

HAYSWOOD HOME HEALTH AGENCY NOTICE OF PRIVACY PRACTICES

Effective: December 1, 2019

**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 will tell you how we may use and disclose protected health information (PHI) about you. Protected health information means any health information about you that identifies you or for which there is a reasonable basis to believe the information can be used to identify you. This notice also will tell you about your rights and our duties with respect to PHI about you. In addition, it will tell you how to complain to us if you believe we have violated your privacy rights.

Who Is Bound By This Notice?

This Notice of Privacy Practices describes the practices of Hayswood Home Health Agency and all of Hayswood Home Health Agency's subcontractors.

Uses and Disclosures of PHI

For Treatment

We may use medical information about you to provide, coordinate or manage your health care and related services by both us and other health care providers. We may disclose medical information about you to doctors, nurses, hospitals and other health facilities who become involved in your care. We may consult with other health care providers concerning you and as part of the consultation share your medical information with them. Similarly, we may refer you to another health care provider and as part of the referral share medical information about you with that provider. For example, we may conclude you need to receive services from a therapist with a particular specialty. When we refer you to that therapist, we also will contact that therapist's office and provide medical information about you to them so they have information they need to provide services for you.

For Payment

We may use and disclose medical information about you so we can be paid for the services we provide to you. This can include billing you, your insurance company, or a third party payor. For example, we may need to give your insurance company information about the health care services we provide to you so your insurance company will pay us for those services or reimburse you for amounts you have paid. We also may need to provide your insurance company or a government program, such as Medicare or Medicaid, with information about your medical condition and the health care you need to receive to obtain determination if you are covered by that insurance or program.

For Health Care Operations

We may use and disclose medical information about you for our own health care operations. These are necessary for us to operate Hayswood Home Health Agency and to maintain quality health care for our patients. For example, we may use medical information about you to review the services we provide and the performance of our employees in caring for you. We may disclose medical information about you to train our staff and students working in Hayswood Home Health Agency. We also may use the information to study ways to more efficiently manage our organization.

For Other Reasons that do not Require Authorization

We may use or disclose your PHI in the following situations without your authorization. These situations include: As Required By Law, Public Health Activities, Disaster Relief, to report Abuse, Neglect or Domestic Violence, Health Oversight Activities, Judicial and Administrative Proceedings, Law Enforcement Purposes, Coroners and Medial Examiners, Funeral Directors, Organ Donation, FDA Administrative requirements, Legal proceedings, Criminal Activity, Military Activity and National Security, Workers' Compensation, Inmates

Under the law, we must make disclosures to you and when requirements of Section of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500.

Other uses and Disclosures will be made only with your consent, authorization or opportunity to object unless required by law.

Your Rights

Following is a statement of your rights with respect to your PHI:

You have the right to inspect and copy your PHI. Under the federal law, however, you may not inspect or copy the following records; psychotherapy notes; information compiled in reasonable anticipation of , or use in, a civil, criminal, or administrative action or proceeding, and protected health information that is subject to law that prohibits access to protected health information.

You have the right to request a restriction of your PHI. This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. You may also request that any part of your PHI not be disclosed to family members or friends who may be involved in your care or for the notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply.

We are not required to agree to a restriction that you may request. If we believe it is in your best interest to permit use and disclosure of your PHI will not be restricted. You then have the right to use another Home Health Agency.

You have the right to request to receive confidential communications from us by alternative means or at an alternative location.

You have the right to obtain a paper copy of this notice from us. Upon request, even if you have agreed to accept this notice alternatively i.e. electronically.

You may have the right to amend your PHI. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.

You have the right to receive an accounting of certain disclosures we have made if any, of your PHI.

You have the right to copy of this notice. You may request a copy of our Notice of Privacy Practices at any time.

Complaints

You may complain to us or the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our privacy our privacy contact of your complaint. We will not retaliate against you for filing a complaint.

Our Duties

We are required by law to maintain the privacy of medical information about you and to provide individuals with notice of our legal duties and privacy practices with respect to medical information.

We are required to abide by the terms of our Notice of Privacy Practices in effect at the time.

We reserve the right to change this Notice of Privacy Practices. We reserve the right to make the new notice's provisions effective for all medical information that we maintain, including that created or received by us prior to the effective date of the new notice.

A copy of our current Notice of Privacy Practices will be posted in the lobby of our offices.

Complaints

You may complain to us and to the United States Secretary of Health and Human Services if you believe your privacy rights have been violated by us. To file a complaint with the United States Secretary of Health and Human Services, send your complaint to him or her in care of: Office for Civil Rights, U.S. Department of Health and Human Services, 200 Independence Avenue SW, Washington, D.C. 20201.

To file a complaint with us, contact the Executive Director at 1 West McDonald Parkway,

Maysville, Kentucky, 41056, (606) 564-9481. All complaints should be submitted in writing.

You will not be retaliated against for filing a complaint.

Questions and Information.

If you have any questions or want more information concerning this Notice of Privacy Practices, please contact the Executive Director at 1 West McDonald Parkway, Maysville, Kentucky, 41056, (606) 564-9481.