

# NOTICE OF PRIVACY PRACTICES

*Effective February 15, 2019*

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE READ IT CAREFULLY.

This notice will tell you how we may use and disclose protected health information about you. Protected health information means any health information about you that identifies you or for which there is a reasonable basis to believe the information can be used to identify you. In this notice, we call all of that protected health information “medical information.”

This notice also will tell you about your rights and our duties with respect to medical information about you. In addition, it will tell you how to complain to us if you believe we have violated your privacy rights.

## **Who Is Bound By This Notice?**

This Notice of Privacy Practices describes the practices of IHSS as well as Visions 4 You Home Care.

This notice applies to the following delivery site: 1229 Lake Plaza Dr. STE D Colorado Springs, CO 80906.

We all will follow what is said in this Notice.

## **How We May Use and Disclose Medical Information About You**

We will share medical information about you with each other as necessary to carry out treatment, payment, or our healthcare operations.

We use and disclose medical information about you for a number of different purposes. Each of those purposes is described below.

### **□ For Treatment**

We may use medical information about you to provide, coordinate, or manage your healthcare and related services by both us and other healthcare providers. We may disclose medical information about you to doctors, nurses, hospitals, and other health facilities that become involved in your care. We may consult with other healthcare

providers concerning you and, as part of the consultation, share your medical information with them. Similarly, we may refer you to another healthcare provider and, as part of the referral, share medical information about you with that provider. For example, we may conclude you need to receive services from a physician with a particular specialty. When we refer you to that physician, we also will contact that physician's office and provide medical information about you to them so they have information they need to provide services for you.

□ **For Payment**

We may use and disclose medical information about you so we can be paid for the services we provide you. This can include billing you, your insurance company, or a third-party payer. For example, we may need to give your insurance company information about the healthcare services we provide you so your insurance company will pay us for those services or reimburse you for amounts you have paid. We also may need to provide your insurance company or a government program, such as Medicare or Medicaid, with information about your medical condition and the healthcare you need to receive to determine if that insurance program covers you.

□ **For Healthcare Operations**

We may use and disclose medical information about you for our own healthcare operations. This is necessary for us to operate IHSS and to maintain quality healthcare for our patients. For example, we may use medical information about you to review the services we provide and the performance of our employees in caring for you. We may disclose medical information about you to train our staff, volunteers, and students working in IHSS. We also may use the information to study ways to more efficiently manage our organization.

□ **How We Will Contact You**

Unless you tell us otherwise in writing, we may contact you by either telephone or mail at either your home or your workplace. At either location, we may leave messages for you on the answering machine or voicemail. If you want to request that we communicate to you in a certain way or at a certain location, please contact Sarah Bibb, RN., 1229 Lake Plaza Dr. Ste D, Colorado Springs, CO 80906. 719-208-9935

□ **Appointment Reminders**

We may use and disclose medical information about you to contact you to remind you of an appointment you have with us.

□ **Treatment Alternatives**

We may use and disclose medical information about you to contact you about treatment alternatives that may be of interest to you.

□ **Health Related Benefits and Services**

We may use and disclose medical information about you to contact you about health-related benefits and services that may be of interest to you.

□ **Individuals Involved in Your Care**

We may disclose to a family member or other relative, a close personal friend, or any other person identified by you, medical information about you that is directly relevant to that person's involvement with your care or payment related to your care. We also may use or disclose medical information about you to notify, or assist in notifying, those persons of your location, general condition, or death. If there is a family member or other relative, or close personal friend with whom you do not want us to disclose medical information about you, please notify

Sarah Bibb, RN., 1229 Lake Plaza Dr. Ste D, Colorado Springs, CO 80906. 719-208-9935.

**Required by Law**

We may use or disclose medical information about you when we are required to do so by law (i.e. HHA OASIS System of Records).

**Public Health Activities**

We may disclose medical information about you for public health activities and purposes. This includes reporting medical information to a public health authority who is authorized by law to collect or receive the information for purposes of preventing or controlling disease or, one who is authorized to receive reports of child abuse and/or neglect. It also includes reporting for purposes of activities related to the quality, safety, or effectiveness of a United States Food and Drug Administration regulated product or activity.

