

<b>Notice of Privacy Practices</b>	<b>CS.05.03</b>
Applicability: Home Care, Hospice, Personal Care & Support, Family Services	Effective: 2/2/15
Approval: Bridget Caniglia	Reviewed: 11/22/17

**POLICY:**

VNA will provide patients and others with a clear description of its information practices by maintaining, distributing and posting a Notice of Privacy Practices in accordance with this policy.

VNA will obtain written acknowledgment of receipt of its Notice or document its efforts to do so.

If VNA participates in an organized health care arrangement (“OHCA”), VNA will provide the Joint Notice of Privacy Practices and obtain the written consent on behalf of the OHCA participants.

***DEFINITIONS***

***Acknowledgment*** means written (whether paper or electronic) documentation that the patient has received the Notice.

***Notice of Privacy Practices*** or ***Notice*** means a plain language notice of the uses and disclosures that VNA makes of the patient’s protected health information, the patient’s rights and our legal duties with respect to such protected health information.

Organized health care arrangements means an arrangement among VNA and Members of the Medical Staff to follow certain common information practices with respect to inpatient and outpatient hospital encounters at VNA. The OHCA does not encompass the private office practice of participating practitioners or their information practices from other care settings.

***Patient*** means the individual whose information is protected or the individual who has been granted rights over such information under HIPAA or State law. The term includes personal representatives entitled to make health care decisions on behalf of the patient.

***Privacy Rule*** means the provisions of HIPAA dealing with privacy of protected health information.

***Protected health information*** means information that relates to the past, present or future physical or mental health, health care or condition of an individual or payment for health care, including identifying demographic information, which identifies an individual, regardless of whether the information is gathered, stored or transmitted in written, electronic, video or even oral form.

## PROCEDURE:

1. **Notice.** VNA will adopt and follow a written Notice of Privacy Practices meeting the requirements of the Privacy Rule. The description of information practices, VNA's responsibilities and patient rights contained in the Notice will govern VNA's conduct until the Notice is properly revised and the revised Notice is properly posted and made available to the patient upon request. The notice will be available in the following languages: English and Spanish.

VNA implements the Privacy Rule's provisions by providing a Notice of Privacy Practice within the VNA Admission Booklet.

2. **Posting and Distribution.** VNA will post and distribute its Notice as follows:
  - A. VNA will post the Notice in a clear and prominent location at service sites where it is reasonable to expect individuals seeking services to be able to read the Notice. The Privacy Officer will approve all posting locations.
  - B. If VNA maintains a website that provides information about its customer services or benefits, it will prominently post its Notice on the website and make the Notice available electronically through the website.
  - C. VNA will maintain a supply of its current Notice at each service delivery site identified above and furnish copies of the Notice to patients and members of the public upon request.
  - D. VNA will distribute the Notice to the patient at the time of the first service encounter on or after April 14, 2003. VNA is not required to distribute additional copies (other than upon request) of its Notice at subsequent encounters if VNA has already distributed a copy of its current Notice at an earlier encounter, and can determine from its records that it has done so.
  - E. If VNA is unable to distribute its Notice to patients at a service encounter because of an emergency, it will distribute the Notice as soon as is reasonably practical thereafter or document the circumstances making it unable to do so.
  - F. If VNA's first service delivery to an individual is delivered electronically, VNA will provide an electronic version of the Notice automatically and contemporaneously in response to the individual's first request for service and thereafter in writing if the individual requests a written copy. If VNA knows that an e-mail transmission of its Notice has failed, VNA will provide a written copy of the Notice to the individual.
  - G. If VNA revises its Notice, it will substitute the revised Notice in all of its postings and in all supplies made available at service delivery sites. VNA will provide the updated notice to *new* patients at the time of the first service encounter. Upon request, existing or former patients will be given a copy of the updated Notice. VNA shall maintain a copy of the obsolete Notice in its HIPAA compliance records.
  - H. VNA will document the distribution of its Notice, regardless of whether distribution is in writing or electronic.

3. **Acknowledgment.** VNA will obtain the patient's written acknowledgment of receipt of its Notice (whether in paper or electronic form) at the same time it distributes the Notice. If VNA is unable to obtain the written acknowledgment for any reason, it will document its good faith efforts to obtain the written acknowledgment and the reason why the acknowledgment was not obtained. If VNA has not furnished the Notice to a patient because of emergency circumstances, VNA will document this fact as well.
4. **Documentation.** VNA will maintain the following documentation of the Notice and acknowledgment process:
  - A. A copy of each Notice/signed acknowledgment and the effective dates.
  - B. The steps and process that VNA followed to satisfy the posting and distribution requirements for each effective version of its Notice.
  - C. The delivery date of Notice, whether paper or electronic, to a patient.
  - D. The acknowledgement of receipt, whether paper or electronic, by or on behalf of a patient,
  - E. Documentation of the facts and of VNA's efforts to obtain the written acknowledgement whenever the acknowledgement is not obtained.

