

NOTICE OF PRIVACY PRACTICES
Visiting Nurse Association of Johnson County
1524 Sycamore Street, Iowa City, Iowa 52240
319-337-9686

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.

Date Effective: November 1, 2018

Protected Health Information. While receiving care from our agency, information regarding your medical history, treatment, and payment for your health care may be originated and/or received by us. Information which can be used to identify you and which relates to your medical care or your payment for medical care is protected by state and federal law. We will call this Protected Health Information “PHI” in the remainder of this notice.

A. By Federal Law You Have Certain Rights Regarding Your PHI:

- Receive notice of our policies and procedures used to protect your PHI. (this notice)
- Request that certain uses and disclosures of your PHI be restricted; *provided, however*, if we may legally release the information without your consent or authorization, we have the right to refuse your request.
- Review and copy your PHI during our normal working hours; *provided, however*, the request must be made in writing, and may be denied in certain limited situations.
- Request that your PHI be amended.
- Obtain an accounting of certain disclosures by us of your PHI for the past six years.
- Revoke any prior authorizations or consents for use or disclosure of PHI, except to the extent that action has already been taken by us based on the prior authorization or consent.
- Request communications of your PHI be done by alternative means or at alternative locations.
- Be notified if there is a data breach involving your PHI.

B. We Have A Legal Duty to Protect Health Information About You

We are required by law to protect the privacy of health information about you and that can be identified with you. We must give you notice of our legal duties and privacy practices concerning PHI.

- We must protect **PHI** that we have created or received about: your past, present or future health condition; health care we provide to you; or payment for your health care.
- We must notify you about how we protect **PHI** about you.
- We must explain how, when and why we use and/or disclose **PHI** about you.
- We may only use and/or disclose **PHI** as we have described in this Notice.

This Notice describes the types of uses and disclosures that we may make and gives you some examples. In addition, we may make other uses and disclosures which occur as a byproduct of the permitted uses and disclosures described in this Notice. The Visiting Nurse Association is required to follow the procedures in the Notice. We reserve the right to change the terms of this Notice and to make new notice provisions effective for all PHI that we maintain by first:

Posting the revised Notice in the VNA office and on the VNA website.

Providing a current Notice upon your request at our office or by phone.

You may request a current copy of the privacy practices at any time by asking your VNA care provider, by calling and requesting a copy, by viewing the current notice posted in the VNA office or by accessing the VNA website-- www.vnaic.org.

C. We May Use and Disclose PHI About You Without Your Authorization in the Following Circumstances:

1. We may use and disclose PHI about you to provide health care treatment to you.

We may use and disclose PHI about you to provide, coordinate or manage your health care and related services. This may include communicating with other health care providers regarding your treatment and coordinating and managing your health care with others. During your care by our agency it may be necessary for various personnel, including, but not limited to nurses, therapists, social workers, dietitians, aides, students, and supervisors to have access to your **PHI** in order to provide you with quality care. We will make every effort to share only enough of your **PHI** to ensure your care is appropriate to your needs, coordinated among VNA staff and caregivers, and documented according to legal standards.

Situations may also arise when it is necessary to disclose your **PHI** to individuals outside our agency who may also be involved in your care.

Examples: it may be necessary for your nurse to report your blood pressure readings to your physician so he can decide if your current medications are effective. Or your nurse may need to provide information to a laboratory for processing of blood specimens or

communicate with your pharmacist about refilling prescriptions. We may need to provide **PHI** in order to obtain medical supplies or equipment for your care. VNA works regularly with University of Iowa Community HomeCare (UICH) and other companies for supply and intravenous therapy management and shares **PHI** to the extent necessary to get the proper equipment and supplies.

2. We may use and disclose PHI about you to obtain payment for services.

Generally, we may use and give your medical information to others to bill and collect payment for the treatment and services we provide to you. Before you receive scheduled services, we may share information about these services with your health plan(s). Sharing information with payers allows us to ask for coverage under your plan or policy and for approval of payment before we provide the services. Our Information System and Billing staff will need access to **PHI** to process service information and prepare accurate and complete billing information. Bills requesting payment will usually include information which identifies you, your diagnosis, and any procedures or supplies used. **PHI** for payment purposes may be transmitted by phone, mail, electronic means or facsimile. VNA does ask for your consent in releasing **PHI** for payment purposes; however, if you refuse to allow this release we will be unable to provide care or will need to bill you fully for any care provided as we will be unable to submit bills to any third party payers.

