

Notice of Privacy Rights and Practices



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Phone: 617-456-3773, Fax: 617-236-7777

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.

Overview

This Notice applies to protected health information (PHI) – created or received by Caregiver Homes – that identifies you and that relates to your past, present or future physical or mental condition; the care provided; or the past, present or future payment for your health care. This Notice provides information about the use and disclosure of PHI by Caregiver Homes and describes:

- How Caregiver Homes will handle your medical information.
- Caregiver Homes' legal duties related to your medical information.
- Your rights with regard to your medical information.

Ways in Which We May Use and Disclose Your Protected Health Information

Here are some examples of how we may use and disclose your PHI without your authorization (a written document that gives us permission to share your health information).

Treatment. We will use and disclose your PHI to provide, coordinate, or manage your care in our program. We will also disclose your health information to physicians who may be treating you. Additionally we may from time to time disclose your health information to another physician whom we have requested to be involved in your care. For example — we would disclose your health information to an emergency room physician to help in your treatment.

Payment. We will use and disclose your PHI to obtain payment for the health care services we provide you. For example — we may include information with a bill to a third-party payer that identifies you, your diagnosis, procedures performed, and supplies used in rendering the service.

Health Care Operations. We will use and disclose your PHI to support the business activities of our program. For example — we may use medical information about you to review and evaluate our treatment and services or to evaluate our staff's performance while caring for you. In addition, we may disclose your health information to third party business associates who perform billing, consulting, or transcription, or other services for our program.

Contact You for Information. Your health information may also be used to contact you. For example, we may call you or send you a letter to remind you about appointment or to inform you about treatment options.

Others Involved in Your Care. We will use and disclose your PHI to a family member, a relative, a close friend, or any other person you identify that is involved in your medical care or payment for care.

Business Associates. There are some services provided to Caregiver Homes through contracts with business associates. Examples of services that may be provided by business associates include billing, information technology, legal services, or publicity. When we contract for these services, we may disclose your PHI to our business associates when it's necessary for them to be able to perform the job we asked them to do. To protect your PHI, business associates must provide similar privacy protection safeguards as we do.

Public Health. As required by law, we may disclose your PHI to public health or legal authorities charged with preventing or controlling disease, injury, or disability, and/or charged with collecting data on births and deaths.

Health Oversight Activities. We may disclose your PHI to an oversight agency for activities authorized by law. These oversight activities include audits, investigations, and inspections, as necessary for licensure and for the government to monitor the health care system, government programs, and compliance with civil rights laws.

To Avert a Serious Threat to Health or Safety. We may use and disclose your PHI when necessary to prevent or lessen 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 the appropriate government authority if we reasonably believe you are a victim of abuse or neglect. 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 required or 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. In such cases, we will promptly inform you that a report has been or will be made unless there is reason to believe that providing this information will place you or another person in serious harm.

Law Enforcement and Legal Compliance. We will disclose your PHI for law enforcement purposes as required by law or in response to a valid subpoena or court order. We will disclose your PHI when required to do so by federal, state, or local law. If you are involved in a lawsuit or a dispute, we may disclose your PHI in response to a court or administrative order. Subject to applicable state law, we may also disclose PHI 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, either by us or the requesting party, to tell you about the request or to obtain an order protecting the information requested.

Disclosure for Disaster Relief Purposes. We may disclose your location and general condition to a public or private entity (such as FEMA or the Red Cross) authorized by law to assist in disaster relief efforts.

Uses or Disclosures of Information that Require Your Written Authorization

Using and/or disclosing health information for most purposes other than treatment, payment, or health care operations (for example, many but not all research and marketing purposes) requires your specific authorization. Furthermore, certain information that may be contained in your medical record is considered by state and Federal law to be highly confidential, including, for example, HIV testing or test results, certain clinical therapy documentation and certain genetic information. Therefore, this type of information receives additional protection from disclosure, often requiring your written authorization before disclosure for treatment, payment or health care operations. There are some limited exceptions to these rules, when your permission is not necessary before the use/disclosure. If you are asked to and give written permission for the use and/or disclosure of your health information, you may withdraw such consent at any time in writing or, in certain limited cases, orally, except to the extent that the providers have already acted upon your previously provided consent.

Your Health Information Rights

Although your health record is the physical property of the health care provider or facility that compiled it, the information belongs to you. You have the right to:

A Paper Copy of This Notice. You have the right to receive a paper copy of this notice upon request. You may obtain a copy by asking your nurse or care manager at your next visit or by calling and asking us to mail you a copy.

Inspect and Obtain a Copy of Your Information. You have the right to access and copy PHI about you contained in your case and billing records for as long as Caregiver Homes maintains the information. To read or copy your PHI, you must send a written request to the office listed below. If you request a copy of the information, we may charge you a reasonable fee for the costs of the copying, mailing, or other supplies that are necessary to grant your request. We may deny your request to read and copy your PHI in certain limited circumstances. If we deny your request, you can ask us to reconsider the denial. Depending on the reason for the denial, we may ask a licensed health care professional to review your request and the denial.

Request Amendment. You have the right to request that we amend your medical information if you feel that it is incomplete or inaccurate. You must make this request in writing to our Privacy Officer, stating exactly what information is incomplete or inaccurate and the reasoning that supports your request. We are not required to agree to the amendment of your record, but a copy of your request will be added to your record.

Request Restrictions. You may request in writing that we not use or disclose your information for treatment, payment, and/or operational activities except when authorized by you, when required by law, or in emergency circumstances. We are not legally required to agree to your request. If we do, we must put the restriction in writing and abide by it except if you need to be treated in an emergency.

An Accounting of Disclosures. You have the right to request a list of the disclosures of your health information we have made outside of our practice that were not for treatment, payment, or health care operations. Your request must be in writing and must state the time period for the requested information. You may not request information for any dates prior to April 14, 2003, nor for a period of time greater than six years (our legal obligation to retain information). Your first accounting of disclosures within a calendar year is free of charge. Any additional request within the same calendar year requires a processing fee.

Request Confidential Communications. You have the right to request how we communicate with you to preserve your privacy. For example – you may request that we call you only at your home number, or by mail at a special address or postal box. Your request must be made in writing and must specify how or where we are to contact you. We will accommodate all reasonable requests.

File a Complaint. If you are concerned that we have violated your privacy or you disagree with a decision we made about access to your records, you may file a complaint with our Privacy Officer at the address noted below. Caregiver Homes will not retaliate against anyone for filing a complaint. You may also contact the US Department of Health and Human Services, Office for Civil Rights at:

The Office for Civil Rights
US Department of Health and Human Services
J. F. Kennedy Building, Room 1875
Government Center
Boston, Massachusetts 02203
Fax: (617) 565-3809
OCRcomplaint@hhs.gov

To make requests related to your rights above, contact:

**Privacy Officer
Caregiver Homes, Inc.**
20 Park Plaza, Suite 920
Boston, MA 02116
617-456-3772

This Notice is effective May 1, 2011.