□ **Victims of Abuse, Neglect, or Domestic Violence**

We may disclose medical information about you to a government authority authorized by law to receive reports of abuse, neglect, or domestic violence, if we believe you are a victim of abuse, neglect, or domestic violence. This will occur to the extent the disclosure is: (a) required by law; (b) agreed to by you; or (c) authorized by law and we believe the

disclosure is necessary to prevent serious harm to you or to other potential victims, or, if you are incapacitated and certain other conditions are met, a law enforcement or other public official represents that immediate enforcement activity depends on the disclosure.

□ **Health Oversight Activities**

We may disclose medical information about you to a health oversight agency for activities authorized by law, including audits, investigations, inspections, licensure or disciplinary actions. These and similar types of activities are necessary for appropriate oversight of the healthcare system, government benefit programs, and entities subject to various government regulations.

□ **Judicial and Administrative Proceedings**

We may disclose medical information about you in the course of any judicial or administrative proceeding in response to an order of the court or administrative tribunal. We also may disclose medical information about you in response to a subpoena, discovery request, or other legal process but only if efforts have been made to tell you about the request or to obtain an order protecting the information to be disclose.

□ **Disclosures for Law Enforcement Purposes**

We may disclose medical information about you to law enforcement official for law enforcement purposes:

1. As required by law
2. In response to a court, grand jury or administrative order, warrant, or subpoena
3. To identify or locate a suspect, fugitive, material witness, or missing person
4. About an actual or suspected victim of a crime and that person agrees to the disclosure. If we are unable to obtain that person's agreement, in limited circumstances, the information may still be disclosed
5. To alert law enforcement officials to a death if we suspect the death may have resulted from criminal conduct
6. About crimes that occur at our facility
7. To report a crime in emergency circumstances

□ **Coroners and Medical Examiners**

We may disclose medical information about you to a coroner or medical examiner for purposes such as identifying a deceased person and determining cause of death.

□ **Funeral Directors**

We may disclose medical information about you to funeral directors as necessary for them to carry out their duties.

□ **Organ, Eye, or Tissue Donation**

To facilitate organ, eye, or tissue donation and transplantation, we may disclose medical information about you to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs, eyes, or tissue.

□ **Research**

Under certain circumstances, we may use or disclose medical information about you for research. Before we disclose medical information for research, the research will have been approved through an approval process that evaluates the needs of the research project with your needs for privacy of your medical information. We may, however, disclose medical information about you to a person who is preparing to conduct research to permit them to prepare for the project, but no medical information will leave Visions 4 You Home Care during that person's review of the information.

□ **To Avert Serious Threat to Health or Safety**

We may use or disclose protected health information about you if we believe the use or disclosure is necessary to prevent or lessen a serious or imminent threat to the health or safety of a person or the public. We also may release information about you if we believe the disclosure is necessary for law enforcement authorities to identify or apprehend an individual who admitted participation in a violent crime or who is an escapee from a correctional institution or from lawful custody.

□ **Military**

If you are a member of the Armed Forces, we may use and disclose medical information about you for activities deemed necessary by the appropriate military command authorities to assure the proper execution of the military mission. We may also release

information about foreign military personnel to the appropriate foreign military authority for the same purposes.

□ **National Security and Intelligence**

We may disclose medical information about you to authorized federal officials for the conduct of intelligence, counter-intelligence, and other national security activities authorized by law.

□ **Protective Services for the President**

We may disclose medical information about you to authorized federal officials so they can provide protection to the President of the United States, certain other federal officials, or foreign heads of state.

□ **Security Clearances**

We may use medical information about you to make medical suitability determinations and may disclose the results to officials in the United States Department of State for purposes of a required security clearance or service abroad.

□ **Inmates; Persons in Custody**

We may disclose medical information about you to a correctional institution or law enforcement official having custody of you. The disclosure will be made if the disclosure is necessary: (a) to provide healthcare to you; (b) for the health and safety of others; or, (c) the safety, security and good order of the correctional institution.

□ **Workers Compensation**

We may disclose medical information about you to the extent necessary to comply with workers' compensation and similar laws that provide benefits for work-related injuries or illness without regard to fault.