- You have a right to pay privately for services. If you pay privately for services, you may ask us to withhold information about these services from your health plan.

3. We may use and disclose PHI about you for health care operations.

We may use and disclose **PHI** in performing business activities, which we call “health care operations”. These “health care operations” allow us to improve the quality of care we provide and reduce health care costs. We may also disclose **PHI** for the “health care operations” of any “organized health care arrangement” in which we participate. In addition, we may disclose **PHI** about you for the “health care operations” of other providers involved in your care to improve the quality, efficiency and costs of their care or to evaluate and improve the performance of their providers. Examples of the way we may use or disclose **PHI** about you for “health care operations” include the following:

- Cooperating with outside organizations or health care professionals that assess the quality of the care we and others provide. This might include government agencies or accrediting bodies such as the Accreditation Commission for Health Care, Inc.
- Assessing your satisfaction with home care services. Unless you object, we can release sufficient information to a vendor approved by Medicare to conduct the Home Health Consumer

Assessment of Healthcare Providers and Systems. The vendor is required to protect your privacy, and removes all PHI before submitting the survey results to Medicare.

- Training and Evaluation- Your **PHI** may be used during training for health care providers, students, non-professional assistants. VNA works with health care providers, non-health care assistants, students and other trainees.
- Conducting Business Management and general administrative activities related to the agency and the services it provides.
- Assisting various people who review our activities. **PHI** may be used or divulged as a part of financial consultation, legal consultation or audits or strategic planning completed as part of VNA's operations.
- Resolving grievances within our organization
- Reviewing activities and using or disclosing **PHI** in the event that we sell our business, property or give control of our business or property to someone else.
- Complying with this Notice and with applicable laws.
- We may also evaluate care and trends of our agency and other agencies by comparing selected information from a group of patient records after we remove all identifying information from each record.

4. We may use and disclose PHI under other circumstances without your authorization or an opportunity to agree or object.

We may use and/or disclose **PHI** about you for a number of circumstances in which you do not have to consent, give authorization or otherwise have an opportunity to agree or object. Those circumstances include:

- When the use and/or disclosure is **required by law**. For example, when a disclosure is required by federal, state or local law or other judicial or administrative proceeding.
- When the use and/or disclosure is necessary for **public health activities**. For example, we may disclose **PHI** about you if you have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition.
- When the disclosure relates to **victims of abuse, neglect or domestic violence**.
- When the use and/or disclosure is for **health oversight activities**. For example, we may disclose **PHI** about you to a state or federal health oversight agency which is authorized by law to oversee our operations.
- When the disclosure is for **judicial and administrative proceedings**. For example, we may disclose **PHI** about you in response to an order of a court or administrative tribunal.
- When the disclosure is for **law enforcement purposes**. For example, we may disclose **PHI** about you in order to comply with laws that require the reporting of certain types of wounds or other physical injuries.

- When the use and/or disclosure relates to **decedents**. For example, we may disclose **PHI** about you to a coroner or medical examiner for the purposes of identifying you should you die.
- When the use and/or disclosure relates to **organ, eye or tissue donation purposes**.
- When the use and/or disclosure relates to **medical research**. Under certain circumstances, we may disclose **PHI** about you for medical research.
- When the use and/or disclosure is to **avert a serious threat to health or safety**. For example, we may disclose **PHI** about you to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.
- When the use and/or disclosure relates to **specialized government functions**. For example, we may disclose **PHI** about you if it relates to military and veterans' activities, national security and intelligence activities, protective services for the President, and medical suitability or determinations of the Department of State.
- When the use and/or disclosure relates to **correctional institutions** and in other law enforcement custodial situations. For example, in certain circumstances, we may disclose **PHI** about you to a correctional institution having lawful custody of you.

