



Nurses In Touch, Inc.® **Notice of Privacy Practices**

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Nurses In Touch, Inc.® is providing this Notice of Privacy Practices because the privacy of your health information is very important to you and to us, and in compliance with federal regulations.

By "your health information" we mean the information that we maintain that specifically identifies you and your health status.

Summary

This Notice describes how we use your health information within Nurses In Touch, Inc.® and disclose it outside Nurses In Touch, Inc.®, and why.

The Notice covers:

- Uses or disclosures which do not require your written authorization.
 - >> Treatment, payment, and health care operations.
 - >> Uses or disclosures of your health information to which you may object.
 - >> Uses or disclosures required or permitted.
- Uses or disclosures which require your written authorization.
- Your rights as a patient regarding privacy of your health information.
- Our duties in protecting your health information.
- Complaints, contact person, effective date, and acknowledgement.

Uses or disclosures which do not require your written authorization

Treatment, Payment, and Health Care Operations

We use or disclose your health information to carry out your treatment; to obtain payment for your treatment; and to conduct health care operations. For example:

- >> For treatment, we use your health information to plan, coordinate, and provide your care. We disclose your health information for treatment purposes to physicians and other health care professionals outside our agency who are involved in your care.
- >> For payment, we use your health information to prepare documentation required by your insurance company or HMO or by Medicare or Medicaid. We disclose that part of your health information that these organizations require to pay us.

Uses or disclosures which do not require your written authorization

Treatment, Payment, and Health Care Operations

- >> For health care operations, we use or disclose your health information, for example, to improve the quality of our services, to plan better ways of treating patients, and to evaluate staff performance.

Uses or Disclosures of Your Health Information to Which You May Object

We may use or disclose your health information for the following purposes, unless you ask us not to.

- Informing family and friends. We may disclose your health information to family, friends, or others identified by you who are involved in your care.
- Assistance in disaster relief efforts.
- Confirming our visits to your home or other appointments.
- Informing you about treatment alternatives or other health-related benefits and services that may be of interest to you.

If you object to our use of your health information for any of these purposes please contact: Executive Administrator.

Uses or Disclosures Required or Permitted

Where we are required or permitted to do so, we may use or disclose your health information in the following circumstances without your written authorization.

- Federal government investigation, when required by the Secretary of Health and Human Services to investigate or determine our compliance with federal regulation.
- Federal, state or local law requirements.
- Public health activities, for example to report communicable diseases or death; or for matters involving the Food and Drug Administration.
- Reporting of abuse, neglect or domestic violence.
- Health oversight activities by a health oversight agency. (A health oversight agency is an organization authorized by the government to oversee eligibility and compliance and to enforce civil rights laws.)
- Judicial or administrative proceedings, for example responding to a court order or subpoena.
- Law enforcement purposes, for example to report certain types of wounds or other physical injuries or to identify or locate a suspect, fugitive, material witness, or missing person.
- Use by coroners, medical examiners, or funeral directors.
- Facilitating organ, eye, or tissue donation.
- Research, provided that very strict controls are enforced.
- Averting a serious threat to your health or safety or that of the public.
- Specialized government functions such as military or veterans' affairs; national security, and intelligence activities.
- Workers' compensation.

Uses or disclosures which require your written authorization

Your written authorization, which you may revoke (in writing), is required if we use or disclose your health information for any other purpose, in particular:

- Marketing of goods or services to you.

Your Rights As A Patient to Privacy Of Your Health Information

- **Right to Request Restrictions**
You have the right to request restrictions on our uses and disclosures of your health information, however we may refuse to accept the restriction.
- **Right to Request Confidential Communications**
You have the right to request that we communicate with you confidentially, for example to speak with you only in private; to send mail to an address you designate; or to telephone you at a number you designate. **Your request must be in writing.** We will make every attempt to honor your request.
- **Right to Request Access to Your Health Information**
You have the right to request access to your health information in order to inspect or copy it. **Your request must be in writing.** We may deny your request and, if so, you may request a review of the denial. However, we will make every attempt to honor your request.

- **Right to Request an Amendment of Your Health Information**
You have the right to request an amendment to your health information. Your request must be in writing and must provide a reason for the amendment. We may deny your request and, if so, you may submit a statement of disagreement. However, we will make every attempt to honor your request.
- **Right to Request an Accounting of Disclosures of Your Health Information**
You have the right to request an accounting of our disclosures of your health information for purposes other than treatment, payment, and health care operations. We will make every attempt to honor your request. We are not required to provide an accounting for disclosures before April 14, 2003 or for more than 6 years prior to the date of your request.
- **Right to Obtain a Paper Copy of this Notice**
If you received this Notice electronically, you have the right to receive a paper copy.

To exercise any of these rights please write or telephone Executive Administrator.

