

Protected Health Information: Your Rights, Our Responsibilities

In accordance with HIPAA regulations, 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.

Your Rights

When it comes to your health information, you have certain rights.

Get an electronic or paper copy of your medical record usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record: We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communications: You can ask us to contact you in a specific way for calls or mail.

Ask us to limit what we use or share: You can ask us **not** to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.

Get a list of those with whom we’ve shared information for six years prior to the date you ask. We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures. We may charge a reasonable, cost-based fee.

Choose someone to act for you: If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.

Your Choices

For certain health information, you can tell us your choices about what we share.

In these cases, you have both the right and choice to tell us to: Share information with your family, close friends, or others involved in your care

Share information in a disaster relief situation

We do not engage in the following:

Marketing purposes

Sale of your information

Most sharing of psychotherapy notes

Fundraising

Research

File a Complaint

File a complaint if you feel your rights are violated with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to **200 Independence Avenue, S.W., Washington, D.C. 20201**, calling **1-877-696-6775**, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/

We will not retaliate against you for filing a complaint.

New England Nurses, Inc.

New England Home Health Services, Inc.

594 Marrett Road, Suite 11, Lexington, MA 02421-7605

781-862-5600

info@nenurses.com

Our Uses and Disclosures

How do we typically use or share your health information?

Home Care: We can use your health information and share it with other professionals who are treating you.

Run our organization: We can use and share your health information to run our agency, improve your care, and contact you when necessary.

Bill for your services: We can use and share your health information to bill and get payment from health plans or other entities.

Help with public health and safety issues

Preventing disease

Reporting adverse reactions to medications

Reporting suspected abuse, neglect, or domestic violence

Preventing or reducing a serious threat to anyone’s health or safety

Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we’re complying with federal privacy law.

Work with a medical examiner or funeral director

We can share health information with a coroner, medical examiner, or funeral director when required.

Address workers’ compensation, law enforcement, and other government requests:

For workers’ compensation claims; For law enforcement purposes or with a law enforcement official; With health oversight agencies for activities authorized by law; For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

Changes to the Terms of This Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.