**NextStep Homecare, Inc. Notice of Privacy Practice**

**Note: This notice describes how healthcare information about you may be used and disclosed and how you can get access to this information. Please read it carefully.**

Each time you receive services from a healthcare provider a record of your visit is generated. Typically, this record contains your symptoms, examination, test results, diagnoses, treatment, and a plan for future care or treatment. This information is often referred to as your health or medical record and serves as a:

* Basis for planning your care and treatment. We use the information to monitor the quality of care that you receive and to make on-going plans for treatment.
* Means of communication among the many health professionals who contribute to your care.
* Legal document describing the care you receive.
* Means by which you or a third-party payer can verify that services billed were actually provided.
* Tool in educating health professionals for medical research.
* Source of information for public health officials responsible for improving the health of the United States.
* Source of information for internal business management, planning, and development.
* Tool to assess and continually work to improve the care we render and the outcomes we achieve.

**Understanding what is in your record and how your health information is used helps you to:**

* Ensure its accuracy by providing us with information about your health.
* Better understand who, what, when, where, and why others may access your health information and make more informed decisions when authorizing disclosure to others.
* Request communication of your health information by alternative means or at alternative locations.
* Revoke your authorization to use or disclose health information except to the extent that action has already been taken.

**Our responsibilities, NextStep Homecare, Inc. is required to:**

* Maintain the privacy of your health information. We must make sure that medical information that identifies you is kept private.
* Provide you with this notice of our legal duties and privacy practice with respect to medical information we collect and maintain about you.
* Follow the terms of this notice.
* Notify you if we are unable to agree to a requested restriction.
* Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

**How we may use or disclose health information about you for Treatment, Payment and Health Operations:**

1. We will use your Protected Health Information for treatment purposes; for example:
   1. Information obtained by a nurse, physician, or other member of our healthcare team will be recorded in your record and used to determine the course of treatment that should work best for you. Your physician will document in your record his/her orders for treatment and medications. Members of your healthcare team will then record the actions they take and their observations. In that way, the physician will know how you are responding to treatment.
   2. We may disclose your medical information to agency and non-agency staff, such as physicians, nurses, nurse aides, technicians, clergy, and medical students who are involved in taking care of you while you are under care through our agency. We may also disclose information about you to individuals who will be involved in your care after you leave the agency. Unless you object, this may include family members, your physician, or a subsequent healthcare provider.
2. We will use your Protected Health Information for payment; for example:
   1. We may use and disclose your medical information to bill and receive payment for the treatment and services you receive during your care with our agency. For these purposes we may disclose information to your representative, insurance, or managed care company, Medicaid or another third party payer. We may inform a health plan about the services you are going to receive to obtain prior approval or to decide if your plan will cover the service.
3. We will use your health information for regular health operations; for example:
   1. We may use and disclose your Protected Health Information necessary to manage the agency and to monitor our quality of care to our clients. For example; we may use your protected medical information to review our treatment and services to clients which reflects our staff’s performance in caring for you.

**Business Associates**: There are some services provided in our agency through contracts with business associates. An example includes a consulting pharmacist who reviews your health record monthly to assess the appropriateness of medication use. When services are contracted, we may disclose your health information to our business associates so they can perform the job we’ve asked them to do. To protect your information, we require the business associate to appropriately safeguard your information in the form of a written contract.

**Individuals Involved in Your Care**: We may disclose Protected Health Information about you to a family member or friend who is involved in your medical care, or to those who assist in payment for your care. This may include informing family or friends of your condition. We may also disclose Protected Health Information about you to an entity assisting in disaster relief efforts so that your family can be notified about your status.

**As Required by Law**: We may disclose Protected Health Information about you when required by federal, state or local laws.

**To Avert a Serious Threat to Health or Safety**: We may use and disclose Protected Health Information 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.

**Organ and Tissue Donation Organizations**: If you are an organ donor, we may disclose your Protected Health Information to organizations engaged in tissue and organ donation and transplantation.

**Military and Veterans**: If you are a member of the armed forces, we may disclose Protected Health Information about you as required by military command authorities. We may also disclose Protected Health Information about foreign military personnel to the appropriate foreign military authority.

**Workers Compensation**: We may disclose Protected Health Information necessary to comply with laws relating to workers compensation or other similar programs established by law.

**Public Health Risks as Required by Law**: We may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

**Law Enforcement**: We may disclose health information for law enforcement purposes as required by law including: to comply with a court order, warrant, subpoena, summons, investigative demand or similar legal process; to identify or locate a suspect, fugitive, material witness, or missing person, when information is requested about the victim of a crime, if the individual agrees or under other limited circumstances, to report information about a suspicious death; to provide information about criminal conduct occurring at the agency, to report information in emergency circumstances about a crime or where necessary to identify or apprehend an individual in relation to a violent crime or an escape from lawful custody or in response to a valid subpoena.

