

ACARIA HOMECARE

5735 W. 6th Ave.
Lakewood, CO 80214

USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION
**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED,
DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.
PLEASE REVIEW CAREFULLY.**

The HHA (Home Health Agency) is required by law to maintain the privacy of protected health information and to provide you with notice of its legal duties and privacy practices. The HHA must abide by the terms of the notice currently in effect, but the HHA reserves the rights to change the terms. If there is a change, the HHA will provide you a written, revised notice as soon as practicable by mail or hand delivery.

As a patient of the HHA, information about you must be used and disclosed to other parties for purposes of treatment, payment, and health care operations. These uses and disclosure required your consent, and include, but are not limited to, a release of information contained in financial records and/or medical records, including information concerning communicable diseases such as Human Immune Deficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS), drug/alcohol abuse, psychiatric diagnosis and treatment records and/or laboratory test results, medical history, treatment progress and/or any other related information, to:

- Your insurance company, self-funded or third party health plan, Medicare, Medicaid, or any other person or entity that may be responsible for paying or processing for payment any portion of your bill for services.
- Any person or entity affiliated with or representing for purposes of administration, billing, and quality and risk management.
- Any hospital, nursing home, or other health care facility to which you may be admitted.
- Any assisted living or personal care facility of which you are a resident.
- Any physicians providing you care.
- Family members and other caregivers who are involved in your care.
- Licensing and accrediting bodies, including the information contained in the OASIS Data sent to the state agency acting as a representative for the Medicare/Medicaid program.
- Contact you to provide appointment reminders of information about other health care we provide.
- Other healthcare providers to initiate treatment.

The HHA is permitted to use or disclose information about you without consent or authorizations in the following circumstances:

- In emergency treatment situations, if the HHA attempts to obtain consent as soon as practicable after treatment.
- Where substantial barriers to communication with you exist and the HHA determines that the consent is clearly inferred from the circumstances.
- Where the HHA is required by law to provide treatment and we are unable to obtain consent.
- Where the use or disclosure is required by law.
- For certain public health activities.
- Where the HHA reasonably believes you are a victim of abuse, neglect, or domestic violence to a government authority authorized to receive abuse, neglect or domestic violence.
- Health care oversight activities.
- Certain judicial administrative proceedings or law enforcement purposes.
- To coroners, medical examiners and funeral directors.
- For cadaveric organ, eye or tissue donation purposes, or for certain research purposes.
- To avert a serious threat to health and safety.
- For specialized government function, including military and veteran's activities, national security and intelligence activities, protective services for the President and others, medical suitability determination, correctional institution and custodial situations.
- For Workers' Compensation purposes.

The HHA is permitted to use or disclose information about you without consent or authorization provided you are informed in advance and given the opportunity to agree to or prohibit or restrict the disclosure in the following circumstances:

- The use of a directory of individuals served by the HHA,
- To family members, relatives, friends, or other identified persons, the information relevant to such person's involvement in you care or payment for care.

Other uses and disclosures will be made only with your written authorization. That authorization may be revoked, in writing, at any time, except in limited situations.

YOUR RIGHTS:

You have the right, subject to certain conditions, to:

- Request restrictions on certain uses and disclosures of information about you, however, the HHA are not required to agree to the requested restriction.
- Receive confidential communication of protected health information.
- Amend protected health information.
- Obtain a paper copy of the notice.

COMPLAINTS:

You may complain to the HHA and the Secretary of the U.S. Department of Health and Human Services if you believe that your privacy rights have been violated. There will be no retaliation against you for filing a complaint. The complaint should be filed in writing with the HHA and should state the specific incident(s) in terms of subject, date, and other relevant matters. A complaint to the Secretary must comply with the standards set out in 45 CFR 160.306.