5. You can object to certain uses and disclosures.

Unless you object, we may use or disclose **PHI** about you in the following circumstances:

- We may share with a family member, relative, friend or other person identified by you, **PHI** directly related to that person's involvement in your care or payment for your care. We may share with a family member, personal representative or other person responsible for your care **PHI** necessary to notify such individuals of your location, general condition or death. It is possible that your **PHI** will inadvertently be disclosed if there are other persons in your home at the time we are providing service.
- We may share with a public or private agency (for example, American Red Cross) **PHI** about you for disaster relief purposes. Even if you object, we may still share the **PHI** about you, if necessary for the emergency circumstances.

If you would like to object to our use or disclosure of **PHI** about you in the above circumstances, please call or write to our contact person listed on the back page of this Notice.

6. We may contact you to provide appointment reminders.

We may use and/ or disclose **PHI** to contact you to provide information regarding a scheduled visit. If you are not available, we will leave a message on your answering machine or with another household member. If our staff make a home visit and you do not answer the door, we may leave a note for you in a sealed envelope.

7. We may contact you with information about treatment, services, products or health care providers.

We may use and/or disclose PHI to manage or coordinate your healthcare or to ask questions we have related to your treatment or billing. This may include telling you about treatments, services, products and/or other healthcare providers. We may also use and/or disclose PHI to give you gifts of a small value.

8. We may contact you for fundraising activities.

We may use and/or disclose PHI about you, including disclosure to a foundation, to contact you to raise money for our facility and its operations. We would only release contact information and the dates you received treatment or services at our facility. If you do not want to be contacted in this way, you must notify in writing our contact person listed on the back page of this Notice.

ANY OTHER USE OR DISCLOSURE OF PHI ABOUT YOU REQUIRES YOUR WRITTEN AUTHORIZATION

Under any circumstances other than those listed above, we will ask for your written authorization before we use or disclose PHI about you. For example, we must have your permission to use PHI in marketing our services. **Note: Iowa law prohibits release of information regarding mental health, AIDS/HIV status or substance abuse without specific authorization.**

If you sign a written authorization allowing us to disclose PHI about you in a specific situation, you can later cancel your authorization by submitting a written revocation to the VNA medical records department. If you cancel your authorization in writing, we will not disclose PHI about you after we receive your cancellation, except for disclosures which were being processed before we received your cancellation.

D. More About Your Rights Regarding PHI

1. You have the right to request restrictions on uses and disclosures of PHI about you

You have the right to request that we restrict the use and disclosure of PHI about you. We are not required to agree to your requested restrictions. However, even if we agree to your request, in certain situations your restrictions may not be followed. These situations include emergency treatment, disclosures to the Secretary of the Department of Health and Human Services, and uses and disclosures described in subsection C.4 of the previous section of this Notice. You may request a restriction by submitting a written request detailing the desired restriction to the VNA Privacy Officer.

2. You have the right to request different ways to communicate with you.

You have the right to request how and where we contact you about **PHI**. For example, you may request that we contact you at your work address or phone number or by email. We must accommodate reasonable requests, but, when appropriate, may condition that accommodation on your providing us with information regarding how payment, if any, will be handled and your specification of an alternative address or other method of contact. You may request alternative communications by submitting a written request detailing the contact modifications desired to the VNA Privacy Officer.

3. You have the right to see and copy PHI about you.

You have the right to request to see and receive a copy of **PHI** contained in clinical, billing and other records used to make decisions about you. We may charge you related fees. Instead of providing you with a full copy of the **PHI**, we may give you a summary or explanation of the **PHI** about you, if you agree in advance to the form and cost of the summary or explanation. There are certain situations in which we are not required to comply with your request. Under these circumstances, we will respond to you in writing, stating why we will not grant your request and describing any rights you may have to request a review of our denial. You may access your **PHI** by submitting a written request to the VNA medical records department. A specific appointment is required.