If VNA cannot determine by review of its available records that the Notice and/or acknowledgment requirements for its current Notice have been satisfied as to a particular patient, it will distribute the Notice again to such patient (and obtain acknowledgment again) and retain the documentation of such.

5. **Indirect Treatment Relationships.** The Privacy Officer, working with the vice presidents, department director, manager or coordinator, may identify certain service sites, certain lines of business or certain encounters as being subject to the rules applicable to covered health care providers with *indirect* treatment relationships. In such cases, the Privacy Officer may approve protocols under which the distribution and acknowledgment requirements of this policy are waived as to encounters that are indirect treatment relationships.
6. **Organized Health Care Arrangement.** VNA participates in an organized health care arrangement with [describe other participants]. Its Notice of Privacy Practices will be written as a Joint Notice of Privacy Practices covering VNA and the other participants in relation to their information practices at VNA. The Notice will describe the participants with reasonable specificity, the service delivery sites or classes of sites, and the limited scope of the arrangement. The Notice will state that the organized health care arrangement and the Notice do not cover the information practices of other participants in their private office settings, other treatment settings or in any endeavors unrelated to the provision of inpatient and outpatient care at VNA and the performance of VNA's health care operations in relation thereto.

Home Health Agency  
Outcome and Assessment Information Set (OASIS)  
**STATEMENT OF PATIENT PRIVACY RIGHTS** *(Medicare/Medicaid)*

**As a home health patient, you have the privacy rights listed below.**

- **You have the right to know why we need to ask you questions.**  
We are required by law to collect health information to make sure:
  - 1) you get quality health care, and
  - 2) payment for Medicare and Medicaid patients is correct.
- **You have the right to have your personal health care information kept confidential.**  
You may be asked to tell us information about yourself so that we will know which home health services will be best for you. We keep anything we learn about you confidential. This means, only those who are legally authorized to know, or who have a medical need to know, will see your personal health information.
- **You have the right to refuse to answer questions.**  
We may need your help in collecting your health information. If you choose not to answer, we will fill in the information as best we can. You do not have to answer every question to get services.
- **You have the right to look at your personal health information.**
  - We know how important it is that the information we collect about you is correct. If you think we made a mistake, ask us to correct it.
  - If you are not satisfied with our response, you can ask the Centers for Medicare & Medicaid Services, the federal Medicare and Medicaid agency, to correct your information.

You can ask the Centers for Medicare & Medicaid Services to see, review, copy, or correct your personal health information which that Federal agency maintains in its HHA OASIS System of Records. See the back of this Notice for CONTACT INFORMATION.

If you want a more detailed description of your privacy rights, see the back of this Notice:  
**PRIVACY ACT STATEMENT - HEALTH CARE RECORDS.**

**NOTICE ABOUT PRIVACY**

**For Patients Who DO NOT Have Medicare or Medicaid Coverage**

- **As a home health patient, there are a few things that you need to know about our collection of your personal health care information.**
  - Federal and State governments oversee home health care to be sure that we furnish quality home health care services, and that you, in particular, get quality home health care services.
  - We need to ask you questions because we are required by law to collect health information to make sure that you get quality health care services.
  - We will make your information anonymous. That way, the Centers for Medicare & Medicaid Services, the federal agency that oversees this home health agency, cannot know that the information is about you.
- **We keep anything we learn about you confidential.**

This is a Medicare & Medicaid Approved Notice.



# PRIVACY ACT STATEMENT - HEALTH CARE RECORDS

## THIS STATEMENT GIVES YOU ADVICE REQUIRED BY LAW (the Privacy Act of 1974).

THIS STATEMENT IS NOT A CONSENT FORM. IT WILL NOT BE USED TO RELEASE OR TO USE YOUR HEALTH CARE INFORMATION.

### I. AUTHORITY FOR COLLECTION OF YOUR INFORMATION, INCLUDING YOUR SOCIAL SECURITY NUMBER, AND WHETHER OR NOT YOU ARE REQUIRED TO PROVIDE INFORMATION FOR THIS ASSESSMENT. Sections 1102(a), 1154, 1861(0), 1861(z), 1863, 1864, 1865, 1866, 1871, 1891(b) of the Social Security Act.

