

LAMOILLE HOME HEALTH & HOSPICE

54 Farr Avenue • Morrisville, VT 05661 • (802) 888-4651

Notice of Home Care Privacy Practices

HIPAA 45 CFR 164.520

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**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU:
◆ MAY BE USED; ◆ MAY BE SHARED;
◆ HOW YOU CAN READ & GET COPIES OF THIS INFORMATION.**

Your health information is protected by HIPAA (Health Insurance Portability and Accountability Act of 1996). Lamoille Home Health may use your protected health information:

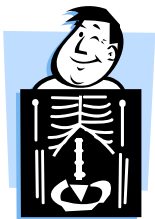
- to provide you with treatment
 - to obtain payment for your care
 - to conduct health care operations

Lamoille Home Health has established policies so that your medication information will be shared only when it is necessary.

WHO CAN SEE YOUR HEALTH INFORMATION WITHOUT ASKING YOU?????

You might wonder why we would need to share your information with anyone besides you. Sometimes it is necessary to share information with doctors, the hospital, pharmacists, people who sell medical equipment, family members, etc. For example:

- What if you need a different medicine...or an X-ray...or a wheelchair??
- What if you want to try a brand new method of health care or an experimental medication or treatment?
- What if someone in your family is caring for you and doesn't know what to do next?



The Home Health staff must depend on doctors, hospitals, and others to help us give you all the services you need so...we need to share your information with the folks who can help us help you.

**You might be thinking “All of these services must cost a lot of money.
Who pays for the Home Health Services I get?”**

Of course Lamoille Home Health needs to be paid for our services. If you are covered by insurance, like Medicare, Medicaid, or your private insurance company, they will pay us for



most services. Sometimes we need to explain to them why you need care and get their permission to give you care. So it is important we share your information with them so we can keep seeing you for as long as you need us. There could be times when you are injured and need to file a claim with Workers' Compensation. If so, we will share your records with them upon request.



Just like your doctor checks to make sure you are following directions, Lamoille Home Health gets “check-ups” too.

- ✗ Sometimes you might need many services such as a nurse, a physical therapist and a nurse's aide. When this happens, it is important that **everyone who is taking care of you has the same information** so your information may be shared by **several members of our staff**. We want to give you the best care possible.
- ✗ At other times, we may share your information with **people who are working for companies who make sure that we are following federal and state rules and that we are giving you excellent care**.
- ✗ Because **WE WANT YOU TO BE HAPPY WITH THE CARE WE GIVE YOU**, some members of our staff might have the right to use your information (like your telephone number) to give you a call to let you know someone is coming to visit you or to ask you some questions about the care you are getting.
- ✗ If there are questions about your cause of death, the information we have on file may be shared with a **coroner/medical examiner**.
- ✗ If your **funeral director** needs information to carry out arrangements you have made for your funeral, either before or after your death, we may share information with them.

Sometimes our Agency has **fundraising activities**.

At those times, and at times when you are well and not requiring our services, we would like to use your name, address, and phone number to ask you if you would be willing donate money so we can continue to offer services to people in Lamoille County who need us. If you do not want the Agency to contact you, please call the Privacy Official at (802) 888-4651 to say you do not wish to be contacted.



It seems hard to believe, but sometimes we have to share your information for **legal reasons**. If Federal, State or local laws say we must share your information, we will share only what is necessary to obey the law.

In very limited situations and only after the project has been thoroughly investigated will the Agency ever share your information for **research purposes, for specified government functions relating to military & veterans, national security & intelligence activities, protective services for the President & others, medical suitability determinations, and inmates & law enforcement custody**.

In cases of a serious threat to the health and safety of the public, if Lamoille Home Health really believes that disclosure of your health information will prevent or lessen a serious and imminent threat, we may, consistent with the law and ethical standards, disclose your health information.

Other than the above reasons, Lamoille Home Health & Hospice will not release your health information **EXCEPT WITH YOUR WRITTEN PERMISSION.**

If you or your representative gives us permission to use or release your health information, and then you change your mind, you may take back that agreement, **in writing**, at any time you choose.

WHAT ARE YOUR RIGHTS?

You might be wondering by now..."What are *my* rights?"

1. You have the right to have limits on certain uses and releases of your health

information to someone who is involved in your care or the payment of your care. However, Lamoille Home Health has the right to disagree with your request if we feel it will interfere with your care. If you wish to ask for limits, please contact the Lamoille Home Health Privacy Official at 888-4651.



2. You have the right to ask us to communicate with you in a certain way.

You may ask that we speak with you privately with no other family members present when discussing your health information. If you want to receive confidential communications, please contact the Lamoille Home Health Privacy Official at 888-4651. ***You do not have to give any reasons for your request; we will accommodate all reasonable requests for confidential communications.***


3. You have the right to ask us to make changes to your records if you believe that your health

information is incorrect or incomplete as long as the information is kept by our Agency. Requests for changes to your records must be made in writing to the Lamoille Home Health Privacy Official (54 Farr Avenue, Morrisville, VT 05661).

- **We may agree with your request** for amendment(s) to your health records. If we do, you will be notified in writing of how the amendments were made. This information will also be shared with other entities with whom we have disclosed your health information along with individuals or entities you identify as needing to be informed.

- **We may deny the request if:** 1) it is not in writing or does not include a reason for the changes; 2) your health information records were not created by Lamoille Home Health; 3) the records you want changed are not part of Lamoille Home Health's records; 4) the health information you want changed is not part of the health information you are permitted to look at and copy; or 5) if, in the opinion of Lamoille Home Health, the records are already correct and complete. Then you will have the right to submit a written statement of disagreement stating the reasons you disagree with the decision. The Agency will have the right to prepare a rebuttal to your statement of disagreement and, if we choose to do so, will ensure that you receive a copy of it.



4. **You have the right to look at and copy your health information, including billing records** by contacting the Privacy Official at 888-4651. If you request a copy of your health information, we may charge a fee for copying and assembling the information requested.
5. **You have the right to ask for a report of the number of times we have shared or released your health information.** Your request must be in writing to the Lamoille Home Health Privacy Official (54 Farr Avenue, Morrisville, VT 05661). The request should give the time period for the report starting on or after April 14, 2003. Requests for reports may not be made for periods of time more than six (6) years. We will give you your first requested report during any 12-month period without charge. We may charge for reports after that time. 
6. **You have a right to a separate paper copy of this Notice at any time** even if you or your representative have received this Notice before. To get a copy, please contact the Lamoille Home Health Privacy Official at 888-4651.
7. **You have a right to file a complaint if you believe that your privacy has been violated.** Your complaint must be in writing to the Lamoille Home Health Agency, 54 Farr Avenue, Morrisville, VT 05661 or to the U.S. Department of Health & Human Services, 200 Independence Avenue, S.W., Washington, D.C. 20201. We encourage you to express your concerns regarding the privacy of your information. If you choose to file a complaint, the Agency will continue to provide quality care and treat you with respect.

What are the Duties and Responsibilities of Lamoille Home Health Agency?

The Agency is **required by law**:

1. To maintain the privacy of your health information;
2. To give you and/or your representative a paper copy of this Notice;
3. To obey the terms of this Notice as may be changed from time to time.

The Agency reserves the right to change the conditions of this Notice. The new Notice will then be effective for all health information that the Agency maintains.

WHAT DO I DO IF I AM NOT HAPPY WITH MY CARE?



If you are not happy with your care, we want to know. **You may file a complaint** with Lamoille Home Health Agency and/or the U.S. Department of Health & Human Services. If you choose to file a complaint, the Agency will continue to provide quality care and you will be treated with respect.

We value your privacy