

Tri-County Home Nursing Service Notice of Privacy Practices

As Required by the Privacy Regulations Promulgated Pursuant to the Health Insurance
Portability and Accountability Act of 1996 (HIPAA)

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO YOUR IDENTIFIABLE HEALTH INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY

A. OUR COMMITMENT TO YOUR PRIVACY:

Tri-County Home Nursing Service is dedicated to maintaining the privacy of your personal health information.

In conducting our business, we will create records regarding you and the treatment and services we provide to you. We are required by law to maintain the confidentiality of your personal health information. By law, we must also follow the terms of the notice of privacy practices that we have in effect at the time. In general, when we release your health information, we must release only the information we need to achieve the purpose of the use or disclosure. However, all of your personal health information that you designate will be available for release if you sign an authorization form, if you request information for yourself, to a provider regarding your treatment, or due to a legal requirement.

We reserve the right to change our privacy practices described in this notice in accordance with the law. Any changes to this notice will be effective for all of your records our agency has created or maintained in the past, and for any of your records we may create or maintain in the future. **If we change our privacy practices, you will receive a revised copy of this notice.**

B. IF YOU HAVE ANY QUESTIONS ABOUT THIS NOTICE, PLEASE CONTACT:

Ms. Taniella Harrison
1-516-997-4460

C. WITHOUT YOUR WRITTEN AUTHORIZATION, WE MAY USE YOUR HEALTH INFORMATION THE FOLLOWING WAYS:

1. **Treatment.** Many of the people who work for our organization may use or disclose your identifiable health information in order to treat you or to assist others in your treatment. Additionally, we may disclose your identifiable health information to others who may assist in your care, such as your physician, therapist, spouse, children or parents.

2. **Payment.** Our organization may use and disclose your identifiable health information in order to bill and collect payment for the services you may receive from us. For example, we may contact your health insurer to certify that you are eligible for benefits (and for what range of benefits), and we may provide your insurer with details regarding your treatment to determine if your insurer will cover, or pay for, your treatment. We also may use and disclose your identifiable health information to obtain payment from third parties that may be responsible for such costs, such as family members or close friends. Also, we may use your identifiable health information to bill you directly for services and items.
3. **Health Care Operations.** Our organization may use and disclose your identifiable health information to operate our business. Examples of the ways in which we may use and disclose your information for our operations are as follows:
 - 1) To evaluate the quality of care you received from us, or
 - 2) To conduct cost-management and business planning activities for our agency.
4. **Appointment Reminders.** Our organization may use and disclose your identifiable health information to contact you and remind you of a visit.
5. **Release of Information to Family/Friends.** Our organization may release your identifiable health information to a friend or family member that is helping you pay for your health care, or who assists in taking care of you.
6. **Disclosures Required by Law.** Our organization will use and disclose your identifiable health information when we are required to do so by federal, state or local law.

D. USE AND DISCLOSURE OF YOUR IDENTIFIABLE HEALTH INFORMATION IN CERTAIN SPECIAL CIRCUMSTANCES.

The following categories describe unique situations in which we may use or disclose your identifiable health information:

1. **Public Health Risks/Activities.** Our organization may disclose your identifiable health information to public health authorities that are authorized by law to collect information for the purpose of:
 - Maintaining vital records, such as births and deaths
 - Reporting child abuse or neglect
 - Preventing or controlling disease, injury or disability
 - Notifying a person regarding potential exposure to a communicable disease
 - Notifying a person regarding a potential risk for spreading or contracting a disease or condition.
 - Reporting reactions to drugs or problems with products or devices (FDA)
 - Notifying individuals if a product or device they may be using has been recalled
 - Notifying appropriate government agency (ies) and authority (ies) regarding the potential abuse or neglect of an adult patient (including domestic violence); however, we will only disclose this information if the patient agrees or we are required or authorized by law to disclose this information.
 - Notifying your employer under limited circumstances related primarily to workplace injury or illness or medical surveillance.

2. **Health Oversight Activities.** Our organization may disclose your identifiable health information to a health oversight agency for activities authorized by law. Oversight activities can include, for example, investigations, inspections, audits, surveys, licensure and disciplinary actions; civil, administrative, and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws and the health care system in general.
3. **Lawsuits and Similar Proceedings.** Our organization may use and disclose your identifiable health information in response to a court or administrative order, if you are involved in a lawsuit or similar proceeding. We also may disclose your identifiable health information in response to a discovery request, subpoena, or other lawful process by another party involved in the dispute, but only if we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested.
4. **Law Enforcement.** We may release identifiable health information if asked to do so by a law enforcement official:
 - Regarding a crime victim in certain situations, if we are unable to obtain a person's agreement.
 - Concerning a death we believe might have resulted from criminal conduct
 - Regarding criminal conduct at our offices
 - In response to a warrant, summons, court order, subpoena or similar legal process
 - To identify/locate a suspect, material witness, fugitive or missing person
 - In an emergency, to report a crime (including the location or victim(s) of the crime, or the description, identity or location of the perpetrator).
5. **Serious Threats to Health or Safety.** Our organization may use and disclose your identifiable health information when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to prevent the threat.
6. **Military.** Our organization may disclose your identifiable health information if you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate military command authorities.
7. **National Security.** Our organization may disclose your identifiable health information to federal officials for intelligence and national security activities authorized by law. We also may disclose your identifiable health information to federal officials in order to protect the President, other officials or foreign heads of state, or to conduct investigations.
8. **Inmates.** Our organization may disclose your identifiable health information to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official. Disclosure for these purposes would be necessary: (a) for the institution to provide health care services to you, (b) for the safety and security of the institution, and/or (c) to protect your health and safety or the health and safety of other individuals.
9. **Workers' Compensation.** To comply with the law, our organization may release your identifiable health information for workers' compensation and similar programs.