Medicare and Medicaid participating home health agencies must do a complete assessment that accurately reflects your current health and includes information that can be used to show your progress toward your health goals. The home health agency must use the "Outcome and Assessment Information Set" (OASIS) when evaluating your health. To do this, the agency must get information from every patient. This information is used by the Centers for Medicare & Medicaid Services (CMS, the federal Medicare & Medicaid agency) to be sure that the home health agency meets quality standards and gives appropriate health care to its patients. You have the right to refuse to provide information for the assessment to the home health agency. If your information is included in an assessment, it is protected under the federal Privacy Act of 1974 and the "Home Health Agency Outcome and Assessment Information Set" (HHA OASIS) System of Records. You have the right to see, copy, review, and request correction of your information in the HHA OASIS System of Records.

### II. PRINCIPAL PURPOSES FOR WHICH YOUR INFORMATION IS INTENDED TO BE USED

The information collected will be entered into the Home Health Agency Outcome and Assessment Information Set (HHA OASIS) System No. 09-70-9002. Your health care information in the HHA OASIS System of Records will be used for the following purposes:

- support litigation involving the Centers for Medicare & Medicaid Services;
- support regulatory, reimbursement, and policy functions performed within the Centers for Medicare & Medicaid Services or by a contractor or consultant;
- study the effectiveness and quality of care provided by those home health agencies;
- survey and certification of Medicare and Medicaid home health agencies;
- provide for development, validation, and refinement of a Medicare prospective payment system;
- enable regulators to provide home health agencies with data for their internal quality improvement activities;
- support research, evaluation, or epidemiological projects related to the prevention of disease or disability, or the restoration or maintenance of health, and for health care payment related projects; and
- support constituent requests made to a Congressional representative.

### III. ROUTINE USES

These "routine uses" specify the circumstances when the Centers for Medicare & Medicaid Services may release your information from the HHA OASIS System of Records without your consent. Each prospective recipient must agree in writing to ensure the continuing confidentiality and security of your information. Disclosures of the information may be to:

1. the federal Department of Justice for litigation involving the Centers for Medicare & Medicaid Services;
2. contractors or consultants working for the Centers for Medicare & Medicaid Services to assist in the performance of a service related to this system of records and who need to access these records to perform the activity;
3. an agency of a State government for purposes of determining, evaluating, and/or assessing cost, effectiveness, and/or quality of health care services provided in the State; for developing and operating Medicaid reimbursement systems; or for the administration of Federal/State home health agency programs within the State;
4. another Federal or State agency to contribute to the accuracy of the Centers for Medicare & Medicaid Services' health insurance operations (payment, treatment and coverage) and/or to support State agencies in the evaluations and monitoring of care provided by HHA's;
5. Quality Improvement Organizations, to perform Title XI or Title XVIII functions relating to assessing and improving home health agency quality of care;
6. an individual or organization for a research, evaluation, or epidemiological project related to the prevention of disease or disability, the restoration or maintenance of health, or payment related projects;
7. a congressional office in response to a constituent inquiry made at the written request of the constituent about whom the record is maintained.

### IV. EFFECT ON YOU, IF YOU DO NOT PROVIDE INFORMATION

The home health agency needs the information contained in the Outcome and Assessment Information Set in order to give you quality care. It is important that the information be correct. Incorrect information could result in payment errors. Incorrect information also could make it hard to be sure that the agency is giving you quality services. **If you choose not to provide information, there is no federal requirement for the home health agency to refuse you services.**

NOTE: This statement may be included in the admission packet for all new home health agency admissions. Home health agencies may **request** you or your representative sign this statement to document that this statement was given to you. **Your signature is NOT required.** If you or your representative to sign the statement, the signature merely indicates that you received this statement. You or your representative must be supplied with a copy of this statement.

#### CONTACT INFORMATION

If you want to ask the Centers for Medicare & Medicaid Services to see, review, copy, or correct your personal health information that the Federal agency maintains in its HHA OASIS System of Records:  
Call 1-800-MEDICARE, toll free, for assistance in contacting the HHA OASIS System Manager.  
TY for the hearing and speech impaired: 1-877-486-2048.

