

**CareGivers Plus**  
**Home Health Services**  
56 Dutch Lane  
Hermitage, Pa 16148  
724-347-2124 or 724-983-1090  
www.cgphomecarehermitage.com

## **HIPAA Notice of Privacy Practices**

### **Your Information. Your Rights. Our Responsibilities.**

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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**

You have the right to:

- Access your entire paper or electronic designated record set \* Correct your paper or electronic medical record.
- Request confidential communication \* Ask us to limit the information we share \* Get a list of those with whom we've shared your information \* Get a copy of this privacy notice \* Choose someone to act for you.
- File a complaint if you believe your privacy rights have been violated.
- Be involved in the service planning process and receive services with reasonable accommodations
- To receive 10 calendar days advance notice of termination of services. Less than 10 days' notice will be given in the event of failure to pay for, despite notice, and the account is more than 14 days in arrears; or if the health, safety and welfare or the direct care worker is at risk.

#### **Your Choices**

**For certain health information, you can tell us your choices about what we share.** If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions. 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 \* Include your information in a hospital/client directory.

*If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

- In these cases, we never share your information unless you give us written permission (we do not market or sell personal information):
- Marketing purposes \* Sale of your information \* Most sharing of psychotherapy notes
- We may contact you for fundraising efforts, but you can tell us not to contact you again.

#### **Our Uses and Disclosures**

We may use and share your information as we:

- Treat you \* Run our organization \* Bill for your services \* Help with public health and safety issues.
- Do research \* Comply with the law \* Respond to organ and tissue donation requests.
- Work with a medical examiner or funeral director \* Address worker's compensation, law enforcement and other government requests \* Respond to lawsuits and legal actions.

#### **Your Rights**

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

**Access your electronic or paper designated record set.**

- You can ask to see or get an electronic or paper copy of your designated recorded set and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 15 days of your request at no charge.

**Ask us to correct your medical record.**

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this \* We may say “no” to your request, but we will tell you why in writing within 30 days.

**Request confidential communications.**

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. \* We will say “yes” to all reasonable requests.

**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.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

**Get a list of those with whom we have shared information.**

- You can ask for a list (accounting) of the times we have shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We will provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

**Get a copy of this privacy notice.**

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

**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.
- We will make sure the person has this authority and can act for you before we take any action.

## **Our Uses and Disclosures**

### **How do we typically use or share your health information? Here are the following ways.**

**To Treat you**

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

*Example: A doctor treating you for an injury asks another doctor about your overall health condition.*

**To Run our organization**

We can use and share your health information to run our practice, improve your care, and contact you when necessary.

*Example: We use health information about you to manage your treatment and services.*

## **To Bill for your services**

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

*Example: We give information about you to your health insurance plan so it will pay for your services.*

## **How else can we use or share your health information?**

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We must meet many conditions in the law before we can share your information for these purposes. For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

## **Help with public health and safety issues.**

We can share health information about you for certain situations such as:

- Preventing disease \* Helping with product recalls \* Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence \* Preventing or reducing a serious threat to anyone's health or safety.

## **Do research.**

We can use or share your information for health research.

## **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 are complying with federal privacy law.

## **Respond to organ and tissue donation requests.**

We can share health information about you with organ procurement organizations.

## **Work with a medical examiner or funeral director**

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

## **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.

## **Address workers' compensation, law enforcement, and other government requests**

We can use or share health information about you:

- 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

## **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.
- As all direct care workers are employed directly by CareGivers Plus, prior to hire, we conduct face to face interviews with each candidate. We do not use independent contractors.

## **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.

## **Complaints**

If you would like to submit a comment or complaint about our privacy practices, you can do so by sending a letter outlining your concerns to our Privacy Officer:

Alena Vollmer  
Caregivers Plus  
56 Dutch Lane, Hermitage, Pa 16148  
724-347-2124

If you believe that your privacy rights have been violated, you should call the matter to our attention by sending a letter describing the cause of your concern to the same address. You will not be penalized or otherwise retaliated against for filing a complaint. The name and address of the person you may contact for further information concerning our privacy practices is our Security Official:

Robert Devine  
Caregivers Plus  
56 Dutch Lane, Hermitage, Pa 16148  
724-347-2124

### **File a complaint if you feel your rights are violated.**

- Contact the Mercer County Area Agency on Aging Ombudsmen at 724-622-6222
- Department of Health contact for licensing requirements <https://www.health.pa.gov/topics/facilities/home-care/Pages/Home-Care-Regulations.aspx>
- Department of Health complaint line 1-800-254-5164
- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- You can file a complaint 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/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
- We will not retaliate against you for filing a complaint.
- For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html)

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