Nashoba Nursing Service & Hospice

Under the Auspices of
Nashoba Associated Boards of Health
A community Partnership since 1931

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.

This Notice of Privacy Practices, as required by the Health Insurance Portability and Accountability Act of 1996, describes how we may use and disclose your protected health information to carry out your plan of care, get paid for our services, administer our Agency and for other purposes that are permitted or required by law. Please review the following information carefully.

This Notice also describes your rights with respect to your health information.

Our Responsibilities

We are required by law to protect the privacy of your health information and will not use or disclose your health information without your written permission, except as described by this Notice.

Throughout this Notice, we use the term "protected health information" or PHI. PHI is information about you that may identify you to your past, present or future physical or mental health or condition and related health care services.

You have the Right to:

Request that we limit certain uses and disclosures of your information: You have the right to request that we limit how we use or disclose your PHI to carry out you plan of care, get paid for our services or administer our Agency. (This is also referred to as "treatment, payment, or health care operations.") You also have the right to request a restriction on PHI we disclose about you to someone who is involved in your care or payment for your care, such as a family member or friend. However, we are not required to agree to your request. To request limitations or restrictions, you must send a written request to the Agency. You have the right to restrict certain disclosures of PHI to a health plan when you pay out of pocket in full for the health care services provided to you.

See and get a copy of your information: You have the right to look at and copy PHI about you contained in your medical and billing records as long as the Agency maintains the information. To look at or copy you PHI, please send a written request to the Agency. If you request a copy of the information we may charge you a fee for the costs of the copying, mailing, and other supplies that are necessary to grant your request. We may deny your request in certain limited circumstances. If you are denied the right to see your PHI, you may request that the denial be reviewed. You have the right to receive electronic copies of your record as the agency maintains all documentation in an electronic format.

Correct or update your information: If you feel that PHI we have about you is incomplete or incorrect, you may request that we correct or update (amend) the information. You may request an amendment for as long as we maintain your health information. To request an amendment, you must send a written request to the Agency. In addition, you must include the reasons for your request. In certain cases, we may deny your request for amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with the decision and we may prepare a response to your statement, which we will provide to you.

Receive a list of the disclosures of your information: You have the right to receive a list ("Accounting") of the disclosures we have made of your PHI for most purposes other than treatment, payment, or health care operations. The accounting will not include disclosures we have made directly to you, disclosures to friends or family members involved in your care, and disclosures for notification purposes. The right to receive an accounting is subject to certain other limitations. To request an accounting, you must submit your request in writing to the Agency. Your request must state the time period, but may not be longer than six years. The first accounting you request within a 12 month period will be provided free of charge, but you may be charged for the cost of providing additional accountings. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time.

Request communications of your information by alternative means or at alternative locations: For instance, you may request that we contact you about medical matters only in writing or at a different residence or post office box. To request confidential communication of your PHI, you must submit your request in writing to the Agency. Your request must state how or when you would like to be contacted. We will accommodate all reasonable requests.

Withdraw your consent to use or disclose PHI except to the extent that action had already been taken: You may withdraw or "revoke" consent in writing at any time. Upon receipt of the written revocation, we will stop using or disclosing your PHI, except to the extent that we have already taken action in reliance on the consent. We may refuse to continue to treat an individual that revokes his or her consent.

Obtain a paper copy of the Notice of Privacy Practices upon request: You may request a copy of the Notice at any time. Even if you have agreed to receive the Notice electronically, you are still entitled to a paper copy of the Notice. To obtain a paper copy of the Notice, contact the Agency.

Using and Disclosing Your Protected Health Information (PHI)

We will use your information for your care and treatment: For example, information obtained by a nurse or other member of your care team will be recorded in your record and used to determine your plan of care. Your clinician will document in your record his or her expectations of the members of your care team. Members of your healthcare team will then record the actions they took and their observations.

We will use your information for payment: For example, a bill may be sent to you, your insurance company, Medicare or Medicaid. The information on or accompanying the bill may include information that identifies you, as well as the treatment provided to you.

We will use your protected health information to operate our Agency: For example, members of our quality improvement team may use information in your health record to assess the care and outcomes of your care and others like it.

We may use or disclose your PHI without your consent in the following circumstances:

When a disclosure is required by federal, state or local law, judicial or administrative proceedings or law enforcement: For example, we may disclose your PHI for law enforcement purposes as required by law or in response to a valid subpoena. If you are involved in a lawsuit or a dispute, we may disclose your PHI in response to a court or administrative order. We may also disclose health information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Communication with family or friends involved in your care or payment of your care: Our nurses or other clinicians, using their professional judgment, may disclose to a family member, close personal friends or any other person you identify, PHI related to that person's involvement in your care or payment related to your care, unless you object.

Food and Drug Administration (FDA): We may disclose to the FDA PHI relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

Workers Compensation: We may disclose your PHI to the extent authorized by you and to the extent necessary to comply with laws relating to worker's compensation or other similar programs established by law.

Public health and health oversight activities: As required by law, we may disclose your PHI to public health or legal authorities charged with preventing or controlling disease, injury, or disability. We may also provide information to coroners, medical examiners, and funeral directors as necessary for these persons to carry out their duties. We may disclose your PHI to an oversight agency for activities authorized by law, including audits and inspections, as necessary for our licensure and for the government to monitor the health care system, government programs, and compliance with civil rights laws. We may disclose to a school, your immunization record provided by the Agency.

Specific government functions: For example, if you are a member of the armed forces, we may release PHI about you as required by military command authorities. We may also disclose your PHI to authorized federal officials for national security purposes, such as protecting government officials and performing intelligence activities or investigations.

Organ or tissue procurement organizations: Consistent with applicable law, we may disclose your PHI to organ procurement organization or other entities engaged in the procurement, banking or transplantation of organs for the purpose of tissue donation and transplant.

Business associates: There are some services provided by the Agency through contracts with business associates such as billing companies. When these services are contracted for, we may disclose your PHI to our business associates so that they can perform the job we have asked them to do. We require our business associates to appropriately safeguard your information.

Personal communications: We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be interest to you.

Notification: We may use or disclose your PHI to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location, and general condition.

Correctional institution: If you are or become an inmate of a correctional institute, we may disclose to the institution or its agents PHI necessary for your health and the health and safety or other individuals.

To avert a serious threat to health or safety: We may use and disclose your PHI when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

Victims of abuse, neglect, or domestic violence: We may disclose PHI about you to a social service or protective services agency, if we reasonably believe you are victim of abuse, neglect or domestic violence. We will only disclose this type of information to the extent required by law, if you agree to the disclosure, or if the disclosure is allowed by law and we believe it is necessary to prevent serious harm to you or someone else or the law enforcement or public official that is to receive the report represents that it is necessary and will not be used against you.

Hospice Memorial Service: Patients will be memorialized periodically at a service. Their names will be read as a way to honor their presence. If you do not wish for this to occur please contact the Hospice Bereavement Coordinator at 978-425-6675.

Before using of disclosing your PHI for any other purposes, we will obtain your written authorization. You may withdraw or "revoke" this authorization in writing at any time. After we receive your written revocation, we will stop using or disclosing your PHI, except to the extent that we have already taken action in reliance on the authorization.

For more information or to report a problem

If you have questions or would like additional information about the Agency's privacy practices, you may contact the Agency at 978-425-6675. If you believe your privacy rights have been violated, you can file a complaint with the Supervisor of Quality Improvement at 978-425-6675 or we can provide you with the contact information for the Secretary of Health and Human Services. There will be no retaliation for filing a complaint.

Effective Date

This Notice is effective and updated as of 6/2013.