4. You have the right to request amendment of PHI about you.

You have the right to request that we make amendments to clinical, billing and other records used to make decisions about you. Your request must be in writing and must explain your reason(s) for the amendment. We may deny your request if: 1) the information was not created by us (unless you prove the creator of the information is no longer available to amend the record); 2) the information is not part of the records used to make decisions about you; 3) we believe the information is correct and complete; or 4) you would not have the right to see and copy the record as described in paragraph 2 above. We will tell you in writing the reasons for the denial and describe your rights to give us a written statement disagreeing with the denial. If we accept your request to amend the information, we will make reasonable efforts to inform others of the amendment, including persons you name who have received **PHI** about you and who need the amendment. You may request an amendment of **PHI** about you by submitting the written request with the information above to the VNA medical records department.

5. You have the right to a listing of disclosures we have made.

You have the right to receive a written list of certain of our disclosures of **PHI** about you. You may ask for disclosures made up to six (6) years before your request (not including disclosures made prior to April 14, 2003). We are required to provide a listing of all disclosures except the following:

- For your treatment
- For billing and collection of payment for your treatment

- For health care operations
- Made to or requested by you, or that you authorized
- Occurring as a byproduct of permitted uses and disclosures
- Made to individuals involved in your care, for directory or notification purposes, or for other purposes described in subsection C.5 above
- Allowed by law when the use and/or disclosure relates to certain specialized government functions or relates to correctional institutions and in other law enforcement custodial situations (please see subsection C.4 above) and
- As part of a limited set of information which does not contain certain information which would identify you

The list will include the date of the disclosure, the name (and address, if available) of the person or organization receiving the information, a brief description of the information disclosed, and the purpose of the disclosure. If, under permitted circumstances, PHI about you has been disclosed for certain types of research projects, the list may include different types of information.

If you request a list of disclosures more than once in 12 months, we can charge you a reasonable fee. You may request a listing of disclosures by submitting a written request to the VNA Privacy Officer.

6. You have the right to a copy of this Notice.

You have the right to request a paper copy of this Notice at any time by contacting VNA office and asking the operator to mail a copy to you. We will provide a copy of this Notice no later than the date you first receive service from us (except for emergency services, and then we will provide the Notice to you as soon as possible).

E. You May File a Complaint about VNA Privacy Practices

If you have a complaint about the Visiting Nurse Association Privacy Practices or if you believe we have violated your privacy rights, you can contact the VNA Privacy Officer listed at the end of this notice.

Complaints may also be submitted in writing to the United States Secretary of the Department of Health and Human Services.

The Visiting Nurse Association will not take any action against you or change our treatment of you if you file a complaint.

F. Other Information

1. ***Employee and Business Identification.*** All VNA employees are required to wear company name tags with an identifying photograph. Please look for this identification prior to divulging information or accepting care. Contact the VNA office at 319-337-9686 if you are unsure of the identification, purpose, or current working status of anyone who states they are from VNA. Mailings from VNA may be identified by our name, address, and/ or company logo.

- 2. *More about our Safeguards.*** The Visiting Nurse Association has instituted specific procedures for protecting your information. We have instructed our staff who make home visits to carry any written documents securely, and to protect information regarding you from disclosure to other patients or persons not involved in your care. We expect staff to use care in phone conversations so that information about you is not overheard by persons not involved in your care.

The VNA staff will try to respect your wishes about privacy during your home visits. If you have family, a caregiver, or visitors present when VNA staff is providing care, please inform us if you wish to move to a private area for the visit.

Many of the VNA field staff use computers for documentation. Use of computers allows us to have greater access to your medical information when we need it, but also allows us to better protect the information. Each employee has unique passwords, has been instructed to keep computer screens locked when not in use and in protecting laptops at all times. VNA has safeguards in place to protect your information during data synchronization. Staff in the office also use computers for much of their work. Again, each staff member has unique passwords; office employees only have access to the parts of your medical information that is required for them to perform their job efficiently.

VNA has a specific locked storage area for clinical charts. Visitors to the VNA office do not have access to billing, computer or record storage areas. VNA will take reasonable care to verify the identity of persons who request your medical information for treatment, payment or operations and to ensure information we mail or fax is sent to the appropriate person/agency. We take our responsibility to safeguard your **PHI** very seriously.

VNA Privacy Officer- Aaron Burmeister (319-688-4211)

If you have questions and the Privacy Officer isn't available, ask to talk with a supervisor.

Updated 4/24