

Michiana Home Care

HIPAA NOTICE OF PRIVACY PRACTICES

Effective Date: April 14, 2003

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.

Protected Health Information (PHI) is information, including demographic information that may identify you and that relates to health care services provided to you, the payment of health care services provided to you, your physical or mental health or condition in the past, present or future. This Notice of Privacy Practices describes how we may use and disclose your PHI. It also describes your rights to access and control your PHI.

This policy extends to:

- Any health care professional authorized to enter information into your chart (including Physicians, RNs, LPNs, PTs, HHAs, OTs, STs, and other home health agency staff.)
- All areas of this office (front desk, administration, billing etc.)
- All employees, staff and other personnel that work for, or with, this office.
- Our business associates (including billing service, facilities to which we may refer patients, on-call physicians or staff, etc.)

As a Health Care Provider, we are required by Federal law to maintain the privacy of PHI and to provide you with this notice of our legal duties and privacy practices. We are required to abide by the terms of this Notice of Privacy Practices, but reserve the right to change the Notice at any time. Only people who have both the need and the legal right may see your information. Unless you give us a written authorization, we will only disclose your medical information for treatment, payment or healthcare operations or when we are otherwise required or permitted by law to do so. Any change in the terms of this Notice will be effective for all PHI that we are maintaining as well as PHI we may receive from you in the future. If a change is made to this Notice, a copy of the revised Notice will be available to all individuals who receive services at that time. A copy of the current notice will be posted in this office. You may request a copy of the current notice at any time.

PERMITTED USES AND DISCLOSURES

Federal law allows a Health Care Provider to use and disclose PHI, for the purposes of treatment, payment and health care operation, without your consent or authorization. Examples of the uses and disclosures that we, as a Health Care Provider, may make under each section are listed below:

Treatment

We may disclose medical information about you to your personal physician or to other health care providers who take care of you in order to coordinate or manage the care that you receive in an emergency room. We might also use medical information about you to help you manage your healthcare by suggesting ways

to you or your personal physician to improve your health or manage a chronic health care condition like asthma or diabetes.

Payment

Payment refers to the activities of a health care provider in collecting payment for services rendered. Examples of uses and disclosures under this section include the sending of PHI to insurance/billing companies and other third parties to obtain reimbursement, sharing PHI with other insurers to determine coordination of benefits, providing PHI to your insurance/health plan and or referring physician about your treatment/condition to obtain prior approval and or to facilitate payment for services rendered.

Health Care Operations

We may use and disclose medical information about you for our operations as permitted by law such as using medical information about you to review the quality of services you received or to maintain our accreditation. Additional uses and disclosures of your medical information for health care operations include without limitation:

- Quality assessment and performance improvement activities.
- Health care improvement or health cost reduction programs.
- Disease or case management.
- Sharing your information with the State of Michigan's Medicaid Program, its departments like the Attorney General's Office, its agents, or its contractors.
- Non-affiliated third parties otherwise know as business associates for the purpose of accessing or using your health information to carry out our operations.
- Contacting health care providers about treatment alternatives.
- Credentialing activities that required us to review the competence and qualifications of health care providers.
- Conducting or arranging for medical review, legal services, and auditing functions, including fraud and abuse detection and compliance programs.
- Business planning and development such planning related to operating and expanding our service area.
- Business management and general administrative activities of the entity.

The examples of permitted uses and disclosures listed above are not provided as an all-inclusive list of the ways in which PHI may be used. They are provided to describe in general the types of uses and disclosures that may be made.

OTHER USES AND DISCLOSURES

Other uses and disclosures of your PHI will only be made upon receiving your written authorization. You may revoke and/or authorization at any time by providing written notice to us that you wish to revoke an authorization. We will honor a request to revoke for the reasons that you authorize as of the day it is received and to the extent that we have not already used or disclosed your PHI in good faith with the authorization. We are required to retain our records of the care that we provided to you.

YOUR RIGHTS IN RELATION TO PROTECTED HEALTH INFORMATION

Right to Request Restrictions on Uses and Disclosures

You have the right to request that Michiana Home Care limit its uses and disclosures of PHI in relation to treatment, payment, and health care operations or not use or disclose your PHI for these reasons at all. You also have the right to request Michiana Home Care to restrict the use or disclosure of your PHI to family members or representatives. Michiana Home Care is not required to agree to a restriction that you request. However, if it does agree to the requested restriction, it may not violate that restriction except as necessary to allow the provision of emergency medical care to you or as required by law. Any such request must be made in writing and must state the specific restriction requested and to whom these restrictions would apply to the Privacy Officer listed in this Notice.

Right to Receive Confidential Communications

You have the right to request that communications involving PHI be provided to you at an alternative location or by an alternative means of communication. Michiana Home Care is required to accommodate any reasonable request if the normal method of disclosure would endanger or greatly inconvenience you and you explain the reasons in your request. Any such request must be made in writing and must state reasons to the Privacy Officer listed in the Notice.

