

NORTH IDAHO HOME HEALTH

NOTICE OF PRIVACY PRACTICES

**This notice describes how information about you may be used and disclosed and how you can get access to this information.
Please review it carefully.**

This **Notice of Privacy Practices** identifies the general ways your protected health information can be used or disclosed. Protected health information is the individually identifiable personal health information found in your medical and billing records. This information is created or received by a health care provider, insurance company or employer and relates to your past, present, or future physical or mental health conditions. This information can be transmitted or maintained in any form by North Idaho Home Health.

This notice describes your legal rights regarding your health information. It also informs you of the legal duties and privacy practices of North Idaho Home Health. If you receive services by your physician or a health care provider at a different location there may be a different health information privacy policies or notices, and there will be different contact information.

For the purpose of this Notice, the terms “North Idaho Home Health”, NIHH,” “we,” and “our” refers to North Idaho Home Health of Coeur d’Alene, Idaho.

OUR LEGAL DUTIES

We are required, by law, to keep your identifiable health information private; provide you with this Notice of our legal duties and privacy practices with respect to your health information; and follow the terms of the Notice as long as it is in effect. If we revise this Notice, we will follow the terms of the revised Notice, as long as it is in effect.

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

The following information describes how we are permitted, or required by law, to use and disclose your health information. Not every use or disclose in a category will be listed.

Treatment: We may use or disclose your medical information to a physician or other health care provider in order to provide care and treatment to you. For example, if you are a diabetic, the home health care team may need to discuss your lab results with your physician. Different disciplines of NIHH also may share information about you in order to coordinate the different services you receive, such as medication and therapy. We may also disclose medical information about you to those who may be involved in your medical care outside of NIHH, such as physicians who provide you with follow-up care and medical equipment or products suppliers. We may contact you to provide visit reminders and to provide you with information about health –related benefits and services at NIHH, or treatment alternatives that may be of interest to you.

Payment: We may use or disclose your medical information to obtain payment for services we provide to you. We may disclose your medical information to another health care provider or entity. For example, NIHH may need to provide your health plan with information about therapy you received so your health plan will pay NIHH or reimburse you for the therapy. NIHH also will tell your health plan about a treatment you are going to receive, to obtain the health plan’s prior approval for this treatment or to determine whether your plan will cover the treatment.

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Health Care Operations: We may use or disclose health information about you for the health care operations of NIHH. Health care operations include: quality and service improvement; review of health care delivery; evaluation of staff performance; competence or qualification review of health care professionals; staff education and training; and business planning and development, business management and general administrative activities.

Authorization for Other Disclosures: We will not use or disclose your health information except as described in this document, unless you authorize us, in writing, to do so. You can revoke an authorization; we will no longer use or disclose your health information for the purpose covered by the authorization. However, we are unable to take back any uses or disclosures already made with your authorization.

Family and Friends: We may use or disclose information to notify or assist in notifying a family member, personal representative, or other person responsible for your care, of your location and general condition. We also will disclose health information to family member, other relative, close personal friend, or any other person you identify, if the information is relevant to that person's involvement with your care or payment for your care. You can prohibit disclosure of this information.

Public Health and Safety: We may use or disclose health information, as authorized or required by local, state or federal law, for the following purposes deemed to be in the public interest or benefit:

- ❑ To report certain diseases and wounds, births and deaths, and suspected cases of abuse, neglect or domestic violence;
- ❑ To help identify, locate, or report criminal suspects, crime victims, suspicious deaths, or criminal conduct on NIHH's premises;
- ❑ To respond to a court order, subpoena, or other judicial process;
- ❑ To assist federal disaster relief efforts'
- ❑ To enable product recalls, repairs, or replacements;
- ❑ To respond to an audit, inspection, or investigation by a health-related government agency;
- ❑ To facilitate organ and tissue donations;
- ❑ To assist coroners, medical examiners, and funeral directors;
- ❑ To respond to a request from your military command authority (if you are a member or veteran of the armed forces);
- ❑ To provide information to a worker' compensation program.

Business Associates: There are some services provided by NIHH through contracts with business associates. When these services are contracted, we will disclose your health information to the business associates so they can perform the job we have asked them to do. However, we require the business associate to protect your information.

YOUR HEALTH INFORMATION RIGHTS

Your medical record is the property of NIHH. You have the following rights, with certain exceptions, regarding the health information that is created about you at NIHH.

You have the right to a paper copy of this Notice. In addition a copy of this Notice may also be obtained at our web site, www.nihhomehealth.com.

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Confidential Communications: You have the right to request that we communicate health information to you by an alternate means or location other than your home address and telephone number. Your request must be made in writing to NIHH's contact person, and must specify how or where you wish to be contacted. We will try to accommodate your request for alternate communications. If you request an alternate means of communication, that request also should be communicated by you to all of your physicians, including your private physician.

Restrictions: You have the right to request that we restrict the use or disclosure of your health information for treatment, payment, or health care operations. While we are not required to agree to your request, if we do agree, your request will be complied with, unless the information is needed to provide emergency treatment to you. Your request must be made in writing to our listed contact person noted on the last page of this document.

Access: you have the right to review and obtain a copy of your health information, with certain exceptions within two (2) working days upon receipt of the written request. Usually, this includes medical and billing records, but does not include psychotherapy notes. Your request to review or obtain a copy of your health information must be in writing to our listed contact person. You will be charged fees for processing, copying, and postage as authorized by Idaho State law.

Amendment: If you feel that the health information we have about you is incorrect or incomplete, you have the right to ask for an amendment of that information. You have the right to request an amendment for as long as the information is kept by or for us. Your request for an amendment must be made in writing to our listed contact person, and include a reason that supports your request.

Accounting of Disclosures: You have the right to request a list of disclosures that we have made of your health information, except for disclosures made for treatment, payment or health care operations, those authorized by you, and certain other disclosures. Your request must be in writing to our listed contact person, and must state a time period for which you want an accounting. The time period may not be longer than three years, and may not include dates before April 14, 2003. The first accounting you request within a twelve-month period will be free. A fee will be charged for additional lists within the same time period.

Revisions of this Notice: We reserve the right to change this Notice, and the right to make the new provisions effective for all health information we currently maintain, as well as any information we receive in the future. If we make a major change to this Notice, the revised Notice will be posted at NIHH and on our web site. In addition, a paper copy of the revised Notice will be available upon request.

To Report a Complaint: If you believe your health information privacy rights have been violated, you can file a complaint with us or with the Secretary of United State Department of Human Services There will not be any penalty or retaliation against you for making a complaint to us or to the Department of Health and Human Services.

Contact Information: If you have any questions or need information regarding our legal duties and privacy practices, or how to exercise any of your health information rights listed in this Notice, please contact:

John Beebe, Privacy Officer
North Idaho Home Health
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