

Notice of Information 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.

Understanding your Visiting Nurse Association & Hospice of the Southwest Region (VNAHSR) Home Health Record Information

Each time that you visit a hospital, a physician, or another health care provider, the provider makes a record of your visit. Typically, this record contains your health history, current symptoms, examination and test results, diagnoses, treatment, and plan for future care or treatment.

Understanding what is in your health records and how your health information is used helps you to ensure its accuracy and completeness, understand who, what, where, why, and how others may access your health information, make informed decisions about authorizing disclosure to others and better understand the health information rights detailed below.

The VNAHSR is committed to protecting the privacy of your health care information. This Notice of Information Practices is an effort to help you understand how we may use and share information related to your health, your rights, and our responsibilities with regard to that information.

A. Your Rights—**Although your health records are the physical property of the healthcare provider who completed the records, you have the following rights with regard to the information contained therein:**

- Receive a copy and explanation of this Notice.
- Understand how we intend to use and share your information with others.
- Look at and/or receive a copy of your health care record (subject to some restrictions).
- Request that your health care record is changed if you believe the information is incomplete or incorrect

(subject to some restrictions).

- Receiving an accounting of non-routine uses and disclosures—those other than for treatment, payment, or health care operations. We also do not need to provide an accounting of disclosures made to you or in response to your written authorization, for a facility directory or to persons involved in your care or for certain other disclosures for national security/intelligence purposes, correctional institutions or law enforcement officials.
 - Request restrictions on the sharing of your health care information. We are not required to agree to such restrictions unless the requested restriction is on a disclosure to a health plan for purposes of payment or healthcare operations (not for treatment) and the information pertains solely to an item for which you have paid us directly in full. All restriction requests must be made in writing.
 - Request communications by alternate means or location. While we are not required to agree to such requests, we will make every effort to accommodate you when possible.
 - Revoke your consent or authorization to use or disclose health information except to the extent that we have taken action in reliance on the consent or authorization.
 - File a complaint if you believe your privacy rights have been violated.
- ### B. Our Responsibilities—**VNAHSR is required by law to:**
- Maintain the privacy of your Protected Health Information (PHI).
 - Provide to you this Notice of our duties and privacy practices.

- Follow the terms of this Notice.
- Train our personnel concerning privacy and confidentiality.
- Implement a policy to discipline any staff member who breaches privacy and confidentiality.
- Notify you of an unsecured breach of your PHI and take action to lessen the harm of any breach.

We will not use or share your health information without authorization, except as described in this Notice (See Sections C and D below).

C. Routine Uses and Disclosures—VNAHSR will use and/or share your health information to:

- Provide your treatment. Information will be shared with staff, other health care providers, family, friends or others who are facilitating and/or participating in your care for the purpose of changing or carrying out your plan of care.
- Record your information in a medical record, on paper, and in our computer system.
- Schedule or remind you about an appointment or home visit.
- Let you know about services we offer that may be of interest to you.
- Obtain payment for service provided, e.g. include your diagnosis and other health information on bills to collect payment or on requests for approval for visits from your insurance company.
- Conduct health care operations such as quality assurance, performance improvement, staff education, accreditation, compliance reviews, or business planning.
- Enable people outside VNAHSR who are helping us carry out our responsibilities, e.g. answering services, accreditation agencies, and translation services. These businesses are required to safeguard your information in the same way we do.

D. Legally Required Disclosures—VNAHSR may use and/or share PHI as required by federal, state or local law to:

- Report risks to public health.
- Prevent or lessen serious and imminent threats to health and safety.

- Report abuse, neglect or domestic violence.
- Respond to inquiries from law enforcement officials, medical review boards, or health oversight agencies.
- Respond to subpoenas for a judicial or administrative proceeding.
- Respond to requests to governmental agencies, responsible for national security.
- Provide information to coroners, medical examiners, or funeral directors.
- Assist employees with workers' compensation claims.
- Health oversight agencies and public health authorities including the Federal Department of Health and Human Services to facilitate investigations and determine compliance with standards.

E. Other Uses and Disclosures

- **Fundraising.** We may contact you as a part of a fundraising effort. Each solicitation will offer you the right not to receive subsequent fundraising materials. If you would prefer not to receive these, please call us at 1.800.244.0568 and ask to speak to the HIPAA Privacy Officer.
- **Research.** We may disclose 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 health information.
- **Notification.** We may use or disclose information to notify or assist in notifying a family member, a personal representative, or another person responsible for your care, location, and general condition—unless you object.
- **Correctional Institution.** If you are an inmate of a correctional institution, we may disclose to the institution or agents thereof, health information necessary for your health and the health and safety of other individuals.

We will not use or disclose your health information without your consent or authorization, except as specifically provided in this notice or otherwise required by law. Uses and disclosures that will always require your written authorization include, but are not limited to, most uses and disclosures of psychotherapy notes, uses and disclosure of health information for marketing purposes,

including subsidized treatment communications, and disclosures that constitute a sale of PHI.

Even if you authorize disclosure of this information, you may revoke your authorization in accordance with the law.

Rutland County Residents

The VNA & Hospice of the Southwest Region (VNAHSR) is part of the Rutland Community Care Coordination Program, a joint venture of Rutland Regional Medical Center, Community Health Centers of the Rutland Region, Inc. and VNAHSR.

Participants work together under an arrangement called an Organized Health Care Arrangement (OHCA) that includes the following integrated care delivery: sharing healthcare information to the extent necessary to coordinate care, monitor, and improve the quality of care, and improve patient outcomes. Each participating organization is required by law to protect the health information it receives.

You may contact our HIPAA Privacy Officer by calling 802.775.0568 or write us at:

VNAHSR
HIPAA Privacy Officer
7 Albert Cree Drive
Rutland, VT 05701-4601

F. For a Copy of Your Medical Record

To obtain a copy of your medical record, please call or contact the VNAHSR Privacy Officer at the number and/or address above.

G. Complaints

If you believe your privacy rights have been violated, you can file a complaint with our HIPAA Privacy Officer at the VNAHSR or with the U.S. Department of Health and Human Services Office for Civil Rights.

They can be reached by calling 1.800.368.1019 or visiting their website at <https://ocrportal.hhs.gov> or via email at OCRMail@hhs.gov

Or you may write them at:

U.S. Department of Health & Human Services
200 Independence Avenue, S.W.
Washington, DC 20201

You will not be retaliated against in any way for filing a complaint.

To exercise any of your rights, please contact:

VNAHSR HIPAA Privacy Officer
802.775.0568

Or write us at:

VNAHSR
HIPAA Privacy Officer
7 Albert Cree Drive
Rutland, VT 05701-4601