Right to Access to Your Protected Health Information

You have the right to inspect and copy your PHI that is used to make decisions about your care for as long as Michiana Home Care maintains the PHI; this includes your own medical information, billing records and any other records Michiana Home Care has created in making treatment, coverage and payment decisions relating to you. Federal law does prohibit you from having access to the following records: psychotherapy notes; information compiled in reasonable anticipation of, or for use in a civil, criminal or administrative action or proceeding; and PHI that is subject to a law that prohibits access to that information. If your request for access is denied, you may have a right to have that decision reviewed. We may charge a fee for the cost of copying, mailing or other supplies associated with your request. Requests for access to your PHI should be directed in writing to the Privacy Officer listed in the Notice.

Right to Amend Protected Health Information

You have the right to request that PHI in our possession be amended for as long as this office maintains the PHI. This office may deny your request for amendment if it determines that the PHI was not created by Michiana Home Care unless the person or entity that created the PHI is no longer available, is not part of the medical information kept by or for this office, is not information that is available for inspection, or that the PHI is accurate and complete. If your request for amendment is declined, you have the right to have a statement of disagreement included with the PHI and this office has a right to include a rebuttal to your statement, a copy of which will be provided to you. Request for amendment of your PHI should be directed in writing with intended amendment, supporting reasons, to the Privacy Officer listed in the Notice.

Right to Receive and Accounting of Disclosures

You have the right to receive an accounting of all disclosures of your PHI that this office has made, if any, for reasons other than disclosures for treatment, payment, and health care operations, as described above, and disclosures made to you or your personal representative. Your right to an accounting of disclosures applies only to PHI created by Michiana Home Care after April 14, 2003 and cannot exceed a period of six years prior to the date of your request. We may charge a fee for the cost of copying, mailing or other

supplies associated with your request. Request for an accounting of disclosures of your PHI should be directed in writing and must state a covered time period to the Privacy Officer listed in this Notice.

Right to Receive a Paper Copy of this Notice

You have the right to receive a paper copy of this Notice upon request. This right applies even if you have previously agreed to accept this Notice electronically. Request for a paper copy of this Notice should be directed to the Privacy Officer listed in this Notice.

COMPLAINTS/VIOLATION OF RIGHTS

If you believe your privacy rights have been violated, you may file a complaint with this office or the Secretary of Health and Human Services. Complaints should be filed in writing on a complaint form with the Privacy Officer listed in the Notice. A complaint to the Secretary must be submitted within 180 days of when the act or omission complained of occurred, and must describe the acts or omissions believed to be in violation of applicable requirements. This office will not retaliate against or penalize you for filing a complaint.

PRIVACY OFFICER

Please contact us, as follows, and ask to speak with:

Elizabeth Hains
Michiana Home Care
51099 Bittersweet Road, Suite E
Granger, IN 46530-4990
(574) 318-3900 office
(844) 318-3904 toll-free
(574) 318-3903 fax

EFFECTIVE DATE

This notice is effective on the date care is initiated. We are required to abide by the terms of this notice currently in effect, but we reserve the right to changes these terms. If we change the terms of this notice, you will receive an updated notice as soon as possible.

Home Health Agency
Outcome and Assessment Information Set (OASIS)
STATEMENT OF PATIENT PRIVACY RIGHTS *(Medicare/Medicaid)*

As a home health patient, you have the privacy rights listed below.

- **You have the right to know why we need to ask you questions.**
We are required by law to collect health information to make sure:
 - 1) you get quality health care, and
 - 2) payment for Medicare and Medicaid patients is correct.
- **You have the right to have your personal health care information kept confidential.**
You may be asked to tell us information about yourself so that we will know which home health services will be best for you. We keep anything we learn about you confidential. This means, only those who are legally authorized to know, or who have a medical need to know, will see your personal health information.
- **You have the right to refuse to answer questions.**
We may need your help in collecting your health information. If you choose not to answer, we will fill in the information as best we can. You do not have to answer every question to get services.
- **You have the right to look at your personal health information.**
 - We know how important it is that the information we collect about you is correct. If you think we made a mistake, ask us to correct it.
 - If you are not satisfied with our response, you can ask the Centers for Medicare & Medicaid Services, the federal Medicare and Medicaid agency, to correct your information.

You can ask the Centers for Medicare & Medicaid Services to see, review, copy, or correct your personal health information which that Federal agency maintains in its HHA OASIS System of Records. See the back of this Notice for CONTACT INFORMATION.
If you want a more detailed description of your privacy rights, see the back of this Notice:
PRIVACY ACT STATEMENT - HEALTH CARE RECORDS.

NOTICE ABOUT PRIVACY
For Patients Who DO NOT Have Medicare or Medicaid Coverage

- **As a home health patient, there are a few things that you need to know about our collection of your personal health care information.**
 - Federal and State governments oversee home health care to be sure that we furnish quality home health care services, and that you, in particular, get quality home health care services.
 - We need to ask you questions because we are required by law to collect health information to make sure that you get quality health care services.
 - We will make your information anonymous. That way, the Centers for Medicare & Medicaid Services, the federal agency that oversees this home health agency, cannot know that the information is about you.
- **We keep anything we learn about you confidential.**

This is a Medicare & Medicaid Approved Notice



PRIVACY ACT STATEMENT - HEALTH CARE RECORDS

THIS STATEMENT GIVES YOU ADVICE REQUIRED BY LAW (the Privacy Act of 1974).