E. YOUR RIGHTS REGARDING YOUR IDENTIFIABLE HEALTH INFORMATION

You have several rights with regards to the identifiable health information that we maintain about you. If you wish to exercise any of the following rights, please contact:

Ms. Taniella Harrison
Tri-County Home Nursing Service
1065 Old Country Road
Westbury, N.Y. 11000
Tel. # 1-516-997-4460

You have the right to:

1. **Confidential Communications.** You have the right to request that our organization communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than work. In order to request a type of confidential communication, you must make a written request to **Ms. Taniella Harrison**, specifying the requested method of contact, or the location where you wish to be contacted. Our organization will accommodate **reasonable** requests. You do not need to give a reason for your request.
2. **Requesting Restrictions on certain uses and disclosures.** You have the right to request a restriction in our use or disclosure of your identifiable health information for treatment, payment or health care operation activities. Additionally, you have the right to request that we limit our disclosure of your identifiable health information to individuals involved in your care or the payment for your care, such as family members and friends. **We are not required to agree to your request;** however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you. In order to request a restriction in our use or disclosure of your identifiable health information, you must make your request in writing to **Ms. Taniella Harrison**. Your request must describe in a clear and concise fashion: (a) information you restricted; (b) whether you are requesting to limit our organization's use, disclosure or both; and (c) to whom you want the limits to apply.
3. **Inspection and Copies.** You have the right to inspect and obtain a copy of the identifiable health information that may be used to make decisions about you, including patient medical records and billing records, but not including psychotherapy notes. You must submit your request in writing to **Ms. Taniella Harrison** in order to inspect and/or obtain a copy of your identifiable health information. Our organization may charge a fee for the costs of copying, mailing, labor and supplies associated with your request, not to exceed the maximum amount allowable under New York State law. Our practice may deny your request to inspect and/or copy in certain limited circumstances; however, you may request a review of our denial. Reviews will be conducted by another licensed health care professional chosen by us.
4. **Request to correct your health information.** You may ask us to correct your health information if you believe it is incorrect or incomplete and you may request a correction for as long as the information is kept by or for our organization. Your request must be made in

writing and submitted to **Ms. Taniella Harrison**. You must provide us with a reason that supports your request for the correction. Our organization will deny your request if you fail to submit your request (and the reason supporting your request) in writing. Also, we may deny your request if you ask us to amend information that is: (a) accurate and complete; (b) not part of the identifiable health information which you would be permitted to inspect and copy; or (c) not created by our organization, unless the individual or entity that created the information is not available to amend the information. If your request is denied, you may submit, to be placed into your medical record, a written statement of your disagreement and we may submit a rebuttal of such statement.

5. **Accounting of Disclosures.** All of our patients have the right to request an “accounting of disclosures.” An “accounting of disclosures” is a list of certain non-routine disclosures our organization has made of your identifiable health information. To obtain an accounting of disclosures, you must submit your request in writing.

All requests for an “accounting of disclosures” 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 is free of charge, but our practice may charge you for additional lists within the same 12-month period. Our organization will notify you of the costs involved with additional requests, and you may withdraw your request before you incur any costs.

6. **Right to File a Complaint.** If you believe your privacy rights have been violated, you may file a complaint with our organization or with the **Secretary of the Department of Health and Human Services**. All complaints must be submitted in writing. **You will not be penalized for filing a complaint.** To file a complaint with our organization, contact **Ms. Taniella Harrison, Tel. #1-516-997-4460**. The address to file a complaint with the Department of Health and Human Services is, 26 Federal Plaza, Suite #3313; New York, N.Y. 10278; Tel.#212-264-3313.
7. **Right to Provide an Authorization for Other Uses and Disclosures.** Our organization will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your identifiable health information may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your identifiable health information for the reasons described in the authorization. Please note we are required to retain records of your care.
8. Again, if you have any questions or concerns regarding your privacy rights or the information in this notice, please contact **Ms. Taniella Harrison, Tel. #1-516-997-4460**.