessarily 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 submit your request in writing to the Privacy Officer. In your request, you must tell us (a) what information you want to limit; (b) whether you want to limit our use, disclosure, or both; (c) to whom you want the limits to apply, for example, disclosures to your spouse; and (d) the duration of time the limitation will remain in effect.

**Right to Amend Your Health Record:** If you believe that health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment as long as the information is kept by VNSHHS. To request an amendment, complete and submit a *Medical Record Amendment/Correction Form* to VNSHHS Health Information Management Department. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that (a) was not created by us unless the person or entity that created the information is no longer available to make the amendment; (b) is not part of the health information kept by or for VNSHHS; (c) is not part of the information you would be permitted to inspect and copy; or (d) is accurate and complete.

**Right to an Accounting of Disclosures:** You have the right to obtain an accounting of disclosures. This is a list of the disclosures of health information that we made for purposes other than treatment, payment and healthcare business operations and certain other permitted disclosures. To obtain this list, you must submit your request in writing to VNSHHS Health Information Management Department. Your request must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. 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.

**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 may ask that the Agency only conduct communications pertaining to your health information with you privately with no other family member present. If you wish to receive confidential communications, please contact VNSHHS Administration at (401)782-0500. The Agency will not request that you provide any reasons for your request and will attempt to honor your reasonable requests for confidential communication.

**Right to a Paper Copy of This Notice:** You have the right to a paper copy of this notice. You may ask us for another copy of this notice at any time. To obtain another paper copy of this notice, contact VNSHHS Administration. This notice is also available on our website at, [www.vnshomehealth.org](http://www.vnshomehealth.org).

**Right to Revoke Authorization:** Uses and disclosures of your health information not covered by this notice or applicable law will be made only with your written authorization. If you provide us with permission to use or disclose health information about you by signing an authorization form, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose health information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your authorization.

**Complaints:** If you believe your privacy rights have been violated, you may file a complaint with VNSHHS or with the Secretary of the Department of Health and Human Services. To file a complaint with VNSHHS, you may contact our Privacy Officer at (401) 782-0500, or our website at [www.vnshomehealth.org](http://www.vnshomehealth.org). All complaints must be submitted in writing. Retaliation will not occur against you for filing a complaint, nor will the quality of care you receive be affected.

## CHANGES TO THIS NOTICE

We are required to abide by the terms of this Notice of Privacy Practices. We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for health information we already have, as well as information we receive in the future. We will post copies of the current notice. The notice will contain the effective date of the notice in the top right-hand corner of the first page. Each time you register at or are admitted to VNSHHS for treatment or health care services, we will offer you a copy of the current notice in effect, or you may obtain a revised Notice of Privacy Practices by accessing our website at [www.vnshomehealth.org](http://www.vnshomehealth.org) or by calling the VNSHHS Administration and requesting that a revised copy be sent to you in the mail.