

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAYBE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out your plan of care, get paid for our services, administer our Agency and for other purposes that are permitted or required by law. This Notice also describes your rights with respect to your health information.

Our Responsibilities

We are required by law to protect the privacy of your health information and will not use or disclose your health information without your written permission, except as described in this Notice. We reserve the right to change the practices described in this notice and if we do, we will give you a revised Notice.

Throughout this Notice, we use the term "protected health information" or PHI. PHI is information about you that may identify you and that relates to your past, present or future, physical or mental health or condition and related health care services.

We define our designated record set as all of your PHI created by New England Nurses or New England Home Health Services, located in your medical record and PHI located on your billing form.

The Affiliates listed above will share PHI with each other, as necessary to carry out treatment, payment or health care operations.

You Have a Right to:

- ***Request that we limit certain uses and disclosures of your information.*** You have the right to request that we limit how we use or disclose your PHI to carry out your plan of care, get paid for our services or administer our Agency. (This is also referred to as "treatment, payment, or health care operations.") You also have the right to request a restriction on the PHI we disclose about you to someone who is involved in your care or payment for your care, such as a family member or friend. However, we are not required to agree to your request. To request limitations or restrictions, you must send a written request to our Privacy Officer. We may deny your request in certain circumstances.

- ***See and get a copy of your information.*** You have the right to look at and copy PHI about you contained in your medical and billing records for as long as the Agency maintains the information. To look at or copy your PHI, please send a written request to our Privacy Officer. If you request a copy of the information, we may charge you a fee for the costs of the copying, mailing, or other supplies that are necessary to grant your request. We may deny your request in certain limited

circumstances. If you are denied the right to see or copy your PHI, you may request that the denial be reviewed.

- ***Correct or update your information.*** If you feel that PHI we have about you is incomplete or incorrect, you may request that we correct or update (amend) the information. You may request an amendment for as long as we maintain your health information. To request an amendment, you must send a written request to our Privacy Officer. In addition, you must include the reasons for your request. In certain cases, we may deny your request for amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with the decision and we may prepare a response to your statement, which we will provide to you.

- ***Receive a list of the disclosures of your information.*** You have the right to receive a list ("accounting") of the disclosures we have made of your PHI for most purposes other than treatment, payment, or health care operations. The accounting will not include disclosures we have made directly to you, disclosures to friends or family members involved in your care, disclosures we have made with your authorization and disclosures for notification purposes. The right to receive an accounting is subject to certain other limitations. To request an accounting, you must submit your request in writing to our Privacy Officer. Your request must state the time period, but may not be longer than six years. The first accounting you request within a 12 month period will be provided free of charge, but you may be charged for the cost of providing additional accountings. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time.

- ***Request communications of your information by alternative means or at alternative locations.*** For instance, you may request that we contact you about medical matters only in writing or at a different residence or post office box. To request confidential communication of your PHI, you must submit your request in writing to our Privacy officer. Your request must state how or when you would like to be contacted. We will accommodate all reasonable requests.

- ***Obtain an additional copy of the Notice of Privacy Practices upon request.*** You may request a copy of the Notice at any time. To obtain a paper copy of the Notice, contact our Privacy Officer.

Using and Disclosing Your Protected Health Information

We will use your information for your care and treatment. For example, information obtained by a nurse or other member of your care team will be recorded in your record and used to determine your plan of care. Your clinician will document in your record his or her expectations of the members of your care team. Members of your healthcare team will then record the actions they took and their observations.

We will use your information for payment. For example, a bill may be sent to you, your insurance company or Medicare or Medicaid. The information on or accompanying the bill may include information that identifies you, as well as the treatment provided to you.

We will use your protected health information to operate our Agency. For example, members of our quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it.

We may use or disclose your PHI without your authorization in the following circumstances:

- **When federal, state or local law, judicial or administrative proceedings or law enforcement requires a disclosure.** For example, we may disclose your PHI for law enforcement purposes as required by law. If you are involved in a lawsuit or a dispute, we may disclose your PHI in response to a court or administrative order. We may also disclose health information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

- **Communication with family or friends involved in your care or payment for your care.** Our nurses or other clinicians, using their professional judgment, may disclose to a family member, close personal friend or any other person you identify, PHI related to that person's involvement in your care or payment related to your care, unless you object.

- **Food and Drug Administration (FDA):** We may disclose to the FDA PHI relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

- **Worker's compensation:** We may disclose your PHI to the extent authorized by and to the extent necessary to comply with laws relating to worker's compensation or other similar programs established by law.

- **Public health and health oversight activities:** As required by law, we may disclose your PHI to public health or legal authorities charged with preventing or controlling disease, injury, or disability. We may also provide information to coroners, medical examiners, and funeral directors as necessary for these persons to carry out their duties. We may disclose your PHI to an oversight agency for activities authorized by law, including audits and inspections, as necessary for our licensure and for the government to monitor the health care system, government programs, and compliance with civil rights laws.

- **Specific government functions:** For example, if you are a member of the armed forces, we may release PHI about you as required by military command authorities. We may also disclose your PHI to authorized federal officials for national security purposes, such as protecting government officials and performing intelligence activities or investigations.

- **Organ or tissue procurement organizations:** Consistent with applicable law, we may disclose your PHI to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant if you or your family agree to the donation.

- **Business associates:** There are some services provided by the Agency through contracts with business associates such as billing companies. When these services are contracted for, we may disclose your PHI to our business associates so that they can perform the job we have asked them to do. We require our business associates to appropriately safeguard your information.
- **Personal communications:** We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.
- **Notification:** We may use or disclose your PHI to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location, and general condition.
- **Correctional institution:** If you are or become an inmate of a correctional institution, we may disclose to the institution or its agents PHI necessary for your health and the health and safety of other individuals.
- **To avert a serious threat to health or safety:** We may use and disclose your PHI when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.
- **Victims of abuse, neglect, or domestic violence:** We may disclose PHI about you to a social service or protective services agency, if we reasonably believe you are a victim of abuse, neglect, or domestic violence. We will only disclose this type of information to the extent required by law, if you agree to the disclosure, or if the disclosure is allowed by law and we believe it is necessary to prevent serious harm to you or someone else or the law enforcement or public official that is to receive the report represents that it is necessary and will not be used against you.

Before using or disclosing your PHI for any other purposes, we will obtain your written authorization. You may withdraw or "revoke" this authorization in writing at any time. After we receive your written revocation, we will stop using or disclosing your PHI, except to the extent that we have already taken action in reliance on the authorization.

Contact Person

The New England Nurses/New England Home Health Services contact person for all questions regarding patient privacy and your rights under the Federal privacy standards is the Privacy Officer located at 399 Neponset Street, Canton, MA 02021 and can be reached at 781-821-1200 X 12.

Report a Problem

If you believe your privacy rights have been violated, you can file a complaint with our Privacy Officer or with the Secretary of Health and Human Services. There will be no retaliation for filing a complaint.

This Notice is Effective as of April 14, 2003.