

## SERVE LINK HOME CARE 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.**

### **INTRODUCTION TO PRIVACY NOTICE AND PROTECTED HEALTH INFORMATION**

Serve Link Home Care, Inc. may use your health information, information that constitutes protected health information as defined in the Privacy Rule of the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996, for purposes of providing you treatment, obtaining payment for your care and conducting health care operations. Protected health information is health information that identifies you or for which there is a reasonable basis to believe the information can be used to identify you. Serve Link has established policies to guard against unnecessary disclosure of your health information.

Serve Link Home Care, Inc. reserves the right to change the Privacy Notice at any time. Any change in the terms of this Notice will be effective for all health information we are maintaining at that time. If any change is made to this Notice, Serve Link will provide you with a written revised notice as soon as practical by mail or hand delivery.

### **PERMITTED USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION:**

**To Provide Treatment.** Serve Link Home Care (also referred to as “Serve Link” or the “Agency”) may use your health information to coordinate care within the Agency and with others involved in your care, such as your attending physician and other health care professionals who have agreed to assist the Agency in coordinating care. For example, physicians involved in your care will need information about your symptoms in order to prescribe appropriate medications. We may also may disclose your health care information to individuals outside of the Agency involved in your care including family members, pharmacists, suppliers of medical equipment or other health care professionals. Serve Link Home Care uses professional staff including nursing and therapy staff for the provision of treatment through sub-contracts with various local county health departments and other health care organizations and may disclose your health care information to those related parties in order to provide treatment.

**To Obtain Payment.** We may include your health information in invoices to collect payment from third parties for the care you receive from the Agency. For example, we may be required by your health insurer to provide information regarding your health care status so that the insurer (or government programs such as Medicare and Medicaid) will reimburse you or the Agency. We also may need to obtain prior approval from your insurer and may need to explain to the insurer your need for home care and the services that will be provided to you.

**To Conduct Health Care Operations.** Serve Link Home Care may use and disclose health information for its own operations in order to facilitate the function of the Agency and as necessary to provide quality care to all of the Agency ‘s patients. Health care operations includes such activities as:

- Quality assessment and improvement activities.
- Activities designed to improve health or reduce health care costs.
- Protocol development, case management and care coordination.
- Contacting health care providers and patients with information about treatment alternatives and other related functions that do not include treatment.
- Professional review and performance evaluation.
- Training programs including those in which students, trainees or practitioners in health care learn under supervision.
- Training of non-health care professionals.
- Accreditation, certification, licensing or credentialing activities.
- Review and auditing, including compliance reviews, medical reviews, legal services and compliance programs.
- Business planning and development including cost management and planning related analyses and formulary development.
- Business management and general administrative activities of the Agency.
- Fundraising for the benefit of the Agency.

For example we may use your health information to evaluate staff performance, combine your health information with other patients in evaluating how to more effectively serve all Agency patients, disclose your health information to Agency staff and contracted personnel for training purposes, use your health information to contact you as a reminder regarding a visit to you, or contact you as part of general fundraising and community

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information mailings (unless you tell us you do not want to be contacted).

**For Fundraising Activities.** We may use information about you including your name, address, phone number and the dates you received care in order to contact you to raise money for the Agency. We may also release this information to a related Agency foundation. If you do not want us to contact you, notify Serve Link's Executive Director at 660-359-4218 and indicate that you do not wish to be contacted.

**For Appointment Reminders.** We may use and disclose your health information to contact you as a reminder that you have an appointment for a home visit. Unless you specify otherwise in writing, we may contact you by either telephone or by mail at either your home or your workplace. At either location, we may leave messages for you on the answering machine or voice mail.

**For Aide Scheduling:** We may include information such as your name, your address (including directions to the home), your physician, your diagnosis, your care plan authorization, funding source and scheduled tasks on a patient authorization report and patient profile paper forms used to inform aide staff for treatment purposes.

**For Treatment Alternatives.** We may use and disclose your health information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

**For Emergency Treatment.** In emergency treatment situations, we may treat you as long as Serve Link attempts to obtain consent as soon as practicable after treatment. In certain situations in which we are required by law to provide treatment, we may treat without consent. We may disclose information to emergency medical personnel if we encounter an emergency treatment situation.

