

# 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.**

This Notice is provided pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA) (45 C.F.R. Parts 160 through 164). This Notice explains Preferred Home Care may use and disclose health information, its obligations related to the use and disclosure of health information, and your rights related to that health information.

If you have any questions about this Notice, you may contact the HIPAA Privacy Officer of Preferred Home Care at:  
687 Straits Turnpike, Suite 1C  
Middlebury, CT 06762  
Tele: (203) 577-6696; Fax: (203) 577-6698

## *Preferred Home Care may use and disclose your health information in the following ways:*

### **I. Treatment**

Preferred Home Care may use and disclose your protected health information to treat you. For example, we may ask you to undergo laboratory tests (such as blood or urine tests), and we may use the results of such tests to reach diagnoses or to help treat you, or to assist others in your treatment. We may disclose your health information to your hospital, physician, other agencies, therapists, spouse, children and/or parents if they assist in your care or treatment.

### **II. Payment**

Preferred Home Care may use and disclose your protected health information to bill and collect payment for the services and items rendered to you. This includes contacting your health insurer to make certain that you are eligible for benefits, the range of the benefits you are eligible for, and to determine if your insurer will cover the cost of your treatment. We may also use and disclose your health information to obtain payment from third parties that may be responsible for the cost of services and items provided to you, or to obtain payment from you directly.

### **III. Health Care Operations**

Preferred Home Care may use and disclose your protected health information in order to operate our business and maintain our license and accreditation. For instance, we may use your health information to evaluate the quality of care you received from us, or to conduct cost-management and business planning activities. We may also contact you to raise funds for our services. You may at any time opt out of receiving fundraising communications. Additionally, the Connecticut Department of Public Health and accrediting bodies may access protected health information as needed. In the event of an emergency or disaster situation, necessary medical information may be given to any local or government agency, supplemental provider agency, community volunteer service or any other provider of services.

### **IV. Appointment Reminders**

Preferred Home Care may use and disclose your protected health information in order to call and remind you of scheduled appointments, visits, or deliveries.

### **V. Health-Related Benefits and Services**

Preferred Home Care may use and disclose your protected health information to inform you of any health-related benefits, treatment alternatives, or other related benefits and services that might be of interest to you.

## **VI. Release of Information to Family/Caregivers**

Preferred Home Care may release your protected health information to a family member or caregiver if that person is helping you pay for Preferred Home Care's services provided to you, or if that person assists in taking care of you.

## **VII. Disclosure Required by Law**

Preferred Home Care will use and disclose your protected health information when we are required to do so by federal, state, or local law.

### ***Special Circumstances in which Preferred Home Care may Use and Disclose your protected health information:***

#### **I. Public Health Risks**

Preferred Home Care may disclose your protected health information to public health authorities that are authorized by law to collect information for the purpose of:

- a. Maintaining vital records such as births and deaths
- b. Reporting child abuse or neglect
- c. Preventing or controlling disease, injury or disability
- d. Notifying a person regarding potential exposure to a communicable disease
- e. Notifying a person regarding a potential risk for spreading or contracting a disease or condition
- f. Reporting reactions to drugs or problems with products or devices
- g. Notifying individuals if a product or device they may be using has been recalled
- h. Notifying appropriate government agencies and authorities regarding the potential abuse or neglect of an adult client (including domestic violence); however, we will only disclose this information if the client agrees or we are required or authorized to do so by law to disclose this information
- i. Notifying your employer under limited circumstances related primarily to workplace injury or illness or medical surveillance

#### **II. Health Oversight Activities**

Preferred Home Care may disclose your protected health information to a health oversight agency for activities authorized by law. Oversight activities can include, for example, investigations, inspections, audits, surveys, licensure and disciplinary actions; civil, administrative, and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws and health care system in general.

#### **III. Lawsuits and Similar Proceedings**

Preferred Home Care may use and disclose your protected health information in response to a court or administrative order, if you are involved in a lawsuit or similar proceeding. We may also disclose your protected health information in a response to a discovery request, subpoena, or other lawful process by

another party involved in the dispute, but only if we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested.

#### **IV. Law Enforcement**

Preferred Home Care may release protected health information if asked to do so by a law enforcement official:

- a. Regarding a crime victim in certain situations, if we are unable to obtain the person's agreement
- b. Concerning a death we believe may have resulted from criminal conduct
- c. Regarding criminal conduct in our office
- d. In response to a warrant, summons, court order, subpoena, or similar legal process
- e. To identify/locate a suspect, material witness, fugitive, or missing person
- f. In an emergency, to report a crime (including the location of victim(s) of the crime, or the description, identity, or location of the perpetrator)

#### **V. Serious Threats to Health or Safety**

Preferred Home Care may use and disclose your protected health information when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to prevent the threat.

#### **VI. Military**

Preferred Home Care may disclose your protected health information if you are a member of the U.S. or foreign military forces (including veterans) and if required by the appropriate military command authorities.

#### **VII. National Security**

Preferred Home Care may use and disclose your protected health information to federal officials for intelligence or national security activities as authorized by law. We may also disclose your protected health information to federal officials in order to protect the President, other officials or foreign heads of state, or to conduct investigations.

