



## Partners In Home Care Notice of Privacy Practices

**Partners In Home Care may use your health information, information that constitutes protected health information, as defined in the Privacy Rule of the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996, as well as additions. This notice describes how protected medical information about you may be used and disclosed and how you can gain access to this information. Please review it carefully.**

1. Partners In Home Care is permitted to make uses and disclosures of **Protected Health Information (PHI)** for treatment, payment and health care operations, as described in the following examples.
  - a. For treatment – The Agency may use your health information to coordinate care within the agency and with others involved in your care, The Agency also may disclose PHI to individuals outside the Agency involved in your care including family members, suppliers of medical equipment, and other health care professionals. For example, physicians will need information about your symptoms to prescribe appropriate medications.
  - b. For payment – The Agency may provide portions of your PHI to the billing department and your health plan to get paid for the health services the Agency provides to you. We may also provide your PHI to our business associates, such as billing companies, and others that process our health care claims.
  - c. For health care operations – The Agency may use your PHI in order to evaluate the quality of health care that you receive or to evaluate the performance of the health care professionals who provide health care services to you. The Agency may also provide your PHI to our accountants, attorneys, consultants, and others in order to make sure we are complying with the laws that affect us.
  - d. To contact the individual to provide appointment reminders.
  - e. To contact the individual regarding information about treatment alternatives or other health-related benefits and services that may be of interest to the individual.
2. The Agency is permitted or required, under specific circumstances, to use or disclose PHI without the individual's written authorization:
  - a. When a disclosure is required by federal, state, or local law, judicial or administrative proceedings, or law enforcement. For example, we make disclosures when a law requires that the Agency report information to government agencies and law enforcement personnel about victims of abuse, neglect, or domestic violence; or when ordered in a judicial or administrative hearing.
  - b. For public health activities. For example, the Agency may disclose information in order to prevent or control disease, and to report adverse events or product defects.
  - c. For health oversight activities. For example, the Agency will provide information to assist the government when it conducts an investigation or inspection of a health care provider or organization.
  - d. For purposes of organ donation. The Agency may notify organ procurement organization to assist them in organ, eye, or tissue donation and transplants.
  - e. In certain circumstances, the Agency may provide PHI in order to conduct medical research.
  - f. For worker's compensation purposes, the Agency may provide PHI as required by law.
  - g. To avoid harm. In order to avoid a serious threat to the health and safety of a person or the public, the Agency may provide PHI to law enforcement personnel or persons to prevent or lessen such harm.
  - h. For specific government functions. In certain circumstances, the Federal regulations authorize the Agency to use or disclose PHI to facilitate specific government functions relating to military and veterans, national security, and intelligence activities.
  - i. Funeral Directors, Coroners, and Medical Examiners, as required or allowed by law.

- j. Information may be disclosed to the family members and others involved in the case or payment for the care of decedents prior to their deaths, unless such disclosures are inconsistent with prior expressed preferences of decedents known to providers.
  - k. For fundraising activities, the Agency may use information including your name, address, phone number and dates in order to contact you. If you do not want the Agency to contact you, notify Marketing, 2687 Palmer Street, Ste B, Missoula, MT 59808. Ph: 406-728-8848
3. Other uses and disclosures will be made only with the individual's written authorization, and the individual may revoke such authorization.
4. The individual has the following rights regarding PHI:
  - a. The right to request restrictions on certain uses and disclosures of PHI. The agency is not required to agree to a requested restriction, however.
  - b. The right to receive confidential communications of PHI, as applicable.
  - c. The right to inspect and copy PHI, as provided in the Privacy Regulation.
  - d. The right to amend PHI, as provided in the Privacy Regulation.
  - e. The right to receive an accounting of disclosures of PHI, as provided in the Privacy Regulation.
  - f. The right to obtain a paper copy of the Notice from the Agency upon request. This right extends to an individual who has agreed to receive the Notice electronically.
  - g. The right to pay out-of-pocket for a service and the right to require that the Agency not submit PHI to the individual's health plan if they do so.
  - h. The right to opt out of receiving fundraising communications.
  - i. Requests for restricted disclosures, confidential communications, accounting of disclosures, or to inspect or amend PHI, contact the Compliance Officer, 2687 Palmer Street, Ste B, Missoula, MT 59808. Ph: 406-728-8848
5. Duties of the Agency –
  - a. The Agency is required by law to maintain the privacy of PHI and to provide individuals with notice of its legal duties and Privacy practices with respect to PHI.
  - b. The Agency is required to abide by the terms of the Notice currently in effect.
  - c. The Agency reserves the right to change the terms of this Notice.
  - d. The new Notice provisions will be effective for all PHI that it maintains.
  - e. The Agency will provide individuals or patients with a revised Notice by verbal or written requests and by posting it on the Network web page.
  - f. The agency is required to notify the individual(s) of any breach of unsecured PHI. This applies to all contractors and subcontractors of the agency.
6. Individuals may complain to Partners In Home Care and to the Secretary of the Department of Health and Human Services, without fear of retaliation by the organization, if they believe their privacy rights have been violated. A brief description of how the individual may file a complaint follows:
  - a. An individual may send a written complaint to the Compliance Officer, 2687 Palmer Street, Ste B, Missoula, MT 59808. Ph: 406-728-8848
  - b. You may send a written complain to the Secretary of the Department of Health and Human Services, 200 Independence Ave S.W., Washington, D.C. 20201.
7. This Notice is first in effect on April 14, 2003.