□ **Other Uses and Disclosures**

Other uses and disclosures will be made only with your written authorization, including marketing purposes, sale of your information, and most sharing of psychotherapy notes. You may revoke such an authorization at any time by writing Sarah Bibb, RN., 1229 Lake Plaza Dr. Ste D, Colorado Springs, CO 80906. 719-208-9935

of your desire to revoke it. However, if you revoke such an authorization, it will not have any effect on actions taken by us in reliance upon it.

### *Your Rights with Respect to Medical Information About You*

#### □ **Right to Request Restrictions**

You have the right to request that we restrict the uses or disclosures of medical information about you to carry out treatment, payment, or healthcare operations. You also have the right to request that we restrict the uses or disclosures we make to: (a) a family member or other relative, a close personal friend, or any other person identified by you; or, (b) for the public or private entities for disaster relief efforts. For example, you could ask that we not disclose medical information about you to your brother or sister.

To request a restriction, you may do so at any time. If you request a restriction, you should do so to Sarah Bibb, RN., 1229 Lake Plaza Dr. Ste D, Colorado Springs, CO 80906. 719-208-9935

*We are not required to agree to any requested restriction.* However, if we do agree, we will follow that restriction unless the information is needed to provide emergency treatment. Even if we agree to a restriction, either you or we can later terminate the restriction.

#### □ **Right to Receive Confidential Information**

You have the right to request that we communicate medical information about you to you in a certain way or at a certain location. For example, you can ask that we only contact you by mail or at work. We will not require you to tell us why you are asking for the confidential communication. If you want to request confidential communication, you must do so in writing to Sarah Bibb, RN., 1229 Lake Plaza Dr. Ste D, Colorado Springs, CO 80906. 719-208-9935.

#### □ **Right to Amend**

You have the right to ask us to amend medical information about you. You have this right for so long as we maintain the medical information. To request an amendment, you must submit your request in writing to Sarah Bibb, RN., 1229 Lake Plaza Dr. Ste D, Colorado Springs, CO 80906. 719-208-9935.

#### □ **Right to an Accounting of Disclosures**

You have the right to receive an accounting of disclosures of medical information about you. The accounting may be for up to six (6) years prior to the date on which you request the accounting but not before January 1, 2010.

□ **Right to Copy of this Notice**

You have the right to obtain a paper copy of our Notice of Privacy Practices. You may obtain a paper copy even though you agreed to receive the notice electronically. You may request a copy of our Notice of Privacy Practices at any time.

*Our Duties*

□ **Generally**

We are required by law to maintain the privacy of medical information about you and to provide individuals with notice of our legal duties and privacy practices with respect to medical information.

We are required to abide by the terms of our Notice of Privacy Practices in effect at the time.

□ **Our Right to Change Notice of Privacy Practices**

We reserve the right to change this Notice of Privacy Practices. We reserve the right to make the new notice's provisions effective for all medical information that we maintain, including that created or received by us prior to the effective date of the new notice.

□ **Availability of Notice of Privacy Practices**

A copy of our current Notice of Privacy Practices will be posted at 1229 Lake Plaza Dr. Ste D, Colorado Springs, CO 80906. 719-208-9935.

At any time, you may obtain a copy of the current Notice of Privacy Practices by contacting Sarah Bibb, RN., 1229 Lake Plaza Dr. Ste D, Colorado Springs, CO 80906. 719-208-9935.

□ **Effective Date of Notice**

The effective date of the notice will be stated on the first page of the notice

□ **Complaints**

You may complain to us and to the United States Secretary of Health and Human Services if you believe your privacy rights have been violated by us.

To file a complaint with us, contact Sarah Bibb, RN., 1229 Lake Plaza Dr. Ste D, Colorado Springs, CO 80906. 719-208-9935. All complaints should be submitted in writing.

To file a complaint with the United States Secretary of Health and Human Services, send your complaint to him or her in care of: Office for Civil Rights, U.S. Department of Health and Human Services, 200 Independence Ave. SW, Washington, DC 20201.

You will not be retaliated against for filing a complaint.

□ **Questions and Information**

If you have any questions or what more information concerning this Notice of Privacy Practices, please contact Sarah Bibb, RN., 1229 Lake Plaza Dr. Ste D, Colorado Springs, CO 80906. 719-208-9935.