



NOTICE OF PRIVACY PRACTICES
L. Woerner Inc. d/b/a HCR Home Care
Effective Date: April 14, 2003

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. You should read this Notice before signing the Authorization and Acknowledgement Form, which acknowledges receipt and understanding of this notice.

Our Duty to Safeguard Your Protected Health Information (“PHI”)

PHI is any type of information that can identify you as an individual and your past, present or future physical or mental health condition. It also includes the provision of health care to you, as well as payment for the care. We are required to extend certain protections to your PHI, and to give you this Notice about our privacy practices that explains how, when, and why we may use or disclose your PHI. With the exception of specified circumstances, we must use or disclose only the minimum necessary PHI.

The law requires us to:

- Assure that PHI, which identifies you, remains private.
- Give you this notice of our legal duties and practices with respect to your PHI.
- Follow the conditions of the notice.

We are required to follow the privacy practices described in this Notice, though **we reserve the right to change our privacy practices and the terms of this Notice at any time, provided that applicable law permits.** Before we make a significant change in HCR’s privacy practices, we will change this notice and send it to you. You may request a copy of the new notice from HCR staff members. We will post the newest Notice in the company reception area and on our website.

How We May Use and Disclose Your Protected Health Information

We use and disclose PHI for a variety of reasons. For most uses/disclosures, we must obtain your consent, which is given on the Authorization and Acknowledgement Form. For others, we must have your written authorization. However, the law provides that we are permitted to make some uses/disclosures without your consent or authorization. The following provides you with more information and examples of how HCR might use or disclose your PHI.

Uses and Disclosures Relating to Treatment, Payment, or Health Care Operations

We will not disclose PHI to anyone not involved in your care or treatment, unless required by law:

- **For Treatment:** We may disclose your PHI to doctors, nurses, and other health care personnel who are involved in providing your health care, such as doctors, hospitals, and others. For example, your PHI will be shared among members of your treatment team. This permits coordination of your treatment. For example, if HCR is providing wound care, we may discuss alternate wound care treatment with our wound care specialists and your physician. HCR may discuss and recommend community services and benefits that would be of interest to you. Resources we may recommend include EISEP (Expanded In-Home Services for the Elderly Program), alternate Long Term Care programs, programs that assist with housing and financial issues, and Social Service programs.

- **To Obtain Payment:** We may use/disclose your PHI in order to bill and collect payment for your health care services. For example, we may release portions of your PHI to Medicare, a government insurer, to be paid for services that we delivered to you. For example, we may discuss your Medicaid eligibility status with the Department of Social Services. We may talk with Preferred Care to obtain payment approvals for the care you receive.
- **For Health Care Operations:** We may use/disclose your PHI in the course of operating our Home Care Agency. For example, we may use your PHI in evaluating the quality of services provided. Another example would include disclosure to HCR's Professional Advisory Council that helps guide and direct HCR's business operations.
- **To You or Your Representative:** Unless you provide us with alternative instructions, we may call you or your designee with home visit reminders. In addition, we may send HCR materials to your home. For example, you may receive a customer satisfaction survey in the mail.
- **To Family and Friends:** If you consent, or are unable to consent during an emergency, we may disclose PHI to someone in your family, a friend or other person, if disclosure would be in your best interest. In an emergency, HCR will only disclose the minimum necessary information.
- **To HCR's Business Associates:** A Business Associate is an organization or person who assists HCR in managing its business. The Business Associate signs an agreement with us, limiting their use and disclosure of PHI.
- **To Plan Sponsors:** HCR may disclose PHI to your private insurance company, in order to coordinate your treatment.
- **Research:** HCR may use PHI in limited circumstances only. An example would be that HCR looks at clinical outcomes of our patients with a particular problem, in order to improve our services to individuals with that problem.
- **Coroners, Medical Examiners and Funeral Directors:** We may disclose PHI to identify a deceased patient, or to assist in determining the cause of death. We may disclose PHI, so that funeral directors can manage funeral arrangements.
- **Tissue/Organ Donation:** If you have indicated that you wish to donate your tissue/organs, we may disclose PHI to agencies to facilitate their work. This may include living and deceased donors.
- **Public Health and Safety:** HCR may disclose PHI to prevent a serious threat to the health and safety of you and others. We may disclose PHI to a government agency, which oversees our health care operations, or to government programs or public health organizations to protect public health.
- **Victims of Abuse, Neglect or Domestic Violence:** If HCR feels that there is a reasonable probability that you are a victim of abuse, neglect or domestic violence, we may disclose PHI to appropriate authorities.
- **Required by Law:** We may use or disclose PHI when the law requires it of us. We would disclose PHI in response to a court or administrative order or other legal process. We may also

