

# Health Insurance Portability and Accountability ACT (HIPAA)

**Give HIPPA Notice to Individual Applying for Service**

**Give to Client  
Do Not Return**

## HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)

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 VERY CAREFULLY; THE PRIVACY OF YOUR MEDICAL INFORMATION IS IMPORTANT TO US.

---

### OUR LEGAL DUTY

This Notice of Privacy Practices is provided to you as a requirement of the Health

Insurance Portability and Accountability Act (HIPAA). This law which is effective as of April 14, 2003, describe how we at Resolve Community Health (RCH) may use and disclose your protected health information (PHI), with whom that information may be shared, and the safeguards we have place on it. This notice also describes your rights to access and amend your protected medical information. Our goal is to take appropriate steps to safeguard any personal health information that is provided to us. You have the right to approve or refuse the release of specific information outside of our system except when the release is required or authorized by law or regulation. RCH is required by law to do the following:

- Make sure that your protected health information is kept private
- Give you this notice of our legal duties and privacy practices related to the use and disclosure of your protected health information
- Follow the terms of the notice currently in effect,
- Communicate any changes in the notice to you, and
- Abide by the terms of our Notice of Privacy Practices currently in effect.

We reserve the right to change our privacy practice and the terms of this notice at any time, provided these changes are permitted by applicable law.

### ACKNOWLEDGMENT OF RECEIPT OF NOTICE

You will be asked to provide a signed acknowledgement of receipt of this notice. Our Intent is to make you aware of the possible uses and disclosures of your protected medical information and privacy rights. The delivery of your home care services will in no way be conditioned on your signed acknowledgement. Your PHI will be used and disclosed for treatment, payment, and health care operations defined by law whenever necessary whether you sign this agreement or not. You may obtain copies of this Notice of Privacy Practices by contacting RCH at the address listed at the top of this page or at the end of this notice.

### USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

RCH will use and disclose your protected health information for treatment, Payment, and health care operations. The following are the types and disclosures of your protected medical information that may occur. These examples are not meant to be an exhaustive list, but are to provide you with a description of the types of uses and disclosures that may be made RCH.



**Give to Client**  
**Do Not Return**

## **To You**

We may disclose your PHI to you, for example:

- Supplying you with information about your diagnosis or treatment.
- Communicating with you about treatment options or other health-related benefits and services.

## **Treatment**

We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services such as insurance eligibility. For example: physicians, nurses, therapists, aides, pharmacies and health care providers. PHI may be disclosed to health care providers in connection with disease and case management services, ordering supplies and equipment, ordering medications, and ordering services relating to speech, physical therapy and occupational therapy.

## **Payment**

Your protected health information will be used, as needed, to obtain payment for your home care services. This may include certain activities that your health insurance plan may undertake before it approves or pay for the home care services we recommend for you, such as: making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for protected health necessity, and undertaking utilization review activities. For example, obtaining approval for additional visits will require disclosure of protected health information to the health plan to obtain this approval.

## **Health Care Operations**

We may use or disclose, as needed, your PHI support daily activities related to health care. These activities include, but not limited to, quality assessment activities, investigations, oversight of staff performance reviews, training of health care students and new employees, licensing, communications about services or products, and arranging for other health care related activities. We may, for example, share your PHI with third parties (business associates) who perform various activities (for example-billing, laboratory services) for the home care agency. When such agreement exists with “business associates” we will have a signed contract that contains terms that will protect the privacy of your PHI.

We may also use or disclose your PHI, as necessary to provide you with information about treatment alternatives or other health-related benefits or services that might interest you. We may also use PHI to contact you regarding services our agency offers as part of marketing in the form of a newsletter or brochure. You can inform the agency that you do not wish to receive such information by contacting the agency at the address at the top or end of this notice.

## **Uses and Disclosures Required Law**

In addition to the requirements listed on previous pages, we may use or disclose your PHI if law or regulation requires the use or disclosure. For example (*See following page*):

**Give to Client**  
**Do Not Return**

## **Public Health**

We may disclose your PHI to a public health authority who is permitted to collect or receive this information. This disclosure may be necessary to do the following:

- Prevent or control disease, injury or disability
- Report child or adult abuse and neglect
- Report reactions to medications or problems with use of products
- Notify a person who may have exposed to a disease or may be at risk for contracting or spreading a disease or condition
- Notify the appropriate government authority if we believe a patient has been a victim of abuse, neglect, or domestic violence

## **Communicable Diseases**

We may communicate your PHI, if authorized by law, to a person who might have been exposed to a communicable disease or might otherwise be at risk of contracting or spreading the disease or condition.

## **Health Oversight**

We may disclose your PHI to health oversight agency for activities authorized by law, such as audits, investigations, and inspections. These health oversight agencies might include government agencies that oversee the health care systems, government benefit programs, other government regulatory programs, civil rights organizations, and accreditation agencies.

