

# Transitions Home Health

640 N. Broad Street  
Elkhorn, WI 53121-1104

## HIPAA NOTICE OF PRIVACY PRACTICES

*Effective Date:* \_\_\_\_\_

**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.**

### **WHO WILL FOLLOW THIS NOTICE.**

This notice describes our organization's practices and that of: any health care professional authorized to enter information into your medical record; all employees and any member of a volunteer group we allow to help in your care; employees and volunteers may share medical information with each other for purposes of providing you treatment, obtaining payment for your care or conducting health care operations described in this notice.

### **OUR COMMITMENT TO PROTECT MEDICAL INFORMATION PRIVACY**

We understand that medical information about you and your health is personal. We are committed to keeping your confidential medical information private. We create a record of the care and services you obtain while receiving services from us. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care created by our organization.

This notice will tell you about the ways in which we may use and to whom we may disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information. We have established policies to guard against unnecessary disclosure of your health information

We are required by law to: make sure that medical information that identifies you is kept private; give you this notice of our legal duties and privacy practices with respect to medical information about you; and follow the terms of the notice that is currently in effect.

### **HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU.**

The following examples explain various ways that we use and disclose medical information. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

**For Treatment.** We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, therapists, social workers, or other health care professionals who are involved in taking care of you or who have agreed to assist in coordinating your care. The doctor involved in your care will need information about your symptoms and concerns in order to prescribe appropriate medications and treatment. For example, if you have a wound that is being treated, it is important to the doctor and other health care professionals to also know if you have diabetes because diabetes may slow the healing process. In addition, we may need to tell the dietitian if you have diabetes so that we can teach you about appropriate meals. We also may disclose medical information about you to people outside the organization who may be involved in your medical care including family members, pharmacists, clergy, suppliers of medical equipment, or others we use to provide services that are part of your care.

**For Payment.** We may use and disclose medical information about you so that the treatment and services you receive may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give your health plan or health insurer information regarding your health care status so your health plan will pay us or you for the care. We may also tell your health plan about a treatment or service you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

**For Health Care Operations.** We may use and disclose medical information about you for our own operations in order to run the organization and to provide quality care to all clients. For example, we may use medical information for quality improvement activities such as reviewing our treatment and services and to evaluate the performance of our staff in caring for you or to improve your health or reduce health care costs. We may use medical information for accreditation, certification, licensing or credentialing activities.

We may also combine medical information about many clients to decide what additional services the organization should offer, what services are not needed, and whether certain new treatments are effective. We may disclose information to doctors, nurses, technicians, students, and other health care professionals for review and learning purposes.

We may combine the medical information we have with medical information from other organizations to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning who are the specific clients.

**Appointment Reminders.** We may use and disclose medical information to contact you as a reminder that you have an appointment or scheduled visit for treatment or care.

**Treatment Alternatives.** We may use and disclose medical information to tell you about or recommend possible treatment choices or alternatives that may be of interest to you.

**Health-Related Benefits and Services.** We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.

**Fundraising Activities.** We may use medical information about you to contact you in an effort to raise money for the organization and its operations. We may disclose medical information to a foundation related to the organization so that the foundation may contact you in raising money for the organization. We only would release contact information, such as your name, address and phone number and the dates you received treatment or services from us. If you do not want the organization to contact you for fundraising efforts, you must notify Transitions at Home at 640 N. Board Street, Elkhorn, WI 5312, 262-723-2700, to let us know.

**Individuals Involved in Your Care or Payment for Your Care.** We may release medical information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

**Research.** Under certain circumstances, we may use and disclose medical information about you for research purposes. For example, a research project may involve comparing the health and recovery of all clients who received one medication to those who received another, for the same condition. All research projects, however, are subject to a special approval process.

**As Required By Law.** We will disclose medical information about you when required to do so by federal, state or local law. For example we are required to report certain types of injuries or, under limited circumstances, to report when you are the victim of a crime.