disclose PHI to law enforcement authorities under limited conditions, such as an investigation. HCR would only disclose the minimum PHI in these circumstances.

- **Military and National Security:** We may disclose PHI to authorized officials under specific limited conditions.

Your Rights Regarding Your Protected Health Information:

- **To request restrictions on uses/disclosures:** You have the right to ask that we abide by your request of how we use or disclose your PHI. We will consider your request, but are not legally bound to agree to the restriction. To the extent that we agree to any restrictions on our use/disclosure of your PHI, we will put the agreement in writing and abide by it except in emergency situations. We cannot agree to limit uses/disclosures that are required by law.
- **To choose how we contact you:** You have the right to ask that HCR send you information at an alternative address or by an alternative means. We will honor your request as long as it is reasonably easy for us to do so.
- **To inspect and copy your PHI:** Unless your access is restricted for clear and documented treatment reasons, you have a right to see your protected health information if you put your request in writing. We will respond to your request within 30 days. If we deny your access, we will give you written reasons for the denial and explain any right to have the denial reviewed. If you want copies of your PHI, a charge for copying may be imposed, but could be waived, depending on your circumstances. You have a right to choose what portions of your information you want copied and to have prior information on the cost of copying.
- **To request amendment of your PHI:** If you believe that there is a mistake or missing information in our record of your PHI, you may request, in writing, that we correct or add to the record. We will respond within 60 days of receiving your request. We may deny the request if we determine that the PHI is: correct and complete; not created by us and/or not part of our records; or not permitted to be disclosed. Any denial will state the reasons for denial and explain your rights to have the request and denial, along with any statement in response that you provide, appended to your PHI. If we approve your request for amendment, we will change the PHI and inform you, and tell others that need to know about the change in the PHI.
- **To find out what disclosures have been made:** You have a right to get a list of when, to whom, for what purpose, and what content of your PHI has been released other than instances of disclosure for which you gave consent. The list will also not include disclosures made for those allowed under the law such as treatment, payment, or operations. The list also will not include any disclosures made for national security purposes, to law enforcement officials or correctional facilities, or before April 14, 2003. We will respond to your written request for such a list within 60 days of receiving it. Your request can relate to disclosures going as far back as six years. There will be no charge for up to one such list each year. There may be a charge for more frequent requests.
- **To receive this notice:** You have a right to receive a paper copy of this Notice and/or an electronic copy by email upon request.

HCR's Plan to Protect Your Privacy:

- All employees sign a confidentiality statement.
- All employees have been educated about the need to assure privacy.
- HCR has a policy manual specifically devoted to privacy and security of protected information.
- We have a committee, which monitors all aspects of privacy within HCR.
- We have designated privacy and security officers who assure HCR's ongoing commitment to protection of PHI. This includes ongoing tests and checks of our plan.
- All of our computer systems have security protection

Contact Person for Information, or to Submit a Complaint:

If you have questions about this Notice or any complaints about our privacy practices, please contact:

Laura Martini, RN, BSN
Director of Compliance
HCR Home Care
85 Metro Park
Rochester, NY 14623
Phone: 585-295-6482
Email: LMARTINI@HCRhealth.com
Website: www.HCRhealth.com

If you think we may have violated your privacy rights, or you disagree with a decision we made about access to your PHI, you may file a complaint with the person listed below. All complaints must be submitted in writing.

Office for Civil Rights
U.S. Department of Health and Human Services
26 Federal Plaza – Suite 3313
New York, NY 10278
(212) 264-3313
(212) 264-3039 (Fax)
(212) 264-2355 (TDD)

We support your right to protect your PHI. We will take no retaliatory action against you if you make such complaints.