

TENNESSEE QUALITY HOMECARE and HOSPICE 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

Tennessee Quality Homecare and Hospice is required by law to maintain the privacy of all medical information within its organization, provide this notice of privacy practices, and advise patients of additional rights concerning their medical information.

UNDERSTANDING YOUR MEDICAL RECORD

Your medical record contains information including, but not limited to: symptoms, diagnosis, treatment, and a plan for future treatment. Understanding what is in your medical record helps you to ensure its accuracy and make informed decisions when authorizing disclosure to others.

This information in your medical record will serve as:

- A basis for planning your care and treatment;
- A means of communication among health care team members that contribute to your care;
- A legal document describing the care you received;
- A source of information for public health officials; and
- A tool that can be assessed to improve the care we render and the outcomes we achieve.

USE AND DISCLOSURE OF MEDICAL INFORMATION

Your information may be used and disclosed for treatment, payment, and health care operations, for example:

Treatment: Information obtained by a nurse or other member of the health care team will be recorded in your record and used to determine the plan of care. Members of the health care team will record the actions taken and observations made. The health care team members will then notify the physician on how you are responding to treatment.

Payment: A bill may be sent to your payor source or you (if applicable). The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.

Health Care Operations: Staff members may use information in your medical record to assess your care and the outcomes of your care and compare with others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and service we provide.

Authorization: You may provide written authorization to use your medical information or to disclose it to anyone for any purpose. You may revoke this authorization in writing at any time, but this revocation will not affect any use or disclosure permitted by your authorization while it was in effect. Unless you give written authorization, we cannot use or disclose your medical information for any reason except those described in this notice.

Business Associates: There are some services provided in our organization through contracts with Business Associates. Examples include therapy services that are contracted or the billing software company used to assist in billing for services. When these services are contracted, we may disclose your medical information to our business associate so they can perform the job we have asked them to do. To protect your medical information, however, we require the business associate to appropriately safeguard your information.

Notification: Staff members, using their best judgment, may disclose to a family member, friend, or other person you identify, medical information relevant to that person's involvement in your care or payment related to your care. We may use and disclose information regarding your location and general condition to a family member, personal representative, or other person responsible for your care.

As Required by Law: Your medical information may be used or disclosed as required by state or federal law. For example, medical information must be disclosed to the U.S. Department of Health and Human Services upon request for purposes of determining compliance with federal privacy laws.

Public Health: Your medical information may be disclosed to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

Victim of Abuse: Medical information may be released to appropriate authorities under reasonable assumption that you are a possible victim of abuse, neglect, domestic violence, or other crimes. Medical information may be released to the extent necessary to avert a serious threat to your health or safety or to the health or safety of others.

Health Oversight: Your medical information may be released to an appropriate health oversight agency for the purpose to ensure that we have engaged in lawful business practices that does not violate professional or clinical standards.

Court or Administrative Order: Medical information may be disclosed in response to a court or administrative order, subpoena, discovery request, or other lawful process, under certain circumstances.

Law Enforcement: Under certain circumstances (i.e. court order or warrant), medical information may be disclosed to law enforcement officials. In addition, medical information may be disclosed to law enforcement officials concerning a suspect, material witness, crime victim, or missing person.

Funeral Directors: We may disclose medical information to funeral directors consistent with applicable law to carry out their duties.

Organ Procurement Organizations: Consistent with applicable law, we may disclose medical information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

Research: We may disclose information to researchers when an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your medical information has approved their research.

Marketing: 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.

Food and Drug Administration: We may disclose to the FDA medical information relative to incidents with respect to products and product defects or information to enable medical device product recalls, repairs, or replacement.

Military Authorities: Medical information of Armed Forces personnel may be disclosed to Military Authorities under certain circumstances. Medical information may be disclosed to authorized federal officials as required for lawful intelligence, counterintelligence, and other national security activities.