# NOTICE OF PRIVACY PRACTICES OF VISITING NURSE ASSOCIATION

**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.**

We are required by law to maintain the privacy of your medical information and to provide you with notice of our legal duties, privacy practices and your rights with respect to your medical information. Your medical information includes your individually identifiable medical, insurance, demographic and medical payment information. For example, it includes information about your diagnosis, medications, insurance status and policy number, medical claims history, address, and social security number.

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## WHO WILL FOLLOW THIS NOTICE

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**VISITING NURSE ASSOCIATION.** This Notice describes the privacy practices of Visiting Nurse Association (the "VNA") and all of its programs and departments, including its rural health clinics.

**MEDICAL STAFF.** This Notice also describes the privacy practices of an "organized health care arrangement" or "OHCA" between the VNA and eligible providers on its Medical Staff. Because the VNA is a clinically-integrated care setting, our patients receive care from VNA staff and from independent practitioners on the Medical Staff. The VNA and its Medical Staff must be able to share your medical information freely for treatment, payment and health care operations as described in this Notice. Because of this, the VNA and all eligible providers on the VNA's Medical Staff have entered into the OHCA under which the VNA and the eligible providers will:

- Use this Notice as a joint notice of privacy practices for all inpatient and outpatient visits and follow all information practices described in this notice;
- Obtain a single signed acknowledgment of receipt; and
- Share medical information from VNA visits with eligible providers so that they can help the VNA with its health care operations.

**The OHCA does not cover the information practices of practitioners in their private offices or at other practice locations.**

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## USES AND DISCLOSURES OF INFORMATION WITHOUT YOUR AUTHORIZATION

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The following are the types of uses and disclosures we may make of your medical information without your permission. Where State or federal law restricts one of the described uses or disclosures, we follow the requirements of such State or federal law. These are general descriptions only. They do not cover every example of disclosure within a category.

**Treatment.** We will use and disclose your medical information for treatment. For example, we will share medical information about you with our nurses, your physicians and others who are involved in your care at the VNA. We will also disclose your medical information to your physician and other practitioners, providers and health care facilities for their use in treating you in the future. For example, if you are transferred to a nursing facility, we will send medical information about you to the nursing facility.

**Payment.** We will use and disclose your medical information for payment purposes. For example, we will use your medical information to prepare your bill and we will send medical information to your insurance company with your bill. We may also disclose medical information about you to other medical care providers, medical plans and health care clearinghouses for their payment purposes. For example, if you are brought in by ambulance, the information collected will be given to the ambulance provider for its billing purposes. If State law requires, we will obtain your permission prior to disclosing to other providers or health insurance companies for payment purposes.

**Health Care Operations.** We may use or disclose your medical information for our health care operations. For example, medical staff members or members of our workforce may review your medical information to evaluate the treatment and services provided, and the performance of our staff in caring for you. In some cases, we will furnish other qualified parties with your medical information for their health care operations. The ambulance company, for example, may also want information on your condition to help them know whether they have done an effective job of providing care. If State law requires, we will obtain your permission prior to disclosing your medical information to other providers or health insurance companies for their health care operations.

**Business Associates.** We will disclose your medical information to our business associates and allow them to create, use and disclose your medical information to perform their services for us. For example, we may disclose your medical information to an outside billing company who assists us in billing insurance companies.

**Appointment Reminders.** We may contact you as a reminder that you have an appointment for treatment or medical services.

**Treatment Alternatives.** We may contact you to provide information about treatment alternatives or other health-related benefits and services that may be of interest to you.

**Fundraising.** We may contact you as part of a fundraising effort. We may also use, or disclose to a business associate or to a foundation related to the VNA, certain medical information about you, such as your name, address, phone number, dates you received treatment or services, to treating physician, outcome information and department of service (for example, cardiology or orthopedics), so that we or they may contact you to raise money for the VNA. Any time you are contacted, whether in writing, by phone or by other means for our fundraising purposes, you will have the opportunity to “opt out” and not receive further fundraising communications related to the specific fundraising campaign or appeal for which you are being contacted, unless we have already send a communication prior to receiving notice of your election to opt out.

**VNA Directory.** We may include your name, location in the facility, general condition and religious affiliation in a facility directory. This information may be provided to members of the clergy and, except for religious affiliation, to other people who ask for you by name. We will not include your information in the facility directory if you object or if we are prohibited by State or federal law.

**Family, Friends or Others.** We may disclose your location or general condition to a family member, your personal representative or another person identified by you. If any of these

individuals are involved in your care or payment for care, we may also disclose such medical information as is directly relevant to their involvement. We will only release this information if you agree, are given the opportunity to object and do not, or if in our professional judgment, it would be in your best interest to allow the person to receive the information or act on your behalf. For example, we may allow a family member to pick up your prescriptions, medical supplies or X-rays. We may also disclose your information to an entity assisting in disaster relief efforts so that your family or individual responsible for your care may be notified of your location and condition.

