

SOUTH SHORE VISITING NURSE ASSOCIATION

ξ SOUTH SHORE VISITING NURSE
ξ HOSPICE OF THE SOUTH SHORE ξ HOME & HEALTH RESOURCES

EFFECTIVE DATE: April 14, 2003

Notice of Privacy Practices

This brief summary of South Shore Visiting Nurse Association's Notice of Privacy Practices (Privacy Notice) lists the various ways South Shore Visiting Nurse Association may use or disclose medical information about you in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and its Privacy Regulations. It will also provide a brief summary of your rights and South Shore Visiting Nurse Association's obligations to you regarding the use and disclosure of your medical information. Attached is the complete Privacy Notice. We encourage you to read the entire notice.

When South Shore Visiting Nurse Association May Use and Disclose Medical Information About You Without Your Authorization:

South Shore Visiting Nurse Association is permitted to use and disclose information about you without your authorization for the following reasons:

Treatment: To provide you with medical treatment or services or discuss treatment alternatives and health benefits and services available to you.

Payment: To provide and receive information from an insurance company, Health Maintenance Organization (HMO) or other payer so that services may be billed and paid.

South Shore Visiting Nurse Association Operations: To use and disclose information as necessary to run the Agency (for example - fundraising, quality assurance, appointment reminders)

As Otherwise Required By Law

South Shore Visiting Nurse Association May Use and Disclose Certain Protected Health Information About You With Your Family Members or Friends Who Are Involved in Your Care and Treatment:

Unless you disagree or object, we may share limited medical information about you to those family members or friends that you designate to be involved in your care and treatment (or in the case of an emergency, we may disclose medical information to these individuals if we believe that the disclosure is in your best interest).

Special Situations When South Shore Visiting Nurse Association May Use or Disclose Your Information to Certain Individuals or Authorities Without Your Authorization

To avert a serious threat to public health or safety

To facilitate organ or tissue donation

To the military, if you are a member of the military or a veteran

For worker's compensation purposes

To report public health risks

To comply with health oversight activities

In response to a court order or appropriate subpoena in a lawsuit or legal proceeding

To law enforcement

To coroners, medical examiners and funeral directors

To assist with national security and intelligence activities

In Some Situations, South Shore Visiting Nurse Association Must Obtain Your Written Authorization Before It May Use or Disclose Protected Health Information About You

Unless the use or disclosure of your information is permitted for one of the reasons listed above, we must obtain your written authorization before using or disclosing your protected health information. For example, we must obtain your authorization before using or disclosing your protected health information for any of the following reasons:

Marketing
Research (with some limited exceptions)
Reports to Life Insurance or Disability Insurance Companies

Your Rights Regarding Medical Information About You:

To inspect and have copied medical information about you.
To request an amendment of medical information you feel is incorrect or incomplete.
To request an accounting of any disclosures made by South Shore Visiting Nurse Association.
To request restrictions on any information that South Shore Visiting Nurse Association discloses to someone you have designated to be informed about your care.
To request a confidential means of South Shore Visiting Nurse Association communicating with you (for example you may request that we only contact you by mail, or at a particular telephone number).
To receive a copy of this summary and the Privacy Notice in its entirety.

Changes to this Notice:

South Shore Visiting Nurse Association reserves the right to change both the summary of this Privacy Notice as well as the entire Privacy Notice without notification. The effective date of this notice can be found on the first page in the upper right hand corner.

Complaints:

If you believe your privacy rights have been violated, you may file a complaint with either the South Shore Visiting Nurse Association or the Department of Health and Human Services/Office of Civil Rights:

South Shore Visiting Nurse Association
Privacy Officer
P. O. Box 859060
Braintree, MA 02185-9060
TEL: 781-849-1710
FAX: 781-843-2599

Department of Health and Human Services
Office of Civil Rights
Government Center
JFK Federal Building, RM 1875
Boston, MA 02230
FAX: 617-565-3809

Complaints must be in writing. You will not be penalized in any way for filing a complaint nor will your home care be compromised in any way.