

PLYMOUTH VISITING NURSE ASSOCIATION
244 MAIN STREET
TERRYVILLE, CT 06786

NOTICE OF PRIVACY PRACTICES

USE AND DISCLOSURE OF HEALTH INFORMATION

Plymouth Visiting Nurse Association (PVNA) 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, for purposes of providing you treatment, obtaining payment for your care and conducting health care operations. The Agency has established policies to guard against unnecessary disclosure of your health information.

THE FOLLOWING IS A SUMMARY OF THE CIRCUMSTANCES UNDER WHICH AND PURPOSES FOR WHICH YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED:

To Provide Treatment: The PVNA may use your health information to coordinate care within the home care agency and with others involved in your care, such as your attending physician and other health care professionals who have agreed to assist PVNA in coordinating care. For example, physicians involved in your care will need information about your symptoms in order to prescribe appropriate medications. PVNA also may disclose your health care information to individuals outside of the home care agency involved in your care including family members, pharmacists, suppliers of medical equipment or other health care professionals.

To Obtain Payment: The Agency may include your health information in invoices to collect payment from third parties for the care you receive from PVNA. For example, PVNA may be required by your health insurer to provide information regarding your health care status so that the insurer will reimburse you or PVNA. PVNA also may need to obtain prior approval from your insurer and may need to explain to the insurer your need for home care and the services that will be provided to you.

To Conduct Health Care Operations: Your Protected Information may also be used for health care operations, which are necessary to ensure PVNA provides the highest quality of care. For example, your Protected Information may be used for quality assurance or risk management purposes. We may at times remove information which could identify you from your record so as to prevent others from learning who the specific patients are. In addition, we may release your Protected Information to another individual or entity covered by the HIPAA privacy regulations that has a relationship with you for their fraud and abuse detection or compliance purposes, quality assessment and improvement activities, or review, evaluation or training of health care professionals or students.

Patient Directory PVNA maintains a patient directory. Unless you object, your name, address and general condition may be given to the Town of Plymouth in case of any disaster.

For Appointment Reminders: PVNA may use and disclose your health information to contact you as a reminder that you have an appointment for a home visit.

For Treatment Alternatives: PVNA may use and disclose your health information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

THE FOLLOWING IS A SUMMARY OF THE CIRCUMSTANCES UNDER WHICH AND PURPOSES FOR WHICH YOUR HEALTH INFORMATION MAY ALSO BE USED AND DISCLOSED.

When Legally Required. PVNA will disclose your health information when it is required to do so by any Federal, State or local law.

When There are Risks to Public Health. PVNA may disclose your health information for public activities and purposes in order to:

Report adverse events, product defects, to track products or enable product recalls, repairs and replacements and to conduct post-marketing surveillance and compliance with requirements of the Food and Drug Administration.

Notify a person who has been exposed to a communicable disease or who may be at risk of contracting or spreading a disease.

Notify an employer about an individual who is a member of the workforce as legally required.

To Report Abuse, Neglect or Domestic Activities. PVNA is allowed to notify government authorities if PVNA believes a patient is the victim of abuse, neglect, domestic violence. PVNA will make this disclosure only when specifically required or authorized by law or when the patient agrees to the disclosure. PVNA may, consistent with applicable law and ethical standards of conduct, disclose your health information if PVNA, in good faith, believes that such disclosure is necessary to prevent or lessen a serious and imminent threat to your health or safety or to the health and safety of the public.

To Conduct Health Oversight Activities. PVNA may disclose your health information to a health oversight agency for activities including audits, civil administrative or criminal investigations, inspections, licensure or disciplinary action. PVNA, however, may not disclose your health information if you are the subject of an investigation and your health information is not directly related to your receipt of health care or public benefits.

In Connection with Judicial and Administrative Proceedings. The Agency may disclose your health information in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal as expressly authorized by such order or in response to a subpoena, discovery request or other lawful process, but only when PVNA makes reasonable efforts to either notify you about the request or to obtain an order protecting your health information.