**Required by Law.** We will use and disclose your information as required by federal, State or local law

**Public Health Activities.** We may disclose medical information about you for public health activities. These activities may include disclosures:

- To a public health authority authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury or disability;
- To appropriate authorities authorized to receive reports of child abuse and neglect;
- To FDA-regulated entities for purposes of monitoring or reporting the quality, safety or effectiveness of FDA-regulated products;
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition, and
- With parent or guardian permission, to send proof of required immunization to a school.

**Abuse, Neglect or Domestic Violence.** We may notify the appropriate government authority if we believe you have been the victim of abuse, neglect or domestic violence. Unless such disclosure is required by law (for example, to report a particular type of injury), we will only make this disclosure if you agree.

**Health Oversight Activities.** We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections and licensure. These activities are necessary for the government to monitor the health care system, government programs and compliance with civil rights laws.

**Judicial and Administrative Proceedings.** If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request or other lawful process by someone else involved in the dispute, but only if reasonable efforts have been made to notify you of the request or to obtain an order from the court protecting the information requested.

**Law Enforcement.** We may release certain medical information if asked to do so by a law enforcement official:

- As required by law, including reporting certain wounds and physical injuries;
- In response to a court order, subpoena, warrant, summons or similar process;
- To identify or locate a suspect, fugitive, material witness or missing person;
- If you are the victim of a crime if we obtain your agreement or, under certain limited circumstances, if we are unable to obtain your agreement;
- To alert authorities of a death we believe may be the result of criminal conduct;
- Information we believe is evidence of criminal conduct occurring on our premises; and
- In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

**Deceased Individuals.** We are required to apply safeguards to protect your medical information for 50 years following your death. Following your death we may disclose medical information to a coroner, medical examiner or funeral director as necessary for them to carry out their duties and to a personal representative (for example, the executor of your estate). We may also release your medical information to a family member or other person who acted as personal representative or was involved in your care or payment for care before your death, if relevant to such person's involvement, unless you have expressed a contrary preference. .

**Organ, Eye or Tissue Donation:** We may release medical information to organ, eye or tissue procurement, transplantation or banking organizations or entities as necessary to facilitate organ, eye or tissue donation and transplantation.

**Research:** Under certain circumstances, we may use or disclose your medical information for research, subject to certain safeguards. For example, we may disclose information to researchers when their research has been approved by a special committee that has reviewed the research proposal and established protocols to ensure the privacy of your medical information. We may disclose medical information about you to people preparing to conduct a research project, but the information will stay on site.

**Threats to Health or Safety.** Under certain circumstances, we may use or disclose your medical information to avert a serious threat to health and safety if we, in good faith, believe the use or disclosure is necessary to prevent or lessen the threat and is to a person reasonably able to prevent or lessen the threat (including the target) or is necessary for law enforcement authorities to identify or apprehend an individual involved in a crime.

**Specialized Government Functions.** We may use and disclose your medical information for national security and intelligence activities authorized by law or for protective services of the President. If you are a military member, we may disclose to military authorities under certain circumstances. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose to the institution, its agents or the law enforcement official your medical information necessary for your health and the health and safety of other individuals.

**Workers' Compensation:** We may release medical information about you as authorized by law for workers' compensation or similar programs that provide benefits for work-related injuries or illness.

**Incidental Uses and Disclosures.** There are certain incidental uses or disclosures of your information that occur while we are providing service to you or conducting our business. For example, after surgery the nurse or doctor may need to use your name to identify family members that may be waiting for you in a waiting area. Other individuals waiting in the same area may hear your name called. We will make reasonable efforts to limit these incidental uses and disclosures.

**Health Information Exchange.** We participate in one or more electronic health information exchanges which permits us to electronically exchange medical information about you with other participating providers (for example doctors and hospitals) and health plans and their business associates. For example we may permit a health plan that insures you to electronically access our records about you to verify a claim for payment for services we provide to you. Or we may permit a physician providing care to you to electronically access our records in order to have up to date information with which to treat you. As described earlier in this Notice, participation in a health information exchange also lets us electronically access medical information from other participating providers and health plans for our treatment, payment and health care operations purposes as described in this Notice. We may in the future allow other parties for example public health departments that participate in the health information exchange, to access your medical information electronically for their permitted purposes as described in this Notice.