## **Food and Drug Administration**

We may disclose your PHI to person or company as required by the Food and Drug Administration to report adverse events, product defects or problems, biologic product deviations, to make repairs or replacements, or to conduct post marketing surveillance as required.

## **Legal Proceedings**

We may disclose PHI during any judicial or administrative proceeding, in response to a court order, or administrative tribunal (if expressly authorized.) and certain condition in response to subpoena, discovery request, or other lawful process.

## **Law Enforcement**

We may disclose PHI for the following law enforcement purposes, including: responses to legal proceedings; information requests for identification and location of suspect, fugitive, material witness or crime victim; circumstances pertaining to victims of crime; death suspected from criminal conduct; medical emergencies believed to be a result of criminal conduct; and also to assist law enforcement officials to capture an individual who had admitted to participation in a crime or escaped from lawful custody.



**Give to Client**  
**Do Not Return**

### **Other Uses and Disclosers**

We may also disclose PHI to coroners or medical examiners for identification to determine cause of death or performance of duties authorized by law. We may also disclose PHI when authorized by law for research purposes approved by an institutional review board with research a protocol that ensures the privacy of PHI. PHI may also be provided to comply with worker's compensation laws and other similar programs. PHI may also be disclosed to parents if authorized by state law.

We may also disclose your PHI to a friend or family member who is involved in your care or is paying for you home care services, unless you object.

We are required to obtain you written authorization to use or disclose your PHI for any reason other than for treatment, services payment, or health care operations.

### **PATIENTS RIGHTS**

**Access:** You have the right to examine or get a copy of your PHI that is contained in your medical record for as long as we maintain the PHI at the address listed at the top of this document or at the end of this notice. You must make your request in writing. You may be charged a fee not to exceed 25cents per page for coping and posting of this information.

**Restriction:** You have the right to restrict use or disclosure of your PHI for treatment, payment or health care operations. Such restrictions must be in writing. However, RCH is under no obligation to honor this request. If RCH agrees to these restrictions we will honor them and put our agreement to your restrictions in writing.

**Amendment:** You have the right to request that we amend your PHI if you believe information is inaccurate or incomplete. This request must be in writing, and it should clearly state why the PHI should be amended. We may deny the request but you will be provided with the reason for the denial. You have the right to obtain a paper copy of this Notice of Privacy Practices at any time upon request.

### **COMPLAINTS/COMMENTS**

If you have any complaints concerning our privacy practices, you may contact the Secretary of the Department of Health and Human Resource Services, at:

200 Independence Avenue SW  
Room 509F  
HHH Building  
Washington, D.C.  
[ocmail@hhs.gov](mailto:ocmail@hhs.gov)

### **YOU WILL NOT BE RETALIATED AGAINST OR PENALIZED BY US FOR FILING A COMPLAINT**

To obtain more information concerning this notice, or to express your concerns, you may contact our Privacy Officer at the office listed on the following page.

**Give to Client**  
**Do Not Return**

Resolve Community Health  
4200 Forbes Blvd  
Suite 107  
Lanham, MD 20783  
Tel: (301) 358-0932  
Fax: (301) 459-1986

## NOTICE OF PRIVACY PRACTICES

The Health Insurance Portability and Accountability Act (HIPAA) and the Health Information Technology of Economic and Clinical Act (the HITECH Act) are regulatory standards for privacy and security. The company is committed to maintaining the privacy and integrity individuals' privileged information and complying with all the requirements of HIPAA and the HITECH act.

The American Recovery and Reinvestment Act of 2009 contains significant changes to the HIPAA Act of 1996. Security Breach notifications, applications to Business Associate Agreements, and improved enforcement are areas that have been incorporated into the American Recovery and Reinvestment Act of 2009.

An important part of HIPAA, known as the Privacy Rule, was developed to address the electronic transfer of private patient information. The privacy rule seeks to prevent dissemination of protected health information (PHI), i.e. the sort of information that a patient does not expect to be shared without his/her permission. Enumerated in *45 C.F.R. § 164.514*, an individual's PHI includes information that could identify and/or reveal medical information about the person.

If you believe that your rights to privacy have been violated, you can file a complaint or to receive more information about privacy practices, please contact:

Corporate Office  
Housen Health Services  
601 Seventh Street, Suite 201  
Laurel, MD 20707  
Phone Number: 301-933-8188

One has the right to file a formal, written complaint with us at the address above, or with the Department of Health & Human Services, Office of Civil Rights, in the event one feels that their privacy rights have been violated. **Resolve Community Health will not discriminate or retaliate against anyone for filing a complaint.**

For more information about HIPAA or to file a complaint:

The U.S. Department of Health & Human services  
Office of Civil Rights  
200 Independence Avenue, SW  
Washington, DC 20201  
Toll Free: 877.696.6775

*I understand the above information regarding protected health information (PHI).*

Printed Name:

**Give to Client**  
**Do Not Return**



X Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Printed Name: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_