

# Visiting Nurse Association of Southeast Missouri

## Notice of Privacy Practices

Effective Date: August 1, 2013

**THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND RELEASED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

### **OUR OBLIGATIONS:**

We are required by law to:

- Maintain the privacy of protected health information
- Give you this notice of our legal duties and privacy practices regarding health information about you
- Follow the terms of our notice that is currently in effect

The VNA knows that your health information is personal. We will take every possible precaution to protect your information at all times. This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

**We may use or disclose your protected health information in the following situations without your authorization or individual consent.**

**To Provide Treatment.** VNA may use your health information to coordinate care within the VNA and with others outside the agency involved in your care. For example: The agency may disclose information to our nurses, therapists, care coordinators and with other healthcare professionals outside the agency such as your attending physician, laboratories, pharmacists and suppliers of medical equipment.

**To Obtain Payment.** VNA may use your health information in order to receive payment from third parties for the care you received from VNA. For example: The information on or accompanying an invoice may include information that identifies you, as well as your diagnosis, procedures or supplies used.

**To Conduct Health Care Operations.** VNA may use and release health information for its own operations and as necessary to provide quality care to all of the VNA patients/clients. These health care operations may include but are not limited to quality improvement activities, training programs and accreditation, certification or licensing activities.

**Appointment Reminders, Treatment Alternatives and Health Related Benefits and Services.** VNA may use and disclose Health Information to contact you to remind you that you have an appointment with us. We also may use and disclose Health Information to tell you about treatment alternatives or health-related benefits and services that may be of interest to you.

**Business Associates.** VNA may disclose health information to our business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. For example, we may use another company to perform billing services on our behalf. All of our business associates are obligated to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.

**As Required By Law.** VNA will release your health information when it is required to do so by any Federal, State or local law.

**For Fundraising Activities.** VNA occasionally conducts fundraising activities & may use information about you including your name, address, phone number and the dates you received care in such activities. If you do not want VNA to contact you, notify **Nona Odum at P O Box 768 Kennett, Mo 63857** and indicate that you do not wish to be contacted.

**For Agency Directories.** VNA may include your name to maintain a directory of patients/clients of the VNA, except when an objection is expressed.

**Individuals Involved in Care:** VNA may disclose to a family member, personal representative, or any other person identified by the patient, the protected health information that is directly relevant to such person's involvement with the care, except when an objection is expressed.

**For Disaster Relief Purposes.** VNA may disclose protected health information to a public or private entity authorized by law or by charter to assist in disaster relief efforts.

**Public Health Risks.** VNA may release your health information for public activities and purposes in order to:

- Prevent or control disease, injury or disability, report disease, injury, or death.
- Report adverse events, or product defects.
- Notify a person who has been exposed to a communicable disease or who may be at risk of contracting or spreading a disease.

**To Report Abuse, Neglect Or Domestic Violence.** VNA is allowed to notify government authorities if the Agency believes a patient is the victim of abuse, neglect or domestic violence.

**To Conduct Health Oversight Activities.** VNA may release your health information to a health oversight agency for activities including audits, civil administrative or criminal investigations, inspections, licensure or disciplinary action. VNA, however, may not release your health information if you are the subject of an investigation and your health information is not directly related to your receipt of health care or public benefits.

**Judicial And Administrative Proceedings.** VNA may release your health information in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal as expressly authorized by such order or in response to a subpoena, discovery request or other lawful process, but only when VNA obtains an order protecting your health information.

**Law Enforcement:** VNA may disclose protected health information, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include (1) legal processes and otherwise required by law, (2) limited information requests for identification and location purposes, (3) pertaining to victims of a crime, (4) suspicion that death has occurred as a result of criminal conduct, (5) in the event that a crime occurs on the premises of our practice, and (6) medical emergency (not on our practice's premises) and it is likely that a crime has occurred.

**Lawsuits and Disputes.** VNA may disclose protected health information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), or in certain conditions in response to a subpoena, discovery request or other lawful process.

**To Coroners And Medical Examiners.** VNA may release your health information to coroners and medical examiners for purposes of determining your cause of death or for other duties, as authorized by law.

**To Funeral Directors.** VNA may release your health information to funeral directors consistent with applicable law and if necessary, to carry out their duties with respect your funeral arrangements. If necessary to carry out their duties, VNA may disclose your health information prior to and in reasonable anticipation of your death.

**For Organ, Eye Or Tissue Donation.** VNA may use or release your health information to organ procurement organizations or other entities engaged in the procurement banking or transplantation of organs, eyes or tissue for the purpose of facilitating the donation and transplantation.

**Research:** VNA may disclose your protected health information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information.

**In the Event of A Serious Threat To Health Or Safety.** VNA may, consistent with applicable law and ethical standards of conduct, release your health information if VNA, in good faith, believes that such disclosure is necessary to prevent or lessen a serious and imminent threat to your health or safety or to the health and safety of the public.