THIS STATEMENT IS NOT A CONSENT FORM. IT WILL NOT BE USED TO RELEASE OR TO USE YOUR HEALTH CARE INFORMATION.

I. AUTHORITY FOR COLLECTION OF YOUR INFORMATION, INCLUDING YOUR SOCIAL SECURITY NUMBER, AND WHETHER OR NOT YOU ARE REQUIRED TO PROVIDE INFORMATION FOR THIS ASSESSMENT. Sections 1102(a), 1154, 1861(o), 1861(z), 1863, 1864, 1865, 1866, 1871, 1891(b) of the Social Security Act.

Medicare and Medicaid participating home health agencies must do a complete assessment that accurately reflects your current health and includes information that can be used to show your progress toward your health goals. The home health agency must use the "Outcome and Assessment Information Set" (OASIS) when evaluating your health. To do this, the agency must get information from every patient. This information is used by the Centers for Medicare & Medicaid Services (CMS, the federal Medicare & Medicaid agency) to be sure that the home health agency meets quality standards and gives appropriate health care to its patients. You have the right to refuse to provide information for the assessment to the home health agency. If your information is included in an assessment, it is protected under the federal Privacy Act of 1974 and the "Home Health Agency Outcome and Assessment Information Set" (HHA OASIS) System of Records. You have the right to see, copy, review, and request correction of your information in the HHA OASIS System of Records.

II. PRINCIPAL PURPOSES FOR WHICH YOUR INFORMATION IS INTENDED TO BE USED

The information collected will be entered into the Home Health Agency Outcome and Assessment Information Set (HHA OASIS) System No. 09-70-9002. Your health care information in the HHA OASIS System of Records will be used for the following purposes:

- support litigation involving the Centers for Medicare & Medicaid Services;
- support regulatory, reimbursement, and policy functions performed within the Centers for Medicare & Medicaid Services or by a contractor or consultant;
- study the effectiveness and quality of care provided by those home health agencies;
- survey and certification of Medicare and Medicaid home health agencies;
- provide for development, validation, and refinement of a Medicare prospective payment system;
- enable regulators to provide home health agencies with data for their internal quality improvement activities;
- support research, evaluation, or epidemiological projects related to the prevention of disease or disability, or the restoration or maintenance of health, and for health care payment related projects; and
- support constituent requests made to a Congressional representative.

III. ROUTINE USES

These "routine uses" specify the circumstances when the Centers for Medicare & Medicaid Services may release your information from the HHA OASIS System of Records without your consent. Each prospective recipient must agree in writing to ensure the continuing confidentiality and security of your information. Disclosures of the information may be to:

1. the federal Department of Justice for litigation involving the Centers for Medicare & Medicaid Services;
2. contractors or consultants working for the Centers for Medicare & Medicaid Services to assist in the performance of a service related to this system of records and who need to access these records to perform the activity;
3. an agency of a State government for purposes of determining, evaluating, and/or assessing cost, effectiveness, and/or quality of health care services provided in the State; for developing and operating Medicaid reimbursement systems; or for the administration of Federal/State home health agency programs within the State;
4. another Federal or State agency to contribute to the accuracy of the Centers for Medicare & Medicaid Services' health insurance operations (payment, treatment and coverage) and/or to support State agencies in the evaluations and monitoring of care provided by HHA's;
5. Quality Improvement Organizations, to perform Title XI or Title XVIII functions relating to assessing and improving home health agency quality of care;
6. an individual or organization for a research, evaluation, or epidemiological project related to the prevention of disease or disability, the restoration or maintenance of health, or payment related projects;
7. a congressional office in response to a constituent inquiry made at the written request of the constituent about whom the record is maintained.

IV. EFFECT ON YOU, IF YOU DO NOT PROVIDE INFORMATION

The home health agency needs the information contained in the Outcome and Assessment Information Set in order to give you quality care. It is important that the information be correct. Incorrect information could result in payment errors. Incorrect information also could make it hard to be sure that the agency is giving you quality services. **If you choose not to provide information, there is no federal requirement for the home health agency to refuse you services.**

NOTE: This statement may be included in the admission packet for all new home health agency admissions. Home health agencies may **request** you or your representative to sign this statement to document that this statement was given to you. **Your signature is NOT required.** If you or your representative sign the statement, the signature merely indicates that you received this statement. You or your representative must be supplied with a copy of this statement.

CONTACT INFORMATION

If you want to ask the Centers for Medicare & Medicaid Services to see, review, copy, or correct your personal health information that the Federal agency maintains in its HHA OASIS System of Records:

Call 1-800-MEDICARE, toll free, for assistance in contacting the HHA OASIS System Manager.
TTY for the hearing and speech impaired: 1-877-486-2048.