Workers Compensation: We may disclose medical information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

YOUR INDIVIDUAL RIGHTS

You have the right to look at or receive copies of your medical information, with limited exceptions. You may request a format other than photocopies, and we will accommodate unless the company cannot reasonably do so. You may obtain a form to request access by using the contact information at the end of this notice. If you request copies, there will be a reasonable cost-based fee to copy your medical information, and postage if you want the copies mailed to you. If you request an alternate format, the charge will be cost-based for providing you medical information in that format. If you prefer, we will prepare a summary or explanation of your medical information for a fee. For a more detailed explanation of the fee structure, please use the information at the end of this notice to contact our office.

You have the right to receive an accounting of the disclosures of your medical information by our company. This accounting will list each disclosure that was made of your medical information for any reason other than treatment, payment, and health care operations and certain other activities since April 14, 2003. This accounting will include the date the disclosure was made, the name of the person or entity the disclosure was made to, a description of the medical information disclosed, and the reason for the disclosure. If you request an accounting more than once in a 12-month period, there may be a reasonable cost-based fee for responding to these additional requests. For a more detailed explanation of the fee structure, please use the information at the end of this notice to contact our office.

You have the right to request restrictions on the company's use and disclosure of your medical information. The company is not required to agree to the restrictions, but if in agreement, the company will honor the restrictions, except in an emergency. You may obtain a form to request a restriction by using the information at the end of this notice to contact our office.

You have the right to request confidential communications about your medical information by alternate means or alternate locations. You must inform the company that confidential communication by alternate means or to an alternate location is required to avoid endangering you. You must obtain a form to request confidential communications and you must state that the information could endanger you if it is not communicated by the alternate means or to the alternate location requested. The company must accommodate the request if it is reasonable, specifies the alternate means or location, and continues to permit use to collect premiums and pay claims under your health plan.

You have the right to request that the company amend your medical information. You must obtain a form to request an amendment and you must explain why the information should be amended. The company may deny your request if the medical information you seek to amend was not created by our company or for certain other reasons. If your request is denied, the company will provide a written explanation of the denial. You may respond with a statement of disagreement to be attached to the information you wanted amended. If the company accepts your request to amend the information, the company will make reasonable efforts to inform others, including the people you name, of the amendment and to include the changes in any future disclosures of that information.

You have a right to receive a copy of this notice. You may request a copy of this notice at any time by using the information at the end of this notice to contact our office. If you received this notice on our web site or by electronic mail (e-mail), you are entitled to receive this notice in written form. To obtain this notice in written form use the information at the end of this notice to contact our office.

You have the right to request a restriction on use of disclosure of PHI to a health plan for payment or health care operations purposes if the PHI pertains solely to a health care item or service for which the health care provider has been paid out of pocket in full.

You have the right to obtain a copy of your PHI in electronic format if the provider maintains PHI in electronic format.

You have right to request an accounting of all disclosures made electronically.

OUR RESPONSIBILITIES

This organization is required to:

- Maintain the privacy of your medical information;
- Provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you;
- Abide by the terms of this notice;
- Notify you if we are unable to agree to a requested restriction; and

- Accommodate reasonable requests you may have to communicate health information by alternate means or at an alternate location.

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain at any time provided applicable law permits the changes. Any changes made in these privacy practices will be effective for all medical information that is maintained including medical information created or received before the changes were made. Should our privacy practices change, we will mail a revised notice to the address you have supplied us.

QUESTIONS AND COMPLAINTS

If you want more information concerning the company's privacy practices, need to request any of the forms listed above, or have questions/concerns, please contact the privacy officer at the address or phone number listed below.

If you are concerned that the company has violated your rights, you disagree with a decision made about access to your medical information, or you disagree with a response to a request you made to amend or restrict the use or disclosure of your medical information or to have us communicate by alternate means or to an alternate location, you may voice complaints using the contact information below. You may also submit a written complaint to the U.S. Department of Health and Human Services. The address to file a complaint with the U.S. Department of Health and Human Services will be provided upon request.

The company supports your right to protect the privacy of your medical information. There will be no retaliation if you choose to file a complaint with the U.S. Department of Health and Human Services or us.

CONTACTING US

**THE PRIVACY OFFICE
HOMECARE, INC.
1939 TENNESSEE AVE. NORTH
PARSONS, TN 38363
(866) 846-8081 PHONE
(866) 369-1053 FAX**