**Military and Veterans.** If you are a member of the armed forces, may release health information as required by military command authorities. We may also release your information to the appropriate foreign military authority if you are a member of a foreign military.

**National Security and Intelligence Activities.** VNA may release health information to authorized federal officials for intelligence, counter-intelligence, and other national security activities authorized by law. VNA may also disclose health information to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or to conduct special investigations.

**Inmates or Individuals in Custody.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release health information to the correctional institution or law enforcement official. This release would be if 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) the safety and security of the correctional institution.

**Workers' Compensation.** We may release Health Information for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

## **AUTHORIZATION TO USE OR RELEASE HEALTH INFORMATION**

Other than is stated above, VNA will not release your health information without your written authorization. If you or your representative authorizes VNA to use or release your health information, you may revoke that authorization in writing at any time.

## **YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION**

You have the following rights regarding your health information that VNA maintains:

**Right to Inspect and Copy.** You have the right to inspect and copy health information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes. To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to **Nona Odum, PO Box 768 Kennett, MO 63857**. If you request a copy of the information, we may charge a reasonable fee for the costs of copying, mailing or other supplies associated with your request.

**Right to Amend Health Care Information.** You have the right to request that VNA amend your records, if you believe that your health information is incorrect or incomplete. That request may be made as long as the information is maintained by VNA. A request for an amendment must be made in writing to **Nona Odum, PO Box 768 Kennett, Mo 63857**.

VNA may deny the request if it is not in writing or does not include a reason for the amendment. The request also may be denied if your health information records were not created by VNA, if the records you are requesting are not part of VNA's records, if the health information you wish to amend is not part of the health information you or your representative

are permitted to inspect and copy, or if, in the opinion of VNA, the records containing your health information are accurate and complete.

**Right to An Accounting of Disclosures.** You have the right to request a list of releases of your health information made by VNA for any reason other than for treatment, payment or health operations. The request for an accounting must be made in writing to **Nona Odum, PO Box 768 Kennett, Mo 63857.** The request should specify the time period for the accounting starting on or after April 14, 2003.

**Right to Request Restrictions.** You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment or health care operations. You also have the right to ask for a limit on the health information we share with someone who is involved in your care or in the payment for your care, such as a family or friend. We are not required to agree to your request unless you are asking us to restrict the use and disclosure of your Protected Health Information to a health plan for payment or health care operation purposes and such information you wish to restrict pertains solely to a health care item or service for which you have paid “out-of-pocket” in full. If we agree, we will comply with your request unless the information is needed to provide you with emergency treatment. To request restrictions, you must make your request in writing to **Nona Odum, PO Box 768 Kennett, MO 63857.**

**Right to Receive Confidential Communications.** You have the right to request that VNA communicate with you in a certain way. For example, you may ask that VNA only conduct communications pertaining to your health information with you privately with no other family members present. If you wish to receive confidential communications, please contact **Nona Odum at P O Box 768 Kennett, Mo 63857.** VNA will not request that you provide any reasons for your request and will attempt to honor your reasonable requests for confidential communications.

**Right to a Paper Copy of This Notice.** You have a right to an additional paper copy of this Notice at any time even if you or your representatives have received this Notice previously. To obtain an additional paper copy, please contact **Nona Odum, PO Box 768 Kennett, Mo 63857.**

**Right to Notification of Breach.** We will keep your medical information private and secure as required by law. If any of your health information which is acquired, accessed, used or disclosed in a manner that is not permitted by law we will notify you within 60 days following the discovery of a breach.

**Right to Express Complaints.** You have the right to express complaints to VNA and to the Secretary of U.S. Department of Health and Human Services if you or your representatives believe that your privacy rights have been violated. Any complaints to VNA should be made in writing to **Nona Odum, PO Box 768 Kennett, Mo 63857.** VNA encourages you to express any concerns you may have regarding the privacy of your information. You will not be retaliated against in any way for filing a complaint.

### **Changes To This Notice**

The effective date of the Notice is stated at the beginning. We reserve the right to change this Notice. We reserve the right to make the changed Notice effective for Protected Health Information we already have as well as for any Protected Health Information we create or receive in the future. A copy of our current Notice is posted in our office and on our website.

### **Other Uses of Health Information**

Other uses and disclosures, such as disclosure of psychotherapy notes, use of protected health information for marketing activities and the sale of protected health information, will be made only with the individual's written authorization and the individual may revoke such authorization. Other uses and disclosures not described in the Notice will be made only with your written authorization.

### **CONTACT PERSON**

VNA has designated **Nona Odum** as its contact person for all issues regarding patient privacy and your rights under the Federal privacy standards. You may contact this person in writing at **P O Box 768 Kennett, MO 63857 or 573-888-5892 x1147.**