

# 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.

THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US.

ANGELS ON CALL understands that your medical information is private and confidential. We are required by law to maintain the privacy of “protected health information”. This includes any identifiable information that we obtain from you or others that relate to your past, present or future physical or mental health, and the healthcare you have received or payment of your health care. As required by law, this notice provides you with information about your rights and our information. Angels on Call reserves the right to change the terms of this notice and to make revised notice effective for all protected health information we maintain. One can request a written copy of our most current privacy notice or ask any questions concerning this policy, directed to the administration or the privacy officer of Angels on Call, Pam Fitzpatrick.

**HOW MAY WE USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION:**

**TREATMENT:** Information about you obtained by a member of this healthcare team will be recorded in your record and will be shared by other members of the healthcare team who are involved in your care and treatment. We may also share information outside Angels on Call with others who are involved in your health care, such as, physicians, consultants, laboratories and insurance companies.

**PAYMENT:** A bill may be sent to you or to an insurer/third party payer. Information on the bill may include diagnosis, treatment, test and attendant supplies in order to obtain prior approval or to determine whether your insurance plan will cover your medical costs.

**REGULAR HEALTH OPERATIONS:** We provide services which are necessary to run our homecare and make sure our clients receive quality care such as using copying services, billing and office management services and the services

of professionals such as our attorneys, accountants, and insurance agents. The names of our contract services are available upon your request.

**SCHEDULE:** We will contact you pertaining to your schedule. The scheduling coordinator will call you to schedule our staff to meet your needs.

**HEALTH – RELATED BENEFITS AND SERVICES:** To inform you about services that may interest you.

**PUBLIC – HEALTH AND SAFETY:** To prevent the threat to your health and safety and the safety of the public or another person, including releasing information to the FDA concerning food and product recalls, controlling disease, injury or disability.

**HEALTH CARE AND PAYMENT:** Information will be released to family members or friends who are involved in your care.

**MILITARY VETERANS:** If you are a member of the armed forces, information could be released to authorities.

**WORKMAN’S COMPENSATION:** Protected health information may be released upon request to facilitate benefits.

**HEALTH OVERSIGHT AGENCIES:** As required by law, information may be released for audits, investigations, inspections and licensure or if you are involved in a lawsuit or dispute to honor subpoena discovery request of other lawful processes.

**LAW ENFORCEMENT:** We are obligated to release information in response to court orders, subpoenas, warrants, and summons and to report certain types of wounds or other physical injuries in order to identify or locate suspect, fugitive, material witness or missing person.

CORONERS, MEDICAL EXAMINERS, and FUNERAL DIRECTORS, as well as NATIONAL SECURITY and INTELLIGENCE ACTIVITIES.

**YOUR HEALTH INFORMATION RIGHTS:** Your medical record is the physical property of Angels on Call. You do have the right to:

- Review the Privacy Notice, authorize uses and disclosures of health information for purposes other than treatment, payment and health operations.

- Opt-out of disclosures to family members who may be assisting with your care. Request restrictions on disclosures. Received confidential information. Obtain written copies of this notice, inspect and copy your own information. Appeal and amend the information. Obtain accounting of disclosures. Request communication of health information by alternative means or locations.
- Revoke your authorization to use and disclose information. File a complaint with this office or the Department of Health and Human Services if you believe your rights have been violated. A complaint can also be filed with Angels on Call. Please request such form from Angels on Call administration.

**ANGELS ON CALL RESPONSIBILITIES:** Maintain the privacy of your health information. Provide a notice regarding our legal duties and practices and abide by the terms of this notice. Notify you if we are unable to agree to a requested restriction.

Reserve the right to change our practices and to make the new provisions. Should our information practices change, you have the right to request from us and obtain a revised notice.

Effective Date: 08-02-11