

## 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 INFORMATION CAREFULLY.

### Uses and Disclosures

- **Treatment.** Your health information may be used by staff members or disclosed to other health care professionals for the purpose of evaluating your health, diagnosing medical conditions and providing treatment. For example, results of laboratory test and procedures will be available in your medical record and to all health professionals who may provide treatment or who may be consulted by staff members.
- **Payment.** Your health information may be used to seek payment from your health plan, from other sources of coverage such as an automobile insurer or from credit card companies that you may use to pay for services. For example, your health plan may request and receive information on dates of service, the services provided and the medical condition being treated.
- **Health care operations.** Your health information may be used as necessary to support the day-to-day activities and management of the Home Health Agency. For example, information on the services you received may be used to support budgeting and financial reporting, and activities to evaluate and promote quality.
- **As required by law.** Your health information may be disclosed to federal, state and local law agencies to support government audits and inspections, to facilitate law enforcement investigations and to comply with government mandated reporting.
- **Public health reporting.** Your health information may be disclosed to public health agencies as required by law. For example, we are required to report certain communicable diseases to the state's public health department.

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### **Other uses and disclosures require your authorization.**

Disclosure of your health information or its use for any purposes other than those listed above requires your specific written authorization. If you change your mind after authorizing a use or disclosure of your information, you may submit a written revocation of the authorization. However, your decision to revoke authorization will not affect or undo any use or disclosure of information that occurred before you notified us of your decision to revoke your authorization.

### **The following uses and disclosures for your health information will only be made with your signed authorization:**

- Uses and disclosures for marketing purposes,
- Uses and disclosures that constitute a sale of health information,
- Most uses and disclosures of psychotherapy notes (if we maintain psychotherapy notes),
- Any other uses and disclosures not described in this notice

### **Additional Uses of Information**

- **Information about treatments.** Your health information may be used to send you information on the treatment and management of your medical condition that you may find interesting
- **Health-related products.** We may also send you information describing other health-related products and services that we believe may interest you
- **Fundraising.** Unless you request us not to, we will use your name and address to support our fundraising effort where applicable
- **Marketing.** Unless you request us not to, we may use your name and address for some marketing activities to provide you with information about services available through our agency

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## Individual Rights

**You have certain rights under the federal privacy standards. These include:**

- The right to request restrictions on the use and disclosure of your protected health information
- The right to receive confidential communications concerning your medical condition and treatment
- The right to inspect and copy your protected health information
- The right to amend or submit corrections to your protected health information
- The right to receive an accounting of how and to whom your protected health information has been disclosed
- The right to receive a printed copy of this notice

## The Agency's Duties

We are required by law to maintain the privacy of your protected health information and to provide you with this notice of privacy practices. We are also required to abide by the privacy policies and practices outlined in this notice. In the event of a breach of unsecured protected health information; if your information has been compromised, it is our duty to notify you.

## Right to Revise Privacy Practices

As permitted by law, we reserve the right to amend or modify our privacy policies and practices. These changes in our policies and practices may be required by changes in the federal and state laws and regulations. Upon request, we will provide you with the most recently revised notice on any home visit.

The revised policies and practices will be applied to all protected health information we maintain.

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### **Requests to Inspect Protected Health Information**

You may generally inspect or copy the protected health information that we maintain. As permitted by federal regulations, we require that requests to inspect or copy protected health information be submitted in writing. You may obtain a form to request access to your records by contacting the **Agency's Administrator** or **Privacy Officer**. Your request will be reviewed and will generally be approved unless there are legal or medical reasons to deny the request.

### **Complaints**

If you believe that your privacy rights have been violated or you would like to submit a complaint about our privacy practices, you can do so by sending a letter outlining your concerns to:

#### **Privacy Officer**

7900 Players Forest Drive  
Memphis, Tennessee 38119

You will not be penalized or otherwise retaliated against for filing a complaint.

Notice Effective as of September 23, 2013