**Health Oversight Activities**: We may disclose your Protected Health Information to a health oversight agency for activities authorized by law. These may include, for example; audits, investigation, inspections and licensure actions or other legal proceedings. These activities are necessary for the government oversight of the health care system, government payment or regulatory programs and compliance with civil right laws.

**Coroners, Medical Examiners and Funeral Directors**: We may disclose medical information to a coroner or medical examiner. This may be necessary to identify a deceased person or determine the cause of death. We may also disclose Protected Health Information about clients of the agency to funeral directors as necessary to carry out their duties.

**National Security and Intelligence Activities**: We may disclose Protected Health Information about you to authorized federal officials for intelligence, counter intelligence and other national security activities authorized by law.

**Health Insurance**: When applicable, a group health plan or health insurance issuer may disclose Protected Health Information per contract to the sponsor of the plan.

**Although your health record is the physical property of the healthcare practitioner or agency that compiled it, the information belongs to you. You have the right to:**

* **Right of Access to Protected Health Information** 
  + You have the right to inspect and/or receive a copy of medical information that may be used to make decisions about your care. This includes medical and financial records, but does not include psychotherapy notes that are filed separate from your medical record. You have the right to obtain an electronic copy of your health information that exists in an electronic format and you may direct that the copy be transmitted directly to an entity or person designated by you, provided that any such designation is clear, conspicuous and specific with complete name and mailing address or other identifying information. A fee may be charged, however will not exceed the labor costs for responding to the request.
  + You may submit a request to the Director of Homecare either orally or in writing. If you request a copy for reviewing your current medical care, we will provide that without cost within 2 working days. For other requests, we may charge a fee for the costs of copying according to our facility policy and procedure. We will allow you to inspect your record within 24 hours (excluding hours occurring during a weekends or holidays) of your request. We may deny your request to inspect or receive copies in certain limited circumstance per MN State Law. If you are denied access to your Protected Health Information, you may request that the denial be reviewed. Another licensed health care professional chosen by our agency will review your request and the denial. The agency will then comply with the outcome of the review.

* **Right to Request Amendment** 
  + If you feel that the medical information maintained is incorrect or incomplete, you may request an amendment. You may make a request in writing to our Director of Homecare. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. We also may deny it if the information was not created by the agency, is not part of the Protected Health Information maintained by or for our agency, is not part of the information to which you have a right of access to; or is already accurate and complete as determined by the agency. If we deny your request for amendment, we will give you a written denial including the reason for the denial and the right to submit a written statement disagreeing with the denial.
* **Right to Request Restrictions** 
  + You have the right to request restrictions on the use or disclosure of your Protected Health Information for treatment, payment or health care operations. You also have the right to restrict the Protected Health Information we disclose about you to a family member, friend or others involved in your care or payment for your care. We will make reasonable efforts to comply with your request in an effort to protect the privacy of your Protected Health Information. We will make reasonable efforts to honor your request unless the information is needed to provide you emergency treatment or you are being transferred to another health care institution, or the disclosure is required by law. You must make your request in writing to our Director of Homecare. In your request, you must tell us; 1) what information you want to limit, 2) whether you want us to limit our use, disclosure or both, and 3) to whom you want the limits to apply, example your family members. You have a right to request a restriction on disclosure of your protected health information to a health plan for payment or healthcare operations provided the restriction pertains specifically to health care services for which you paid us, out-of-pocket, in full.
* **Right to an Accounting of Disclosure**
  + You have the right to request an “accounting of disclosure”. This is a list of the disclosures we made of your Protected Health Information. Not all disclosures are subject to this accounting requirement.
  + To request this list of an accounting of disclosures, you must submit a written request to our Director of Homecare. Your request must state a time period which may not be longer than six years and may not include dates prior to 1/1/2016. The first list you request within a 12 month period will be free of charge. For additional requests within the 12 month period, we may charge you a fee for processing. We will notify you of the cost involved and you may choose to withdraw or modify your request before any costs are incurred.
* **Other uses of Protected Health Information**
  + Other uses and disclosures of medical information not covered by this notice or the laws that apply will be made only with your written permission. If you provide us permission to use or disclose Protected Health Information about you, you may revoke that permission in writing at any time. If you revoke the permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made in good faith with your permission.
  + You have a right to request communication of your health information by alternative means or at alternative locations.
  + If you believe your privacy rights have been violated you may contact our Director of Homecare to file a written complaint with them. We will not retaliate against you if you file a complaint.

We reserve the right to change our practices and to make the new provisions effective for all Protected Health Information we maintain. Should our information practices change, we will post the updated notice within the agency, on the agency web site; provide you with a copy of the updated notice during your current stay or upon readmission and have copies available for distribution.