

## RUTLAND AREA VNA & HOSPICE.

### NOTICE OF PRIVACY 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.**

Rutland Area VNA & Hospice. (RAVNAH) is committed to protecting the privacy of your health care information. This Notice 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 health care provider who completed the records, under the federal privacy regulations, you have the right to:

- Receive a copy and an 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 be changed if you believe the information is incomplete or incorrect (subject to some restrictions).
- Receive 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 for 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 health care 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.

To exercise any of your rights, please contact the RAVNAH HIPAA Privacy Official at 7 Albert Cree Drive, Rutland VT 05701 or by calling (802) 770-0568.

**B. Our Responsibilities** - RAVNAH 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, Routine Uses and Disclosures, and Section D, Legally Required Disclosures below).

**C. Routine Uses and Disclosures** - RAVNAH will use and/or share your health information to:

- Provide your treatment e.g., 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 RAVNAH who are helping us carry out our responsibilities, e.g. answering service, accreditation agencies, and translation services. (These business associates are required to safeguard your information in the same way as we do.)

D. **Legally Required Disclosures** - RAVNAH 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 802-770-0568 and ask to speak with 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 disclosures 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.**

F. **For More Information**

You may contact our HIPAA Privacy Officer at: Rutland Area VNA & Hospice., 7 Albert Cree Drive, Rutland VT 05701 or by calling (802) 770-0568.

G. **For a Copy of Your Medical Record**

To obtain a copy of your medical record, please call or contact the RAVNAH HIPAA Privacy Officer at the address/telephone number listed above.

H. **Complaints**

If you believe your privacy rights have been violated, you can file a complaint with our HIPAA Privacy Officer at the above address or with the Secretary of Health & Human Services, 200 Independence Avenue, Washington, D.C. 20201. Please know you will not be retaliated against in any way for filing a complaint.

Effective Date: September 23, 2013