### **SUMMARY OF THE SPECIAL CIRCUMSTANCES WHERE YOUR HEALTH INFORMATION MAY ALSO BE USED AND DISCLOSED.**

**When Legally Required.** We will disclose your health information when required to do so by any Federal, State or local law.

**When There Are Risks to Public Health.** We may disclose your health information for public activities and purposes in order to:

- Prevent or control disease, injury or disability, report disease, injury, vital events such as birth or death and the conduct of public health surveillance, investigations and interventions.
- Report adverse events, product defects, to track products or enable product recalls, repairs and replacements and to conduct post-marketing surveillance and compliance with requirements of the Food and Drug Administration.
- Notify a person who has been exposed to a communicable disease or who may be at risk of contracting or spreading a disease.
- Notify an employer about an individual who is a member of the workforce as legally required.

**To Report Abuse, Neglect Or Domestic Violence.** We are allowed to notify government authorities if the Agency believes a patient is the victim of abuse, neglect or domestic violence. The Agency will make this disclosure only when specifically required or authorized by law or when the patient agrees to the disclosure.

**To Conduct Health Oversight Activities.** We may disclose your health information to a health oversight agency for activities including audits, civil administrative or criminal investigations, inspections, licensure or disciplinary action. The Agency, however, may not disclose your health information if you are the subject of an investigation and your health information is not directly related to your receipt of health care or public benefits.

**In Connection With Judicial And Administrative Proceedings.** We may disclose your health information in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal as expressly authorized by such order or in response to a subpoena, discovery request or other lawful process, but only when the Agency makes reasonable efforts to either notify you about the request or to obtain an order protecting your health information

**For Law Enforcement Purposes.** As permitted or required by State law, the Agency may disclose your health information to a law enforcement official for certain law enforcement purposes as follows:

- As required by law for reporting of certain types of wounds or other physical injuries pursuant to the court order, warrant, subpoena or summons or similar process.
- For the purpose of identifying or locating a suspect, fugitive, material witness or missing person.
- Under certain limited circumstances, when you are the victim of a crime.
- To a law enforcement official if the Agency has a suspicion that your death was the result of criminal conduct including criminal conduct at the Agency.
- In an emergency in order to report a crime.

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**To Coroners And Medical Examiners.** The Agency may disclose your health information to coroners and medical examiners for purposes of determining your cause of death or for other duties, as authorized by law.

**To Funeral Directors.** We may disclose your health information to funeral directors consistent with applicable law and if necessary, to carry out their duties with respect to your funeral arrangements.

**For Research Purposes.** The Agency may, under very select circumstances, use your health information for research. Before the Agency discloses any of your health information for such research purposes, the project will be subject to an extensive approval process.

**In the Event of A Serious Threat To Health Or Safety.** We may, consistent with applicable law and ethical standards of conduct, disclose your health information if the Agency, in good faith, believes that such disclosure is necessary to prevent or lessen a serious and imminent threat to your health or safety or to the health and safety of the public.

**For Specified Government Functions.** In certain circumstances, Federal regulations authorize us to use or disclose your health information to facilitate specified government functions relating to military and veterans, national security and intelligence activities, protective services for the President and others, medical suitability determinations and inmates and law enforcement custody.

**For Worker's Compensation.** We may release your health information for worker's compensation or similar programs.

### **AUTHORIZATION TO USE OR DISCLOSE HEALTH INFORMATION**

Other than is stated above, the Agency will not disclose your health information other than with your written authorization. If you or your representative authorizes the Agency to use or disclose your health information, you may revoke that authorization in writing at any time.