Our Duties in Protecting Your Health Information

- We are required by law to maintain the privacy of your health information.
- We must inform patients or their legal representatives of our legal duties and privacy practices with respect to health information. This Notice discharges that duty.
- We must abide by the terms of the Notice currently in effect.
- We reserve the right to change the terms of this Notice and to make the new Notice provisions effective for all health information that we maintain. At any time, you may obtain a copy of the current notice from Executive Administrator.

Complaints, Contact Person, Effective Date, and Acknowledgement

- You may complain to us and to the Secretary of Health and Human Services if you believe your privacy rights have been violated.
- You will not be retaliated against for filing a complaint.
- You may file your complaint with our agency by writing to Executive Administrator.
- You may file a complaint with the Secretary of Health and Human Services by writing to:

Secretary of Health and Human Services
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201
(source: www.hhs.gov)

- For further information you may write or call Executive Administrator.

Mary Helen Tieken, RN, BSN
Nurses In Touch, Inc.®
1815 Tenth St.
Floresville, TX 78114
(830) 216-7111 or 1-800-441-9938
E-mail: MHTieken@NursesInTouch.com

- This notice is effective April 14, 2003.

Home Health Agency Outcome and Assessment Information Set(OASIS) **STATEMENT OF PATIENT PRIVACY RIGHTS**

As a home health patient, you have the privacy rights listed below.

- **You have the right to know why we need to ask you questions.**

We are required by law to collect health information to make sure:

- 1) you get quality health care, and
- 2) payment for Medicare and Medicaid patients is correct.

- **You have the right to have your personal health care information kept confidential.**

You may be asked to tell us information about yourself so that we will know which home health services will be best for you.

We keep anything we learn about you confidential.

This means, only those who are legally authorized to know, or who have a medical need to know, will see your personal health information.

- **You have the right to refuse to answer questions.**

We may need your help in collecting your health information.

If you choose not to answer, we will fill in the information as best we can.

You do not have to answer every question to get services.

- **You have the right to look at your personal health information.**

- We know how important it is that the information we collect about you is correct. If you think we made a mistake, ask us to correct it.
- If you are not satisfied with our response, you can ask the Centers for Medicare & Medicaid Services, the federal Medicare and Medicaid agency, to correct your information.

You can ask the Centers for Medicare & Medicaid Services to see, review, copy, or correct your personal health information which that Federal agency maintains in its HHA OASIS System of Records. See the back of this Notice for CONTACT INFORMATION. If you want a more detailed description of your privacy rights, see the back of this Notice: PRIVACY ACT STATEMENT - HEALTH CARE RECORDS.

This is a Medicare & Medicaid Approved Notice.



PRIVACY ACT STATEMENT - HEALTH CARE RECORDS

THIS STATEMENT GIVES YOU ADVICE REQUIRED BY LAW (the Privacy Act of 1974).

THIS STATEMENT IS NOT A CONSENT FORM. IT WILL NOT BE USED TO RELEASE OR TO USE YOUR HEALTH CARE INFORMATION.

I. AUTHORITY FOR COLLECTION OF YOUR INFORMATION, INCLUDING YOUR SOCIAL SECURITY NUMBER, AND WHETHER OR NOT YOU ARE REQUIRED TO PROVIDE INFORMATION FOR THIS ASSESSMENT. Sections 1102(a), 1154, 1861(o), 1861(z), 1863, 1864, 1865, 1866, 1871, 1891(b) of the Social Security Act.

Medicare and Medicaid participating home health agencies must do a complete assessment that accurately reflects your current health and includes information that can be used to show your progress toward your health goals. The home health agency must use the "Outcome and Assessment Information Set" (OASIS) when evaluating your health. To do this, the agency must get information from every patient. This information is used by the Centers for Medicare & Medicaid Services (CMS, the federal Medicare & Medicaid agency) to be sure that the home health agency meets quality standards and gives appropriate health care to its patients. You have the right to refuse to provide information for the assessment to the home health agency. If your information is included in an assessment, it is protected under the federal Privacy Act of 1974 and the "Home Health Agency Outcome and Assessment Information Set" (HHA OASIS) System of Records. You have the right to see, copy, review, and request correction of your information in the HHA OASIS System of Records.

II. PRINCIPAL PURPOSES FOR WHICH YOUR INFORMATION IS INTENDED TO BE USED

The information collected will be entered into the Home Health Agency Outcome and Assessment Information Set (HHA OASIS) System No. 09-70-9002. Your health care information in the HHA OASIS System of Records will be used for the following purposes:

- support litigation involving the Centers for Medicare & Medicaid Services;
- support regulatory, reimbursement, and policy functions performed within the Centers for Medicare & Medicaid Services or by a contractor or consultant;
- study the effectiveness and quality of care provided by those home health agencies;
- survey and certification of Medicare and Medicaid home health agencies;
- provide for development, validation, and refinement of a Medicare prospective payment system;
- enable regulators to provide home health agencies with data for their internal quality improvement activities;
- support research, evaluation, or epidemiological projects related to the prevention of disease or disability, or the restoration or maintenance of health, and for health care payment related projects; and
- support constituent requests made to a Congressional representative.

