

## Notice of Privacy Practices

Effective April 14, 2003

This notice describes how medical information about you may be disclosed and used and how you can get access to this information.

### **Your Private Health Information (PHI):**

Each time you have contact with a healthcare provider at AIR Care, PA for delivery of healthcare a record of your contact/visit is prepared. This record, maintained in written, oral or electronic format, contains presenting signs/symptoms, results of examinations and tests, diagnoses, treatment and future care. Your medical record is the physical property of AIR Care, PA, but you have certain rights to restrict some of the uses or disclosures of the information contained in your medical record in the process of providing treatment, receiving payment and performing other regular healthcare operations such as:

- Documenting and describing the care you received for legal purposes
- Communicating with other healthcare providers who may be involved in your care
- Educating healthcare professionals
- Medical research
- Providing information for government and public health entities responsible for improving public health and welfare.
- Evaluating and improving the care you receive and the outcomes achieved
- Billing and verification of services provided to you
- Conducting other routine healthcare operations such as quality improvement studies and assessing healthcare provider competence

Protecting your privacy and maintaining the security of your health information is one of the most important responsibilities of AIR Care, PA. This office is required by law to maintain privacy and confidentiality of your health information, provide you with this Notice of Privacy Practices, notify you of your rights to restrict use of this information, notify you if AIR Care, PA is unable to agree to a requested restriction and allow you to review the Notice of Privacy Practices prior to granting consent and notifying you of changes/revisions to this Notice.

### **Our Uses and Disclosures of your PHI:**

#### *Health Delivery and Treatment:*

Information obtained from you by a physician, nurse or other healthcare professional is documented in your record and used for the assessment, evaluation, diagnosis and treatment of your medical condition. This information is provided to other healthcare professionals, such as other physicians, specialists, physical therapists, hospital based providers and/or other healthcare providers following your treatment by AIR Care, PA.

## Notice of Privacy Practices

### *Billing and Payment:*

Your PHI is utilized to justify the level of care delivered to you and the charges incurred for the services. This information generally accompanies the bill and is sent to our payors and other third party administrators.

### *Other Healthcare Operations:*

AIR Care, PA may disclose your PHI to other individuals and businesses in order for them to perform their day to day operations. These other individuals and businesses include business associates such as vendors and/or contactors used for credentialing and peer review, patient satisfaction surveys, utilization review/ utilization management , billing and claims management, medical research, disease management and quality improvement initiatives, as well as management service organizations, laboratories, free standing diagnostic facilities and legal counsel. AIR Care, PA requires all its business associates to agree to appropriately protect the confidentiality of your PHI.

### *Reminders and Treatment:*

AIR Care, PA may contact you to provide you with information that we feel is useful or helpful to you, based on your PHI. For example, we may contact you (or instruct a specialist to whom you have been referred to contact you) to schedule an appointment or as an appointment reminder, to suggest alternative treatments or to provide you with information on treatments you are already receiving.

### **Other Uses and Disclosures:**

AIR Care, PA may also utilize or disclose your PHI in order to communicate with or notify family members, relatives and others responsible for your health. In addition AIR Care, PA may disclose your PHI through other communications and reports required to be made by healthcare professionals such as the public health department, law enforcement, the Food and Drug Administration (FDA), organ procurement organizations, correctional institutions and workers compensation, where applicable.

Other uses and disclosures of PHI not permitted or required by law will be made only with your written authorization. You may revoke your authorization at any time provided that the revocation is in writing, except to the extent that AIR Care, PA has already taken action in reliance on your prior authorization.

### **Your Rights Concerning PHI:**

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

- **Receive a paper copy of this Notice of Privacy Practices**
  - Even if you agreed to receive it electronically.
- **Request confidential communications of PHI**
  - A request must be submitted to AIR Care, PA.

## Notice of Privacy Practices

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- **Ask us to correct your medical record**
  - You can ask us to correct health information about you that you think is incorrect or incomplete.
  - We may say “no” to your request, but we’ll tell you why in writing within 60 days.
  - AIR Care, PA is not required to change the information if it deems it to be accurate.
  - A request must be submitted in writing to our Privacy Officer and you must give a reason for your request.
  - Your request to amend and AIR Care’s response will be kept in your medical records.
  - The official medical document will not be changed but the amendment request will be attached to the original document
- **Ask us to limit what we use or share**
  - You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.
  - If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.
- **Get a list of those with whom we’ve shared information**
  - You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
  - We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
- **Choose someone to act for you**
  - If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
  - We will make sure the person has this authority and can act for you before we take any action.
- **Get an electronic or paper copy of your medical record**
  - You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you.
  - We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
- **File a complaint if you feel your rights are violated**
  - You can complain if you feel we have violated your rights by contacting us

## Notice of Privacy Practices

- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
- We will not retaliate against you for filing a complaint.

### **Your Choices concerning PHI**

*For certain health information, you can tell us your choices about what we share.* If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory

*If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

In these cases we never share your information unless you give us written permission

- Marketing purposes
- Sale of your information

### **Our Responsibilities**

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see:

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

### **Changes to the Terms of this Notice**

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.