**To Prevent a Serious Threat to Health or Safety.** We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

## **SPECIAL SITUATIONS**

**Organ and Tissue Donation.** If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to make possible the organ or tissue donation and transplantation.

**Military and Veterans.** If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

**Workers' Compensation.** We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

**Public Health Risks.** We may disclose medical information about you for public health activities. These activities generally include the following:

Preventing or controlling disease, injury or disability; reporting births and deaths; reporting child abuse or neglect; reporting reactions to medications or problems with products; notifying people of recalls of products they may be using; notifying a person who may have been exposed to a disease or may be at risk for getting or spreading a disease or condition; notifying the appropriate government authority if we believe a client has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

**Health Oversight Activities.** We may disclose medical information to a health oversight agency for activities authorized by law. For example, we allow Medicare or MN state surveyors to have access to your medical record at the time of the survey. Other oversight activities may include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

**Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical 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.

**Law Enforcement.** We may release medical information if asked to do so by a law enforcement official: in response to a court order, subpoena, warrant, summons or similar process; to identify or locate a suspect, fugitive, material witness, or missing person; about the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement; about a death we believe may be the result of criminal conduct; about criminal conduct; and in emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

**Coroners, Medical Examiners and Funeral Directors.** We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about clients of the organization to funeral directors as necessary to carry out their duties.

**National Security and Intelligence Activities.** We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

**Protective Services for the President and Others.** We may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

## **YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU.**

You have the following rights regarding medical information we maintain about you:

**Right to Inspect and Copy.** You have the right to inspect and copy medical information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes.

To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to Transitions At Home, 640 N. Board Street, Elkhorn, WI 5312. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by the organization will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

**Right to Amend.** If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the organization.

To request an amendment, your request must be made in writing and submitted to Transitions At Home, 640 N. Board Street, Elkhorn, WI 5312. In addition, you must provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

Was not created by us, unless the person or entity that created the information is no longer available to make the amendment; is not part of the medical information kept by or for our organization; is not part of the information which you would be permitted to inspect and copy; or is accurate and complete.

**Right to an Accounting of Disclosures.** You have the right to request an "accounting of disclosures." This is a list of the disclosures we made of medical information about you.

To request this list or accounting of disclosures, you must submit your request in writing to Transitions At Home, 640 N. Board Street, Elkhorn, WI 5312. Your request must state a time period which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper, electronically). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

**Right to Request Restrictions.** You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had.

***We are not required to agree to your request.*** If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. To request restrictions, you must make your request in writing to Transitions At Home, 640 N. Board Street, Elkhorn, WI 5312. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your son or daughter.

**Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at home (not at work) or by mail (not by phone). To request confidential communications, you must make your request in writing to Transitions At Home, 640 N. Board Street, Elkhorn, WI 5312. We will not ask you the reason

for your request. We will grant all reasonable requests. Your request must specify how or where you wish to be contacted.

**Right to a Paper Copy of This Notice.** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. To obtain a paper copy of this notice, contact Transitions At Home, 262-723-2700.

## **CHANGES TO THIS NOTICE**

We have the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in the organization. The notice will contain on the first page, in the top right-hand corner, the effective date. In addition, each time you are admitted for treatment or health care services, we will offer you a copy of the current notice in effect.

## **COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with the hospital or with the Secretary of the Department of Health and Human Services. To file a complaint with the organization, contact Transitions At Home, 640 N. Board Street, Elkhorn, WI 5312 or 262-723-2700. All complaints must be submitted in writing. **You will not be punished for filing a complaint.**

## **OTHER USES OF MEDICAL INFORMATION.**

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may cancel that permission, in writing, at any time. If you withdraw your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. We are unable to take back any disclosures we have already made with your permission. We are required to keep our records of the care that we provided to you.

## **CONTACT PERSON**

The organization has designated Leah Perras as its contact person for all issues regarding client privacy and your rights under the federal privacy standards. You may contact Leah Perras at Transitions Home Health, 640 N. Board Street, Elkhorn or 262-723-2700.