III. ROUTINE USES

These "routine uses" specify the circumstances when the Centers for Medicare & Medicaid Services may release your information from the HHA OASIS System of Records without your consent. Each prospective recipient must agree in writing to ensure the continuing confidentiality and security of your information.

Disclosures of the information may be to:

1. the federal Department of Justice for litigation involving the Centers for Medicare & Medicaid Services;
2. contractors or consultants working for the Centers for Medicare & Medicaid Services to assist in the performance of a service related to this system of records and who need to access these records to perform the activity;
3. an agency of a State government for purposes of determining, evaluating, and/or assessing cost, effectiveness, and/or quality of health care services provided in the State; for developing and operating Medicaid reimbursement systems; or for the administration of Federal/State home health agency programs within the State;
4. another Federal or State agency to contribute to the accuracy of the Centers for Medicare & Medicaid Services' health insurance operations (payment, treatment and coverage) and/or to support State agencies in the evaluations and monitoring of care provided by HHAs;
5. Quality Improvement Organizations, to perform Title XI or Title XVIII functions relating to assessing and improving home health agency quality of care;
6. an individual or organization for a research, evaluation, or epidemiological project related to the prevention of disease or disability, the restoration or maintenance of health, or payment related projects;
7. a congressional office in response to a constituent inquiry made at the written request of the constituent about whom the record is maintained.

IV. EFFECT ON YOU, IF YOU DO NOT PROVIDE INFORMATION

The home health agency needs the information contained in the Outcome and Assessment Information Set in order to give you quality care. It is important that the information be correct. Incorrect information could result in payment errors. Incorrect information also could make it hard to be sure that the agency is giving you quality services. If you choose not to provide information, there is no federal requirement for the home health agency to refuse you services.

NOTE: This statement may be included in the admission packet for all new home health agency admissions. Home health agencies may request you or your representative to sign this statement to document that this statement was given to you. **Your signature is NOT required.** If you or your representative sign the statement, the signature merely indicates that you received this statement. You or your representative must be supplied with a copy of this statement.

CONTACT INFORMATION

If you want to ask the Centers for Medicare & Medicaid Services to see, review, copy, or correct your personal health information that the Federal agency maintains in its HHA OASIS System of Records:

Call 1-800-MEDICARE, toll free, for assistance in contacting the HHA OASIS System Manager.
TTY for the hearing and speech impaired: 1-877-486-2048.

Texas Health & Safety Code, Chapter 181, Medical Records Privacy
As Amended by House Bill 300, Effective September 1, 2012

Sec. 181.154. Notice and Authorization Required for Electronic Disclosure of Protected Health Information; Exceptions. (a) A covered entity shall provide notice to an individual for whom the covered entity creates or receives protected health information if the individual's protected health information is subject to electronic disclosure. A covered entity may provide general notice by:

- (1) posting a written notice in the covered entity's place of business;
- (2) posting a notice on the covered entity's Internet website; or
- (3) posting a notice in any other place where individuals whose protected health information is subject to electronic disclosures are likely to see the notice.

(b) Except as provided by Subsection (c), a covered entity may not electronically disclose an individual's protected health information to any person without a separate authorization from the individual or the individual's legally authorized representative for each disclosure. An authorization for disclosure under this subsection may be made in written or electronic form or in oral form if it is documented in writing by the covered entity.

(c) The authorization for electronic disclosure of protected health information described by Subsection (b) is not required if the disclosure is made:

(1) to another covered entity, as that term is defined by Section 181.001, or to a covered entity, as that term is defined by Section 602.001, Insurance Code, for the purpose of:

- (A) treatment;
- (B) payment;
- (C) health care operations; or
- (D) performing an insurance or health maintenance organization function

described by Section 602.053, Insurance Code; or

(2) as otherwise authorized or required by state or federal law.

(d) The attorney general shall adopt a standard authorization form for use in complying with this section. The form must comply with the Health Insurance Portability and Accountability Act and Privacy Standards and this chapter.

(e) This section does not apply to a covered entity, as defined by Section 602.001, Insurance Code, if that entity is not a covered entity as defined by 45 CFR Section 160.103.

Nurses In Touch is the "covered entity"; this document serves as the notice which has been presented to you and placed in your admission packet when you were admitted to our agency.

This notice will also be posted on Nurses In Touch's website at www.nursesintouch.com.