



## NOTICE OF PRIVACY PRACTICES

Effective: May 3, 2016

There are government rules about keeping the information we get about you and your health confidential. The following is the information about your privacy and what your rights are as it relates to keeping your records protected from others who do not have a right to know what is on your health record. Your protected health information may be disclosed and used by us only with your written authorization. Some exceptions to this include treatment, payment, or healthcare operations.

We use and disclose medical information about you for several different purposes. Each of these purposes is described below.

### **TREATMENT PURPOSES:**

We may use or disclose your Protected Information for treatment purposes. During your care with our organization, it may be necessary for various personnel involved in your care to have access to your Protected Information to provide you with quality care.

### **PAYMENT PURPOSES:**

Your Protected Information may also be used or disclosed for payment purposes. It is necessary for us to use or disclose Protected Information so that treatment and services provided by us may be billed and collected from you, your insurance company or other third-party payer. It may also be necessary to release Protected Information to obtain prior approval from your health insurance. We may also release your Protected Information to another health care provider, individual or entity covered by the HIPAA regulations who has a relationship with you for their payment activities.

### **HEALTH CARE OPERATIONS:**

Your Protected Information may also be used for health care operations which are necessary to ensure the provider gives 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 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, evaluations or training of health care professionals or students.

### **How We Will Contact You:**

Unless you tell us otherwise in writing, we may contact you by either telephone or mail at either your home or workplace. At either location, we may leave messages for you on the answering machine or voice mail. If you would like to request that we communicate to you in a certain way or at a certain location, please do so in writing to our Compliance Officer, Carmelita Valera, at Cornerstone Home Healthcare, LLC, 350 Houbolt Rd. Suite 209 Joliet, IL 60431.

*If you think your rights are being denied or your health information is not being protected, you have the right to file a complaint with your provider, health insurer, or the U.S. Department of Health and Human Services. To learn more, visit [www.hhs.gov/ocr/privacy/](http://www.hhs.gov/ocr/privacy/).*

### **Sharing Your Health Information**

We are required to share your information in ways that may do good to the public such as public research or health. Conditions in the law must be met before your information is shared. Otherwise, we may use and disclose medical information about you regarding:

1. **Appointment Reminders** - to call and remind you of an appointment you have with our clinicians.



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2. **Treatment Alternatives-** to call you of alternative treatment that you may be interested in.
3. **Health Related Benefits and Services-** call you regarding health-related benefits and services that you may be interested in.
4. **Marketing Communications-** to call you about a product or service that may benefit you for:
  - Your treatment
  - A description of a health-related product or service that is provided by us
  - Your case management or care coordination
  - Recommendation to alternative treatments, therapies, health care providers, or settings of care.

We may also disclose medical information about you to:

1. **Individuals Involved in Your Care**
  - such as a family member, other relative, a close friend, or any other person identified by you, medical information about you that is directly relevant to that person's involvement with your care or payment related to your care.
  - To notify or assist in notifying, those persons of your location, general condition, or death
  - If there is a family member, other relative, or a close friend that you do not want us to disclose medical information about you to, please notify us in writing, or tell our clinician who is providing care to you.
  - Unfortunately, if you did not give us or are not able to tell us a preference, we may share your information if we believe it is in your best interest. Information may also be shared as needed if this

involved needing to lessen a serious and imminent threat to health or safety.

2. **Disaster Relief Personnel**
  - Public or private entity authorized by law or by its charter to assist in disaster relief efforts.
  - To coordinate with those entities in notifying a family member, other relative, close friend or other person identified by you of your location, general condition, or death.
3. **Authorized Law Officers-** when required to do so by law.
4. **Public Health Authorities**
  - for public health activities and purposes
  - includes reporting of medical information authorized by law to collect or receive the information for purposes of preventing or controlling disease
  - or one that is authorized to receive reports of abuse and neglect
  - includes reporting for purposes of activities related to the qualify, safety, or effectiveness of a U.S. Food and Drug Administration regulated product or activity.
5. **Government Authority** - to report abuse, neglect, or domestic violence or if we believe you are a victim of abuse, neglect, or domestic violence
  - Will occur as required by law; agreed to by you or authorized by law and we believe the disclosure is necessary to prevent serious harm to you or to other potential victims
  - Will occur if you are incapacitated and certain other conditions are met, a law enforcement or other public official represents that immediate enforcement activity depends on the disclosure
6. **Health Oversight Agency** - for activities authorized by law, including audits,



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investigations, inspections, licensure, or disciplinary actions.

- These are necessary for appropriate oversight of the health care system, government benefit programs, and entities subject to various government regulations.

### 7. **Judicial and Administrative Authority**

- In response to an order of the court or administrative tribunal
- In response to a subpoena, discovery request, or other legal process but only if efforts have been made to tell you about the request or to obtain an order protecting the information to be disclosed

### 8. **Law Enforcement Official** - for law enforcement purposes:

- As required by law
- In response to a court, grand jury, or administrative order, warrant, or subpoena
- To identify or locate a suspect, fugitive, material witness, or missing person
- About an actual or suspected victim of a crime and that person agrees to the disclosure. If we are unable to obtain that person's agreement, in limited circumstances, the information may still be disclosed to alert law enforcement officials of a death if we suspect the death may have resulted from criminal conduct; to report a crime in emergency circumstances

### 9. **Coroners and Medical Examiners** - to identify a deceased person and determining cause of death

### 10. **Funeral Directors** - as necessary for them to carry out their duties

### 11. **Organ Procurement Organizations** or other entities engaged in the procurement, banking or transplantation or organs, eyes or

tissue- to facilitate organ, eye or tissue donation and transplantation.

### 12. **Military** - for activities deemed necessary to ensure proper execution of the military mission, if you are a member of the Armed Forces

### 13. **National Security and Intelligence** - for the conduct of intelligence, counter-intelligence, and other national security activities authorized by law

### 14. **Workers' Compensation** - to the extent necessary to comply with Workers' Compensation and similar laws that provide benefits for work-related injuries or illness without regard to fault

## Your Rights with Respect to Medical Information About You:

1. Right to Request Restrictions
2. Right to Receive Confidential Communications
3. Right to Inspect and Copy
4. Right to Amend
5. Right to an Accounting of Disclosures

## Availability of Notice of Privacy Practices:

A copy of our current Notice of Privacy Practices will be posted on the wall in the front entrance of our office. At any time, you may promptly obtain a paper copy of the current Notice of Privacy Practices. This notice is also posted on our website at: [www.CornerstoneHomeHealthcareLLC.com](http://www.CornerstoneHomeHealthcareLLC.com).