

FRANKLIN VNA & HOSPICE NOTICE OF PRIVACY PRACTICES—HIPAA INFORMATION
PLEASE REVIEW CAREFULLY

This Notice provides you with information about the duties and practices of FVNA Hospice to protect the privacy of your medical information as required by the privacy provisions of the Health Insurance Portability and Accountability Act of 1996 and its implementation regulations (together, the “HIPAA Privacy Rules”). FVNA Hospice is required to maintain the privacy of your health information and inform you about its privacy practices by providing you with this Notice.

This Notice will take effect on the date of admission to FVNA Hospice and will remain in effect until it is amended or replaced. FVNA Hospice will post a copy of the current Notice in its Hospice facilities. We are required to follow the terms of this Notice until we replace it. We reserve the right to change the terms of this Notice at any time. If we make changes, this Notice will be amended to reflect the changes. The revised Notice will be posted as stated above and a copy of the Notice will be available upon request. We reserve the right to make any changes in our privacy practices and the new terms of our Notice effective for all health information maintained, created, and/or received by us before the date changes were made.

You may request a copy of our Privacy Notice at any time by contacting the FVNA office.

How We May Use and Disclose Health Information about You Without Your Consent or Authorization:

The following categories describe different ways that we may use and disclose health information about you without your specific consent or authorization. Not every possible use or disclosure in a category is listed.

- **For Treatment:** We may use health information about you to provide you with medical treatment or services. Example: In treating you for a specific condition, we may need to know if you have allergies that could influence which medications we prescribe for the treatment process.
- **Disclosure:** We may disclose and/or share your healthcare information with other health care professionals who provide treatment and/or services to you. Health information about you may also be disclosed to your family, friends, and/or other persons you choose to involve in your care, only if you agree that we may do so.
- **For Payment:** We may use and disclose health information about you so that treatment and services you receive from us may be billed and payment may be collected from Medicare, Medicaid, an insurance company, or a third party. Example: We may need to send your protected health information, such as your name, address, visit data, and codes identifying your diagnosis and treatment to your insurance company for payment.
- **For Health Care Operations:** We may use and disclose health information about you for health care operations to assure you receive quality care. Example: We may use health information to review our treatment and services and evaluate the performance of our staff in caring for you.
- **Other Uses or Disclosures that Can Be Made Without Consent or Authorization:**
 - As required during an investigation by law enforcement agencies
 - To avert a serious threat to public health or safety
 - As required by military command authorities for their medical records
 - To workers’ compensation or similar programs for processing claims
 - In response to a legal proceeding
 - To a coroner or medical examiner for identification of a body
 - To correctional institutions or law enforcement officials, if you are an inmate
 - Solicitations for fundraising efforts, provided you have the right to opt-out
 - As required by the US Food and Drug Administration (USFDA)
 - Other health care providers’ treatment activities
 - Other covered entities’ and providers’ payment activities
 - Other covered entities’ healthcare operations (to the extent permitted under HIPAA)
 - Uses and disclosures required by law
 - Uses and disclosures in domestic violence or neglect situations
 - Health oversight activities
 - Other public health activities
 - To family members and others who were involved in the care or payment for care of a deceased patient prior to death, unless doing so is inconsistent with any prior expressed preference of the decedent

Use and Disclosures with Your Permission:

Your written authorization is specifically required for most uses and disclosures of psychotherapy notes, protected health information for marketing purposes, and disclosures that constitute a sale of protected health information. We will not use or disclose your health information for any other purposes unless you give us your written authorization to do so. If you give us written authorization to use or disclose your medical information for a purpose that is not described in this Notice, in most cases, you may revoke it in writing at any time. Your revocation will be effective for all your health information we maintain, unless we have taken action in reliance on your authorization.

Notice of privacy Practices continued:

Your Privacy Rights As Our Patient:

You may make a written request to us to do one or more of the following concerning your health information:

- **Access:** You have the right to request to inspect and get copies of your health information. This includes the right to obtain an electronic copy of your information in the electronic format requested, if available and readily producible. If the requested format is not available, then a mutually agreed upon format (e.g. Microsoft Word or Excel, text-based PDF) will be provided. Further, at your request, we may provide the electronic copy of your health information through unencrypted email. Although the interception of email is generally prohibited under federal and state law, such communications can be intercepted. We are not responsible for any unauthorized access of your health information while in transmission or for safeguarding that information once delivered to you. If you choose, you can request that we transmit a copy of your health information directly to an entity or person designated by you. Your request must be made in a signed writing that complies with **HIPAA** and clearly identifies the designated recipient and where the information should be sent. There will be some exceptions where we do not have to agree to your request.
- **Amendment:** You have the right to request an amendment of your healthcare information, if you feel it is inaccurate or incomplete. Your request must be in writing and must include an explanation of why the information should be amended. Under certain circumstances, your request may be denied.
- **Disclosures:** You have the right to receive a list of disclosures we and our business associates have made of your health care information for certain purposes for the last six years. In the case that we use or maintain an electronic health record with respect to your health information, you have the right to receive a list of disclosures made within the prior three years of your request. We may provide you with contact information for our business associates so that you may directly request a list of disclosures made by them.
- **Restrictions:** You have the right to restrict disclosure of your health information to a health plan regarding services that are paid for out of pocket in full, unless disclosure is otherwise required by law. You also have the right to request that we place additional restrictions on our use or disclosure of your health information; however, we do not have to agree to these additional restrictions unless required by law.
- **Communication:** You have the right to request that we communicate with you in confidence about your health information by a different means or at a different location than we are currently doing. We do not have to agree to your request unless such confidential communications are necessary to avoid endangering you, and your request continues to allow us to collect your flexible benefit plan payments and to pay your claims. Your request must specify the alternative means or location for communication.

If you wish to exercise any of these rights described above, please contact our Director of Home and Hospice Services at your local office. We will give you the necessary information and forms to complete and return to our Patient Care Coordinator.

Breaches of Your Health Information:

You have the right to receive notification of any breaches of your unsecured protected health information. A breach is defined, generally, as any impermissible acquisition, access, use, or disclosure of health information under the HIPAA Privacy Rule, unless we demonstrate that there is a low probability that health information has been compromised by performing a risk assessment. Our risk assessments will be documented and address, at a minimum, the following four factors:

- The nature and extent of the health information involved - this may include an evaluation of the types of identifiers involved and the likelihood of identification;
- The unauthorized person who used or received the health information - such as whether the unauthorized person had an obligation to protect the privacy or security of the health information;

Notice of Privacy Practices, continued:

- Whether the health information was actually acquired or viewed-this may require the use of forensics or other investigative methods; and
- The extent to which the risk of the health information has been mitigated - this may include considering such things as whether the recipient has agreed to destroy the information.

If the facts indicate more than a low probability of compromise, we will notify you regarding the breach, regardless of the likelihood of harm the breach may have to you. We will also notify the Secretary of Health and Human Services and the media of breaches, as required by law.

Questions and Complaints:

You have the right to file a written complaint with us and the Secretary of the U.S. Department of Health and Human Services if you feel we have violated your privacy rights. In order to file a complaint with us, you should request a Complaint Form from our Director of Home and Hospice Care. We will not retaliate in any way if you choose to file a complaint with us or with the Secretary of the U.S. Department of Health and Human Services.

How to Contact Us:

603 934-3454
Franklin VNA & Hospice
75 Chestnut Street
Franklin, NH