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## USES AND DISCLOSURES REQUIRING YOUR AUTHORIZATION

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There are many uses and disclosures we will make only with your written authorization. These include:

**Uses and Disclosures Not Described Above** - We will obtain your authorization for any use or disclosure of your medical information that is not described in the preceding examples.

**Psychotherapy Notes** - These are notes made by a mental health professional documenting conversations during private counseling sessions or in joint or group therapy. Many uses or disclosures of psychotherapy notes require your authorization.

**Marketing** - We will not use or disclose your medical information for marketing purposes without your authorization. Moreover, if we will receive any financial remuneration from a third party in connection with marketing, we will tell you that in the authorization form.

**Sale of medical information** - We will not sell your medical information to third parties without your authorization.

If you provide authorization, you may revoke it at any time by giving us notice in accordance with our authorization policy and the instructions in our authorization form. Your revocation will not be effective for uses and disclosures made in reliance on your prior authorization

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## INDIVIDUAL RIGHTS

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**Request for Restrictions.** You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations or to persons involved in your care. We are not required to agree to your request with one exception explained in the next paragraph, and we will notify you if we are unable to agree to your request.

We are required to agree to your request that we not disclose certain health information to your health plan for payment or health care operations purposes, if you pay out-of-pocket in full for all expenses related to that service prior to your request and the disclosure is not otherwise required by law. Such a restriction will only apply to records that relate solely to the service for which you have paid in full. If we later receive an Authorization from you dated after the date of your requested restriction which authorizes us to disclose all of your records to your health plan we will assume you have withdrawn your request for restriction.

Several different covered entities listed at the start of this Notice use this Notice. You must make a separate request to each covered entity from whom you will receive services that are involved in your request for any type of restriction. Contact the VNA at the address listed below if you have questions regarding which providers will be involved in your care.

**Access to Medical Information.** You may request to inspect and copy much of the medical information we maintain about you, with some exceptions. If we may maintain the medical information electronically in one or more designed record sets and you ask for an electronic copy, we will provide the information to you in the form and format you request, if it is readily producible. If we cannot readily produce the record in the form and format you request, we will produce it in another readable electronic form we both agree to. We may charge you a cost-based fee for

producing copies or if you request one, a summary. If you direct us to transmit your medical information, to another person, we will do so, provided your signed, written direction clearly designates the recipient and location for delivery.

**Amendment.** You may request that we amend certain medical information that we keep in your records. We are not required to make all requested amendments, but will give each request careful consideration. If we deny your request, we will provide you with a written explanation of the reasons and your rights.

**Accounting.** You have the right to receive an accounting of certain disclosures of your medical information made by us or our business associates for six years prior to your request. Your right to an accounting does not include disclosures for treatment, payment or health care operations and certain other types of disclosures, for example, as part of a facility directory or disclosures in accordance with your authorization.

**Confidential Communications.** You may request that we communicate with you about your medical information in a certain way or at a certain location. We must agree to your request if it is reasonable and specifies the alternate means or location.

**Notification in the Case of Breach.** We are required by law to notify you of a breach of your unsecured medical information. We will provide such notification to you without unreasonable delay but in no case later than 60 days after we discover the breach.

**How to Exercise These Rights.** All requests to exercise these rights must be in writing. We will respond to your request on a timely basis in accordance with our written policies and as required by law. Contact **Privacy Officer at 12565 West Center Road, Suite 100, Omaha, NE 68144 or by phone at 402-342-5566** for more information or to obtain request forms.

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## ABOUT THIS NOTICE

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We are required to follow the terms of the Notice currently in effect. We reserve the right to change our practices and the terms of this Notice and to make the new practices and notice provisions effective for all medical information that we maintain. The revised Notice will also be posted on our website at theVNAcares.org. You are entitled to receive this Notice in written form. Please contact VNA at the address listed below to obtain a written copy.

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## COMPLAINTS

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If you have concerns about any of our privacy practices or believe that your privacy rights have been violated, you may file a complaint with the VNA using the contact information at the end of this Notice. You may also submit a written complaint to the U.S. Department of Health and Human Services. There will be no retaliation for filing a complaint.

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**CONTACT INFORMATION**

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Privacy Officer, Visiting Nurse Association, 12565 West Center Road, Suite 100, Omaha, NE 68144.  
Phone: (402) 342-5566.

**EFFECTIVE DATE OF NOTICE:** September 23, 2013.