For Law Enforcement officers, Coroners and Medical Examiners, Funeral Directors. PVNA may disclosed your health information to Law enforcement officers, Coroners and medical examiners, funeral directors in the purpose of such as reporting a crime, the cause of the death, funeral arrangement and health information prior to and in reasonable anticipation of your death.

In the Event of a Serious Threat to Health or Safety. PVNA may, consistent with applicable law and ethical standards of conduct, disclose your health information if PVNA, in good faith, believes that such disclosure is necessary to prevent or lessen a serious and imminent threat to your health or safety or to the health and safety of the public.

Worker's Compensation. PVNA may release your health information for worker's compensation or similar programs.

Research Purposes. PVNA may use or disclose information for research purposes. All research projects which use Protected Information are subject to a special approval process which will among other things, evaluate the precautions used to protect patient medical information.

Government Functions. In certain circumstances, the Federal regulations authorize PVNA to use or disclose your health information to facilitate specified government functions relating to military and veterans, national security and intelligence activities, protective services for the President and others, medical suitability determinations and inmates and law enforcement custody.

AUTHORIZATION TO USE OR DISCLOSE HEALTH INFORMATION

Other than is stated above, PVNA will not disclose your health information other than with your written authorization. If you or your representative authorizes PVNA to use or disclose your health information, you may revoke that authorization in writing at any time.

YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION

You have the following rights regarding your health information that PVNA maintains:

Right to request restrictions. You may request restrictions on certain uses and disclosures of your health information. You have the right to request a limit on PVNA's disclosure of your health information to someone who is involved in your care or the payment of your care. However, PVNA is not required to agree to your request.

Right to receive confidential communications. You have the right to request that PVNA communicate with you in a certain way. For example, you may ask that PVNA only conduct communications pertaining to your health information with you privately with no other family members present.

Right to inspect and copy your health information. You have the right to inspect and copy your health information, including billing records. If you request a copy of your health information, PVNA may charge a reasonable fee for copying and assembling costs associated with your request.

Right to amend health care information. You or your representative have the right to request that PVNA amend your records. If you believe that your health information is incorrect or incomplete. PVNA may deny the request if it is not in writing or does not include a reason for the amendment. The request also may be denied if your health information records were not created by PVNA, if the records you are requesting are not part of PVNA, if the health information you wish to amend is not part of the health information you or your representative are permitted to inspect and copy, or if, in the opinion of PVNA, the records containing your health information are accurate and complete.

Right to an accounting/ paper copy of this notice. You or your representative have a right to request an accounting of disclosures of your health information made by PVNA for certain reasons. You or your representative have right to a separate paper copy of this Notice at any time even if you or your representative have received this notice previously.

If you wish to make a request for restrictions, receive confidential communication, to inspect and copy your health information, amend health care information and a paper copy of this notice, please contact or write to:

JUDI BLANCHET, ADMINISTRATOR
860-585-4026
PVNA, 244 Main Street Terryville, CT 06786

DUTIES OF THE AGENCY

PVNA is required by law to maintain the privacy of your health information and to provide to you and your representative this Notice of its duties and privacy practices. PVNA is required to abide by the terms of this Notice as may be amended from time to time. PVNA reserves the right to change the terms of its Notice and to make the new Notice provisions effective for all health information that it maintains. If PVNA changes its Notice, PVNA will provide a copy of the revised Notice to you or your appointed representative. You or your personal representative have the right to express complaints to PVNA and to the State of Connecticut, Commissioner of Public Health at 860-509-7400 or Community Health Accreditation Program, Inc. (CHAP) at 1-800-669-9656 if you or your representative believe that your privacy rights have been violated. Any complaints to PVNA should be made in writing to:

JUDI BLANCHET, ADMINISTRATOR
860-585-4026
PVNA, 244 Main Street Terryville, CT 06786

PVNA encourages you to express any concerns you may have regarding the privacy of your information. You will not be retaliated against in any way for filing a complaint.