Franklin County Home Health Agency, Inc.

NOTICE OF PRIVACY PRACTICES

This Notice explains how health information about you may be used and disclosed and how you can get access to this information.

PLEASE REVIEW THIS NOTICE CAREFULLY

Our Pledge Regarding Protected Health Information
Franklin County Home Health Agency is committed to protecting your personal health information. We create a record of the care and services you receive at our Agency. We need this information to provide you with quality care and to comply with certain legal requirements. A copy of the current Notice of Privacy Practices will also be available on our website, www.fchha.org. You may request a copy of this notice at any time.

The Law Requires Us to:
- Keep your protected health information private.
- Give you this notice describing our legal duties, privacy practices, and your rights regarding your protected health information.
- Follow the terms of the notice that is now in effect.

We Have the Right to:
- Change our privacy practices and the terms of this notice at any time, provided that the changes are permitted by law.
- Make changes in our privacy practices and the new terms of our notice effective for all protected health information that we keep, including information previously created or received before the changes.

Notice of Change to Privacy Practices:
- Before we make a change in our privacy practices, we will change this notice and make the new notice available upon request.

Use and Disclosure of Your Protected Health Information

Franklin County Home Health Agency uses and discloses your protected health information for purposes of treatment, payment, and health care operations. Not every use or disclosure will be listed, however we have listed some of the different ways we are permitted to use and disclose your protected health information. We will not use or disclose your protected health information for any purpose not listed below without your specific written authorization. Any specific written authorization you provide may be revoked at any time by writing to us.

Examples of uses and disclosure
Treatment: We may use health information to provide you with treatment or services. We may use or disclose information about you to doctors, nurses, and other agency personnel who are involved in providing health services to you. We may also disclose information about you to people outside the Agency who are involved in your health care. For example, you were recently discharged from the hospital with a broken leg. You also have diabetes. A number of health care and support staff need to know about your diabetes during your stay:
- The doctor treating you for the broken leg needs to know if you have diabetes because diabetes may slow the healing process.
- The dietitian needs to know about your diabetes to arrange proper meals.
- The pharmacy needs to know about possible medicines that you may need as a diabetic.
Payment: We may use or disclose your protected health information for payment purposes. For example, you are being treated for a broken leg. We may need to give your health insurance plan information about a treatment you are going to receive to get approval or to determine if your plan will pay for the treatment.

Health Care Operations: We may use or disclose your protected health information for our health care operations. For example:
- Measuring and improving quality of care
- Activities designed to improve health or reduce health care costs
- Protocol development, case management and care coordination
- Evaluating the performance of employees
- Conducting or participating in health education training programs
- Acquiring accreditation, certificates or licenses we may need to serve you
- Coordination of benefits or claims adjudication
- Fraud and abuse detection programs
- Audit services and other administration activities.

Disclosures Required by Law: Franklin County Home Health Agency may use or disclose your protected health information when it is required to do so by law. For example, your health information may be disclosed when there are risks to public health, to report abuse or domestic violence, to conduct health oversight activities, or to comply with a court order, an administrative order, a subpoena, a discovery request or other lawful process.

For Appointment Reminders: We may use or disclose your protected health information to contact you as a reminder that you have an appointment.

Notification: We may use or disclose your protected health information to your family and friends who are involved in your care or who help pay for your care. We may also disclose your protected health information to a disaster relief organization for the purpose of notifying your family and/or friends about your general condition, location, and/or status. You may object to the release of this information. You may use our Request to Restrict the Use or Disclosure of Protected Health Information form to notify us of your objection or your objection may be made orally.

Fundraising: We may use or disclose a limited amount of your protected health information for fundraising purposes for our organization. The information will be limited to name, address and telephone number. If you do not wish to be contacted in fundraising activities you must provide us with written notification.

Research in Limited Circumstances: We may use or disclose protected health information for research purposes in limited circumstances where the research has been approved by a review board that has reviewed the research proposal and established protocols to ensure the privacy of protected health information.

Funeral Director, Coroner, Medical Examiner: We may use and disclose the protected health information of a person who has died with a coroner, medical examiner, funeral director, or an organ procurement organization to help them carry out their duties.

For Organ, Eye or Tissue Donation: We may use or disclose your protected health information to organ procurement organizations or other entities engaged in the procurement, banking or transplantation of organs, eyes or tissue for facilitating the donation and transplantation.

