

## **Privacy Statement Act – Health Care Records**

*This statement gives you advice required by law – (the Privacy Act of 1974).*

### **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 this date, the agency must get information from every patient. This information is used by the Health Care Financing Administration. (HCFA, the federal Medicare and Medicaid agency) to be sure that the home health agency meets quality standards and gives appropriate healthcare 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 Health Care Financing Administration;
- Support regulatory, reimbursement, and policy functions performed within the Health Care Financing Administration or by a contractor consultant;
- Study the effectiveness and quality of care provided by those home health agencies;
- Survey and certification of Medicare 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 Health Care Financing Administration 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 Health Care Financing Administration;
2. Contractors or consultants working for the Health Care Financing Administration to assist in the performance of a service related to this system of records and who need to access those 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 Health Care Financing Administrations 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. Peer Review 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 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 Health Care Financing Administration to see, review, copy, or correct your personal health information which that 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.

## ***Home Care Privacy Practices***

### ***Use and disclosure of protected health information***

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.

**Preferred Care Home Health Services** may use your 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 and purposes for which your health information may be used and disclosed after you have provided your written consent:

**To provide treatment:** Preferred Care Home Health Services may use your health information to coordinate care within Preferred Care Home Health Services and with others involved in your care, such as your attending physician and other health care professionals. For example, physicians involved in your care will need information about your symptoms in order to prescribe appropriate medications. Preferred Care Home Health Services also may disclose your health care information to individuals outside of Preferred Care Home Health Services involved in your care including family members, pharmacists, suppliers of medical equipment or other health care professionals.

**To obtain payment:** Preferred Care Home Health Services may include your health information in invoices to collect payment from third parties for the care you received from Preferred Care Home Health Services. For example, Preferred Care Home Health Services may be required by your health insurer to provide information regarding your health care status so that the insurer will reimburse you or Preferred Care Home Health Services. Preferred Care Home Health Services 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:** Preferred Care Home Health Services may use and disclose health information for its own operations in order to facilitate the function of Preferred Care Home Health Services and as necessary to provide quality care to all of Preferred Care Home Health Services' patients. Health care operations include such activities as:

1. Quality assessment and improvement activities
2. Activities designed to improve health or reduce health care costs
3. Protocol development, case management and care coordination
4. Contacting health care providers and patients with information about treatment alternatives and other related functions that do not include treatment
5. Professional review and performance evaluation
6. Training programs including those in which students, trainees or practitioners in health care learn under supervision
7. Training of non-health care professionals
8. Accreditation, certification, licensing or credentialing activities
9. Review and auditing, including compliance reviews, medical reviews, legal services and compliance programs
10. Business planning and development including cost management and planning related analysis and formulary development
11. Business management and general administrative activities of Preferred Care Home Health Services

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

When legally required: Preferred Care Home Health Services will disclose your health information when it is required to do so by any Federal, State or local law.

When there are risks to public health: Preferred Care Home Health Services must disclose your health information for public activities and purposes in order to:

1. Prevent or control disease, injury or disability, report disease, injury, vital events such as birth or death and the conduct of public health surveillance, investigations and interventions.
2. Report adverse events, product defects, to track products or enable product recalls, repairs and replacements and to conduct post-marketing surveillance and compliance with requirements of the Food and Drug Administration.
3. Notify a person who has been exposed to a communicable disease or who may be at risk of contracting or spreading disease.
4. Notify an employer about an individual who is a member of the workforce as legally required

To report abuse, neglect or domestic violence: Preferred Care Home Health Services is required to notify government authorities if Preferred Care Home Health Services believes a patient is the victim of abuse, neglect or domestic violence. Preferred Care Home Health Services will make this disclosure only when specifically required or authorized by law. Disclosure outside the bounds of legal requirements may be requested by the patient.

To conduct health oversight activities: Preferred Care Home Health Services may disclose your health information to a health oversight agency for activities including audits, civil administrative or criminal investigations, inspections, licensure or disciplinary action. Preferred Care Home Health Services, 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.

In connection with judicial and administrative proceedings: Preferred Care Home Health Services may disclose your health information in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal as expressly authorized by such order or in response to a subpoena, discovery request or other lawful process, but only when Preferred Care Home Health Services makes reasonable efforts to either notify you about the request or to obtain an order protecting your health information.

