



NOTICE OF PRIVACY PRACTICES

USE AND DISCLOSURE OF HEALTH INFORMATION

Assured Home Health and Hospice [“Agency”] may use your health information, information that constitutes protected health information as defined in the Privacy Rule of the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996, for purposes of providing you treatment, obtaining payment for your care and conducting health care operations. Your health information may be used or disclosed only after the Agency has obtained your written consent. The Agency has established policies to guard against unnecessary disclosure of your health information.

The following is a summary of the circumstances under which and purposes for which your health information may be used and disclosed after you have provided your written consent:

To Provide Treatment. The Agency may use your health information to coordinate care within the Agency and with others involved in your care, such as your attending physician and other health care professionals who have agreed to assist the Agency in coordinating care. For example, physicians involved in your care will need information about your symptoms in order to prescribe appropriate medications. The Agency also may disclose your health care information to individuals outside of the Agency involved in your care including family members, pharmacists, suppliers of medical equipment or other health care professionals.

To Obtain Payment. The Agency may include your health information in invoices to collect payment from third parties for the care you receive from the agency. For example, the Agency may be required by your health insurer to provide information regarding your health status so that the insurer will reimburse you or the Agency. The Agency also may need to obtain prior approval from your insurer and may need to explain to the insurer your need for home care and the services that will be provided to you.

To Conduct Health Care Operations. The Agency may use and disclose health information for its own operations in order to facilitate the function of the Agency and as necessary to provide quality care to all of the Agency’s patient’s. Health care operations include such activities as:

- Professional review and performance evaluation
- Quality assessment and improvement activities
- Activities designed to improve health or reduce health care costs
- Review and auditing, including compliance reviews, medical reviews, legal services and compliance programs
- Business management and general administrative activities of the Agency
- Protocol development, case management and care coordination
- Training programs including those in which students, trainees or practitioners in health care learn under supervision

For Fundraising Activities. The Agency may use information about you including your name, address, phone number and the dates you received care in order to contact you to raise money for the Agency.

For Appointment Reminders. The Agency may use and disclose your health information to contact you as a reminder that you have an appointment for a home visit.

For Treatment Alternatives. The Agency may use and disclose your health information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

The following is a summary of the circumstances under which and purposes for which your health information may be used and disclosed without first receiving your written consent.

When Legally Required. The Agency will disclose your health information when it is required to do so by any Federal, State or local law. For example, the Agency may disclose information for the following purposes:

- For judicial and administrative proceedings pursuant to legal authority
- To report information related to victims of abuse, neglect or domestic violence;
- To assist law enforcement officials in their law enforcement duties
- In an emergency in order to report a crime

Public Health. The Agency may disclose your health information for public health activities such as assisting public health authorities or other legal authorities to prevent or control disease, injury, or disability, or for other health oversight activities.

To Conduct Health Oversight Activities. The Agency may disclose your health information to a health oversight agency for activities including audits, civil administrative or criminal investigations, inspections, licensure or disciplinary action. The Agency, however, may not disclose 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.

To Coroners and Medical Examiners. The Agency may disclose your health information to coroners and medical examiners for purposes of determining your cause of death or for other duties, as authorized by law. If necessary to carry out their duties, the Agency may disclose your health information prior to and in reasonable anticipation of your death.

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

For Organ, Eye or Tissue Donation. The Agency may use or disclose 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.

For Research Purposes. The Agency may, under very select circumstances, use your health information for research. Before the Agency discloses any of your health information for such research purposes, the project will be subject to an extensive approval process. The Agency will almost always request your written authorization before granting access to your health information.

In the Event of a Serious Threat to Health or Safety. The Agency may, consistent with applicable law and ethical standards or conduct, disclose your health information if the Agency, 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.

For Specified government Functions. In certain circumstances, the Federal regulations authorize the Agency to use or disclose your health information to facilitate specified government functions relating to military and veterans, national security and intelligence activities, protective services for the President and others, medical suitability determinations and inmates and law enforcement custody.

For Worker's Compensation. The Agency may release your health information for worker's compensation or similar programs.

Authorization to use or disclose health information

Other than is stated above, the Agency will not disclose your health information other than with your written authorization. If you or your representative authorizes the Agency to use or disclose 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 the Agency maintains:

- **Right to request restrictions.** You may request restrictions on certain uses and disclosures of your health information. You have the right to request a limit on the Agency's disclosure of your health information to someone who is involved in your care or the payment of your care. However, the Agency is not required to agree to your request.
- **Right to receive confidential communications.** You have the right to request that the Agency communicate with you in a certain way. For example, you may ask that the agency only conduct communications pertaining to your health information with you privately with no other family members present. The agency will accommodate on a reasonable basis.
- **Right to inspect and copy your health information.** You have the right to inspect and copy your health information, including billing records using the request form we furnish to you. If you request a copy of your health information, the Agency may charge a reasonable fee for copying and assembling costs associated with your request.
- **Right to amend health care information.** You have the right to request that the Agency amend your records, if you believe that your health information is incorrect or incomplete, using the request form we furnish to you. The Agency 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 the Agency, if the records you are requesting are not part of the Agency'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 the Agency, the records containing your health information are accurate and complete.
- **Right to an accounting.** You or your representative has the right to request an accounting of disclosures of your health information made by the Agency for any reason other than for treatment, payment or health operations. The request must be made in writing and should specify the time period for the accounting starting on or after April 14, 2003. Accounting requests may not be made for periods of time in excess of six (6) years. The Agency would provide the first accounting you request during any 12-month period without charge. Subsequent accounting requests may be subject to a reasonable cost-based fee.

- **Right to a paper copy of this notice.** You or your representative have a right to a separate paper copy of this Notice at any time even if you or your representative have received this Notice previously. To obtain a separate paper copy, please contact ***the Privacy Officer at (800) 833-9404.*** ***The patient or a patient's representative may also obtain a copy of the current version of the Agency's Notice of Privacy Practices at its website, www.assurednw.com.***

DUTIES OF THE AGENCY

The Agency is required by law to maintain the privacy of your health information and to provide to you and your representative this Notice of its duties and privacy practices. The Agency is required to abide by the terms of this Notice as may be amended from time to time. The Agency reserves the right to change the terms of its Notice and to make the new Notice provisions effective for all health information that it maintains. If the Agency changes its Notice, the Agency will provide a copy of the revised Notice to you or your appointed representative. You or your personal representative have the right to express complaints to the Agency and to the Secretary of DHHS if you believe that your privacy rights have been violated. Any complaints to the Agency should be made in writing to:

***The Compliance Committee
1821 Cooks Hill Road
Suite 200
Centralia WA 98531***

The Agency encourages you to express any concerns directly to us so that we may provide you with quality service regarding the privacy of your information. You will not be retaliated against in any way for filing a complaint. Should you wish to report your concerns directly to the Department of Health and Human Services, you may do so at:

***DHHS
200 Independence Ave SW
Washington DC 20201
(877) 508-5433***