Specialized Government Functions: Subject to certain requirements, we may use or disclose protected health information of military personnel and veterans, for national security and intelligence activities, for protective services, for medical suitability determinations for the Department of State, for correctional institutions and other law enforcement custodial situations, and for government programs providing public benefits.
Court Orders and Judicial and Administrative Proceedings: We may use and disclose protected health information in response to a court or administrative order, subpoena, discovery request, or other lawful process, under certain circumstances. Under limited circumstances, such as a court order, warrant, or grand jury subpoena, we may share your protected health information with law enforcement officials. We may share limited information with a law enforcement official concerning the protected health information of a suspect, fugitive, material witness, crime victim or missing person. We may share the protected health information of an inmate or other person in lawful custody with a law enforcement official or correctional institution under certain circumstances.

Public Health Activities: As required by law, we may use and disclose your protected health information to public health or legal authorities charged with preventing or controlling disease, injury or disability. We may also disclose your protected health information to persons subject to jurisdiction of the Food and Drug Administration for purposes of reporting adverse events associated with product defects or problems. We may also, when we are authorized by law to do so, notify a person who may have been exposed to a communicable disease or otherwise be at risk of contracting or spreading a disease or condition.

Victims of Abuse, Neglect, or Domestic Violence: We may disclose protected health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect or domestic violence or the possible victim of other crimes. We may share your protected health information if it is necessary to prevent a serious threat to your health or safety or the health or safety of others.

Workers’ Compensation: We may disclose protected health information when authorized and necessary to comply with laws relating to workers’ compensation.

Health Oversight Activities: We may disclose protected health information to an agency providing health oversight for oversight activities authorized by law, including audits; civil, administrative, or criminal investigations or proceedings, inspections, accreditation, licensure, or disciplinary actions.

Law Enforcement: Under certain circumstances, we may disclose protected health information to law enforcement officials. These circumstances include reporting required by certain laws, pursuant to certain subpoenas or court orders, reporting limited information concerning identification and location at the request of a law enforcement official, reports regarding suspected victims of crimes at the request of law enforcement officials or reporting deaths and crimes.

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

**Right to Inspect and Copy:**
- You have the right to review and copy your protected health information including billing records. You may request that we provide copies in a format other than photocopies. We will use the format you request unless it is not practical to do so. A request to review or copy records containing your protected health information may be made in writing to the Agency Privacy Officer. If you request a copy of your protected health information, the Agency will charge a fee for the cost of copying, mailing or other assembling costs associated with your request.
- You have the right to receive a list of all the times we share your protected health information for purposes other than treatment, payment, health care operations and other specified exceptions.
- You have the right to request that we place additional restrictions on our use or disclosure of your protected health information. We are not required to agree to any additional restrictions, but if we do, we will abide by our agreement (except in the case of any emergency).
You have the right to request that we communicate with you about your protected health information by different means or to different locations. This request must be made in writing to the Agency's Privacy Officer.

You have the right to amend your protected health care information: If you feel your protected health information is incorrect or incomplete, please contact the Agency's Privacy Officer. The request must be made in writing. The request may be denied if the request does not include a reason to support the request. If we deny your request we will provide you a written explanation. If we accept your request to change information, we will make reasonable efforts to tell others, including people you name, of the change and to include the changes in any future sharing of that information.

You have a right to a paper copy of this notice. To obtain a paper copy of this notice, please contact the Agency's Privacy Officer. You may also obtain a copy of the Privacy Notice by visiting our website at www.fchha.org.

Right to an Accounting of Disclosure:

You have the right to request an “accounting of disclosures” if any such disclosures were made for any purpose other than treatment, payment or healthcare operations. The request for an accounting of disclosure must be made in writing to Agency's Privacy Officer and should specify a time period which may not be longer than six (6) years and may not include dates prior to April 14, 2003. The Agency will provide the first accounting you request without charge, subsequent accounting requests will be subject to a reasonable cost-based fee.

In the event of an inadvertent disclosure of your protected health information, which poses the potential for significant risk of financial, reputational or other harm, you will be notified in writing within 60 days of the discovery of the disclosure. We will provide you with a description of the information disclosed, the steps we are taking to investigate and to protect you, appropriate contact information, and information on additional steps you can take to protect yourself from any potential harm.

How to file a Complaint

If you believe your privacy rights have been violated by Franklin County Home Health Agency, you may file a written complaint with the Agency's Privacy Officer. The complaint must be made in writing. You may also file a written complaint with the Office for Civil Rights, U.S. Department of Health and Human Services, Government Center, J.F. Kennedy Federal Building – Room 1875, Boston, MA 02203. You will not be penalized or retaliated against for filing a complaint.

If you have any questions about this notice or you would like an additional copy, please contact:

Privacy Officer  
Franklin County Home Health Agency, Inc.  
3 Home Health Circle, Suite 1  
St. Albans, VT 05478  
Telephone (802) 527-7531

Effective 04/14/2003  
Revised 12/02/2009