#### **VIII. Worker's Compensation**

Preferred Home Care may release your protected health information for worker's compensation and similar programs.

### **[Your Rights Regarding Your Protected Health Information:](#)**

You have the following rights regarding your protected health information that we maintain about you:

- A. The right to request restrictions on certain uses and disclosures of protected health information for treatment, payment or health care operations. You also have the right to request that we limit our disclosure of your protected health information to individuals involved in your care or the payment of your

care, such as family members or caregivers. However, Preferred Home Care is not required to agree to a requested restriction. If Preferred Home Care does agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you. Your request must be made in writing to the Privacy Officer, Preferred Home Care, 687 Straits Turnpike, Suite 1C, Middlebury, CT 06762, and you must in a clear and detailed description state:

- a. The information you wish to be restricted;
  - b. Whether you would like to restrict Preferred Home Care's use or disclosure, or both; and,
  - c. To whom the restrictions apply.
- B. You have the right to receive confidential communications about your protected health information. You may ask that we communicate with you in a particular manner or in a certain location. For example, you may request that we contact you at home instead of at work. Your request must be made in writing to the Privacy Officer, Preferred Home Care, 687 Straits Turnpike, Suite 1C, Middlebury, CT 06762, and you must specify your requested method of contact and/or the location where you request to be contacted. You do not need to provide us with a reason for your request. Preferred Home Care will accept reasonable requests.
- C. You have the right to inspect and copy your protected health information. This includes information Preferred Home Care uses to make decisions about you, medical records and billing records. Your request to inspect and/or receive a copy of this information must be made in writing to the Privacy Officer, Preferred Home Care, 687 Straits Turnpike, Suite 1C, Middlebury, CT 06762. Preferred Home Care charges \$0.50 per page for copies of the medical record. Preferred Home Care may deny your request to inspect and/or copy in certain limited circumstances, however you may request an explanation of our denial. Another licensed health professional chosen by us will conduct reviews.
- D. You have the right to request an amendment to your protected health information. If you believe your information is incorrect or incomplete, you may request an amendment in writing to the Privacy Officer, Preferred Home Care, 687 Straits Turnpike, Suite 1C, Middlebury, CT 06762. You may request this amendment for as long as your information is kept by Preferred Home Care. Your written request must provide us with a clear and detailed reasoning to support your amendment. Preferred Home Care may deny your request if your request and/or the reasoning to support your request is:
- a. unclear, incorrect, or inaccurate;
  - b. not a part of the protected health information maintained by us,
  - c. not a part of the protected health information that you would be permitted to inspect and/or copy; or,
  - d. it was not created by our agency, unless the individual or entity that created the information is not available to amend the information.
- E. You have the right to receive an accounting of disclosures of protected health information. This is a list of certain disclosures Preferred Home Care has made of your protected health information. If you would like a copy of this, your request must be made in writing to the Privacy Officer, Preferred Home Care, 687 Straits Turnpike, Suite 1C, Middlebury, CT 06762. All requests for an accounting of your disclosures must indicate a period of time not longer than six (6) years. You will not be charged for your first request; however, you may be charged for any additional requests within the same twelve (12) month period of any initial requests. Preferred Home Care will notify you of any charges that you may incur, and you may withdraw your request if you do not wish to pay the cost for copies.
- F. You have a right to obtain a paper copy of this notice upon request. Call Preferred Home Care at (203) 577-6696 to obtain a copy at any time.

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Preferred Home Care will respect and safeguard all protected health information of the clients it serves. Each client will be provided with information about his/her privacy rights at the time of admission to Preferred Home Care. To assist with fully understanding client privacy rights and responsibilities, all policies will be available to agency personnel, clients and their representatives, as well as other agencies and the interested public.

Preferred Home Care will, as required by law, maintain the privacy of protected health information and to provide patients with notice of its legal duties and privacy practices.

Preferred Home Care will notify affected individuals following a breach of unsecured protected health information.

Preferred Home Care will abide by the terms of the notice currently in effect.

Preferred Home Care reserves the right to change the terms of its notice and make the new notice provisions effective for all protected health information that it maintains. The notice will describe how the new notice will be provided to individuals.

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If you believe your privacy rights have been violated, you may file a complaint with Preferred Home Care or with the Department of Health and Human Services Office for Civil Rights. Complaints with the Office for Civil Rights may be filed in writing, on paper or electronically, by mail, fax, or email, within 180 days of when you knew or should have known about the conduct that is the basis of your complaint. If you need help filing a complaint or have a question about the process, please call OCR at one of the numbers listed below.

Privacy Officer  
Preferred Home Care, LLC  
687 Straits Turnpike, Suite 1C  
Middlebury, CT 06762  
Tel. (203) 577-6696  
Fax (203) 577-6698

**OR**

Office for Civil Rights, DHHS  
JFK Federal Building – Room 1875  
Boston, MA 02203  
1-617-565-1340; TDD: 1-617-565-1343  
Fax: 1-617-565-3809  
Website: <http://www.hhs.gov/ocr/hipaa>

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

Any other uses and disclosures of your protected health information will be made only with your or your legal representative's written authorization. You may revoke the authorization at any time.