For law enforcement purposes: As permitted or required by State law, Preferred Care Home Health Services may disclose your health information to a law enforcement official for certain law enforcement purposes as follows:

1. As required by law for reporting of certain types of wounds or other physical injuries pursuant to the court order, warrant, subpoena or summons or similar process.
2. For the purpose of identifying or locating a suspect, fugitive, material witness or missing person.
3. Under certain limited circumstances, when you are the victim of a crime
4. To a law enforcement official if Preferred Care Home Health Services has suspicion that your death was the result of criminal conduct including criminal conduct at Preferred Care Home Health Services
5. In an emergency in order to report a crime

To coroners and medical examiners: Preferred Care Home Health Services 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.

To funeral directors: Preferred Care Home Health Services 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, Preferred Care Home Health Services may disclose your health information prior to and in reasonable anticipation of your death.

For organ, eye or tissue donation: Preferred Care Home Health Services may use or disclose your health information to organ procurement organizations or other entities engaged in the procurement, banking or transplant of organs, eyes or tissue for the purpose of facilitating the donation and transplantation.

For research purposes: Preferred Care Home Health Services may, under very select circumstances, use your health information for research. Before Preferred Care Home Health Services discloses any of your health information for such research purposes, the project will be subject to an extensive approval process. Preferred Care Home Health Services will almost always request your written authorization before granting access to your individually identifiable health information.

In the event of a serious threat to health or safety: Preferred Care Home Health Services may, consistent with applicable law and ethical standards or conduct, disclose your health information if Preferred Care Home Health Services, in good faith, believes that such disclosure is necessary to prevent or lessen a serious and imminent threat to your health or safety or the health and safety of the public.

For specified government functions: In certain circumstances, the Federal regulations authorize Preferred Care Home Health Services 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 workers compensation: Preferred Care Home Health Services may release your health information for worker's compensation or similar programs.

Authorization to use or disclose health information: Other than is stated above, Preferred Care Home Health Services will not disclose your health information other than with your written authorization. If you or your representative authorize Preferred Care Home Health Services 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 Preferred Care Home Health Services maintains.

1. 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 Preferred Care Home Health Services' disclosure of your health information to someone who is involved in your care or the payment of your care. However, Preferred Care Home Health Services is not required to agree to your request. If you wish to make a request for restrictions, please contact the Privacy Officer.
2. Right to receive confidential communications: You have the right to request that Preferred Care Home Health Services communicate with you in a certain way. For example, you may ask that Preferred Care Home Health Services only conduct communications pertaining to your health information with you privately with no other family members present. If you wish to receive confidential communications, please contact the Privacy Officer. Preferred Care Home Health Services will not request that you provide any reasons for your request and will attempt to honor your reasonable requests for confidential communications.
3. Right to inspect and copy your health information: You have the right to inspect and copy your health information, including billing records. A request to inspect and copy records containing your health information may be made to the Accounts Receivable Manager. If you request a copy of your health information, Preferred Care Home Health Services will charge a reasonable fee for copying and assembling costs associated with your request.
4. Right to amend health care information: You or your representative have the right to request that Preferred Care Home Health Services amend your records, if you believe that your health information is incorrect or incomplete. That request may be made as long as the information is maintained by Preferred Care Home Health Services. A request for an amendment of records must be made in writing to the Privacy Officer. Preferred Care Home Health Services will deny the request if it is not in writing or does not include a reason for the amendment. The request also will be denied if your health information records were not created by Preferred Care Home Health Services, if the records you are requesting are not part of Preferred Care Home Health Services'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 Preferred Care Home Health Services, the records containing your health information are accurate and complete.
5. Right to an accounting: You or your representative have the right to request an accounting of disclosures of your health information made by Preferred Care Home Health Services for any reason other than for treatment,

payment or health operations. The request for an accounting must be made in writing to the Privacy Officer. The request should specify the time period for the accounting starting on or after October 2003. Accounting requests may not be made for periods of time in excess of six (6) years. Preferred Care Home Health Services 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.

6. Right to paper copy of this notice: You or your representative has a right to 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.

Duties of Preferred Care Home Health Services: Preferred Care Home Health Services 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. Preferred Care Home Health Services is required to abide by the terms of this Notice as may be amended from time to time. Preferred Care Home Health Services 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 Preferred Care Home Health Services changes its notice, Preferred Care Home Health Services will provide a copy of the revised Notice to you or your appointed representative. You or your personal representative has the right to express complaints to Preferred Care Home Health Services or to the Secretary of DHHS if you or your representative believes that your privacy rights have been violated. Any complaints to Preferred Care Home Health Services should be made in writing to the Privacy Officer. Preferred Care Home Health Services encourages you to express any concerns you may have regarding the privacy of your information. You will not be retaliated against in any way for filing a complaint.

Contact Person: Preferred Care Home Health Services has designated the Privacy Officer as its contact person for all issues regarding patient privacy and your rights under the Federal privacy standards. You may contact this person at: 239-425-2670.