



## NOTICE OF PRIVACY PRACTICES

**THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

This Privacy Notice describes how the VISITING NURSE ASSOCIATION OF MERCER COUNTY may use or disclose your health information to carry out treatment, payment and health care operations. It also describes your rights to access and control your health information. By “your health information” we mean the information that we maintain that specifically identifies you and your health status. Each time you are visited by our health care staff a record is made of the visit. This record includes, but is not limited to your symptoms, physical examination and assessments, treatments and teaching provided and communications with your physician, other health care workers and community resources involved in your care. By law the VISITING NURSE ASSOCIATION OF MERCER COUNTY is required to provide you with this notice of our practices at this time. We may revise this notice at any time and will provide you with revisions at your request.

### USES OR DISCLOSURES WHICH DO NOT REQUIRE YOUR AUTHORIZATION

#### Treatment, Payment, and Health Care Operations

We use or disclose your health information to carry out your treatment; to obtain payment for your treatment; and to conduct health care operations. For example:

- >> For **treatment**, we use your health information to plan, coordinate, and provide your care. We disclose your health information for treatment purposes to physicians and other health care professionals and community resources outside our agency who are involved in your care.
- >> For **payment**, we use your health information to prepare documentation required by your insurance company or HMO or by Medicare or Medicaid. We disclose that part of your health information that these organizations require to pay us.
- >> For **health care operations**, we use or disclose your health information, for example, to improve the quality of our services, to plan better ways of treating patients, and to evaluate staff performance.

#### **As required or permitted.**

Where we are required or permitted to do so, we may disclose your health information in the following circumstances without your written authorization.

- In health care emergencies
- Federal government investigation, when required by the Secretary of Health and Human Services to investigate or determine our compliance with federal regulation.

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- Federal, state or local law requirements.
- Public health activities, for example to report communicable diseases or death; or for matters involving the Food and Drug Administration.
- Reporting of abuse, neglect or domestic violence.
- Health oversight activities by a health oversight agency. (A health oversight agency is an organization authorized by the government to oversee eligibility and compliance and to enforce civil rights laws.)
- Judicial or administrative proceedings, for example responding to a court order or subpoena.
- Law enforcement purposes, for example to report certain types of wounds or other physical injuries or to identify or locate a suspect, fugitive, material witness, or missing person.
- Use by coroners, medical examiners, or funeral directors.
- Facilitating organ, eye, or tissue donation.
- Research, provided that very strict controls are enforced.
- Averting a serious threat to your health or safety or that of the public.
- Specialized government functions such as military or veterans. affairs; national security, and intelligence activities.
- Workers' compensation.

### **USES OR DISCLOSURES OF YOUR HEALTH INFORMATION TO WHICH YOU MAY OBJECT.**

We may use or disclose your health information for the following purposes, unless you ask us not to.

- Informing family and friends. We may disclose your health information to family, friends, or others identified by you who are involved in your care.
- Assistance in disaster relief efforts.
- For fundraising activities. We may contact you or your family for fundraising purposes. If you do not wish to be contacted for this purpose, please contact Director of Quality Management and indicate that you do not wish to receive fundraising communication from us.
- Confirming our visits to your home or other appointments. We may speak to whoever answers your phone or leave a message on your answering machine.
- Informing you about treatment alternatives or other health-related benefits and services that may be of interest to you.



If you object to our use of your health information for any of these purposes please contact:  
Director of Quality Management

## **USES OR DISCLOSURES WHICH REQUIRE YOUR WRITTEN AUTHORIZATION**

Your written authorization, which you may revoke (in writing) at any time, is required if we use or disclose your health information for any other purpose, in particular:

- Our use of psychotherapy notes beyond treatment, payment, and health care operations.
- Marketing of goods or services to you.

### **Your Rights As A Patient to Privacy Of Your Health Information**

- **Right to Request Restrictions**  
You have the right to request, in writing, restrictions on our uses and disclosures of your health information, however we may refuse to accept the restriction.
- **Right to Request Confidential Communications**  
You have the right to request in writing that we communicate with you confidentially, for example to speak with you only in private; to send mail to an address you designate; or to telephone you at a number you designate. We will make every attempt to honor your request.
- **Right to Request Access to Your Health Information**  
You have the right to request access to your health information in order to inspect or copy it. Your request must be in writing. Charges for copying are \$1.00 per page. We may deny your request and, if so, you may request a review of the denial. However, we will make every attempt to honor your request.
- **Right to Request an Amendment of Your Health Information**  
You have the right to request an amendment to your health information. Your request must be in writing and must provide a reason for the amendment. We may deny your request and, if so, you may submit a statement of disagreement. However, we will make every attempt to honor your request.
- **Right to Request an Accounting of Disclosures of Your Health Information**  
You have the right to request an accounting of our disclosures of your health information for purposes other than treatment, payment, and health care operations. We will make every attempt to honor your request. We are not required to provide an accounting for disclosures before April 14, 2003 or for more than 6 years prior to the date of your request.
- **Right to Obtain a Paper Copy of this Notice**  
If you received this Notice electronically, you have the right to receive a paper copy.

**To exercise any of these rights please write or telephone Director of Quality Management.**



## Our Duties in Protecting Your Health Information

- We are required by law to maintain the privacy of your health information.
- We must inform patients or their legal representatives of our legal duties and privacy practices with respect to health information. This Notice fulfills that duty.
- We must abide by the terms of the Notice currently in effect.
- We reserve the right to change the terms of this Notice and to make the new Notice provisions effective for all health information that we maintain. At any time, you may obtain a copy of the current notice from Director of Quality Management.

## Complaints, Contact Person, Effective Date, and Acknowledgement

If you feel your rights have been violated you may complain to the **Director of Quality Management** at:

VISITING NURSE ASSOCIATION OF MERCER COUNTY  
P.O. BOX 441  
TRENTON, NJ 08603  
(609) 695-3461

- There will be no retaliation for filing a complaint.
  - You may file a complaint with the Secretary of Health and Human Services by writing to:  
SECRETARY OF HEALTH AND HUMAN SERVICES  
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
200 INDEPENDENCE AVENUE, S.W.  
WASHINGTON, D.C. 20201
  - For further information you may write or call Director of Quality Management.
  - This notice is effective April 14, 2003.
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