### **YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION**

You have the following rights regarding your health information that Serve Link Home Care maintains. All following requests must be in writing. You may request the necessary forms by phone. All Serve Link Home Care office staff are trained on your health information rights and can assist you in your requests for your health information. The Executive Director is designated as Serve Link's Privacy Official:

- **Right to request restrictions.** You may request restrictions on certain uses and disclosures of your health information. You have the right to request a limit on the Agency's disclosure of your health information to someone who is involved in your care or the payment of your care. However, the Agency is not required to agree to your request. If you wish to make a request for restrictions, please contact the ***Executive Director at 660-359-4218 or P.O. Box 308, Trenton, MO 64683.***
- **Right to receive confidential communications.** You have the right to request that the Agency communicate with you in a certain way. For example, you may ask that the Agency only conduct communications pertaining to your health information with you privately with no other family members present. If you wish to receive confidential communications, please contact ***Executive Director at 660-359-4218.*** The Agency will not request that you provide any reasons for your request and will attempt to honor your reasonable requests for confidential communications.
- **Right to inspect and copy your health information.** You have the right to inspect and copy your health information, including billing records. A request to inspect and copy records containing your health information may be made to ***Executive Director at 660-359-4218.*** If you request a copy of your health information, the Agency may charge a reasonable fee for copying and assembling costs associated with your request.
- **Right to amend health care information.** You or your representative have the right to request that the Agency amend your records, if you believe that your health information is incorrect or incomplete. That request may be made as long as the information is maintained by the Agency. A request for an amendment of records must be made in writing to ***Executive Director at Serve Link, P.O. Box 308, Trenton, MO 64683.*** The Agency may deny the request if it is not in writing or does not include a reason for the amendment. The request also may be denied if your health information records were not created by the Agency, if the records you are requesting are not part of the Agency's records, if the health information you wish to amend is not part of the health information you or your representative are permitted to inspect and copy, or if, in the opinion of the Agency, the records containing your health information are accurate and complete.

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- **Right to an accounting.** You or your representative have the right to request an accounting of disclosures of your health information made by the Agency for certain reasons, including reasons related to public purposes authorized by law and certain research. The request for an accounting must be made in writing to ***Executive Director, Serve Link, P.O. Box 308, Trenton, MO 64683.*** The request should specify the time period for the accounting starting on or after April 14, 2003. Accounting requests may not be made for periods of time in excess of six (6) years. The Agency would provide the first accounting you request during any 12-month period without charge. Subsequent accounting requests may be subject to a reasonable cost-based fee.
- **Right to a paper copy of this notice.** You or your representative have a right to a separate paper copy of this Notice at any time even if you or your representative have received this Notice previously. To obtain a separate paper copy, please contact ***Executive Director, 660-359-4218.*** The patient or a patient's representative may also obtain a copy of the current version of the Agency's Notice of Privacy Practices at its website, [www.servelinkhomecare.com](http://www.servelinkhomecare.com)

### **DUTIES OF THE AGENCY**

The Agency is required by law to maintain the privacy of your health information and to provide to you and your representative this Notice of its duties and privacy practices. The Agency is required to abide by the terms of this Notice as may be amended from time to time. The Agency reserves the right to change the terms of its Notice and to make the new Notice provisions effective for all health information that it maintains. If the Agency changes its Notice, the Agency will provide a copy of the revised Notice to you or your appointed representative. You or your personal representative have the right to express complaints to the Agency and to the Secretary of DHHS if you or your representative believe that your privacy rights have been violated. Any complaints to the Agency should be made in writing to ***Executive Director, 1510 E. 9<sup>th</sup> St., P.O. Box 308, Trenton, MO 64683.*** The Agency encourages you to express any concerns you may have regarding the privacy of your information. You will not be retaliated against in any way for filing a complaint.

### **CONTACT PERSON**

The Agency has designated the Executive Director as its contact person for all issues regarding patient privacy and your rights under the Federal privacy standards. You may contact this person at **Serve Link Home Care, 1510 E. 9<sup>th</sup> St., P.O. Box 308, Trenton, MO 64683, 660-359-4218.** You have the right to complain to the United States Secretary of Health and Human Services if you believe your privacy rights have been violated by us. To contact the Secretary write: Office for Civil Rights, U.S. Department of Health and Human Services, 200 Independence Avenue SW, Washington, D.C. 20201

### **EFFECTIVE DATE**

This Notice is effective April 14, 2003.

### **IF YOU HAVE ANY QUESTIONS REGARDING THIS NOTICE, PLEASE CONTACT:**

**Serve Link Home Care  
Executive Director  
1510 E. 9<sup>th</sup> St., P.O. Box 308  
Trenton, MO 64683  
Phone: 660-359-4218.**