

Home Start, Inc. Privacy Practices

THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Information

At Home Start, Inc. we are committed to treating and using protected personal information (PI) about you responsibly. This Notice of Privacy Practices describes the information we collect and how and when we use or disclose that information. It also describes your rights as they relate to your protected information. This notice is effective October 10, 2019, and applies to all protected personal information as defined by federal regulations.

Understanding Your Personal Information

Each time you visit Home Start, Inc. a record of your visit is made. Typically, this record contains your social security number, date of birth, and services received. Understanding what is in your record and how your personal information is used helps you to ensure its accuracy, better understand who, what, when, where, and why others may access your personal information, and make more informed decisions when authorizing disclosure to others.

Our Responsibilities Home Start, Inc. must:

- Maintain the privacy and security of your protected health information,
- Provide you with this notice as to our legal duties and privacy practices with respect to information we collect and maintain about you,
- Abide by the terms of this notice,
- Notify you if we are unable to agree to a requested restriction, and
- Notify you promptly if a breach occurs that may have compromised the privacy or security of your information,
- Accommodate reasonable requests you may have to communicate personal information by alternative means or at alternative locations.

Changes to the Terms of This Notice. We reserve the right to change our practices and to make the new provisions effective for all protected personal information we maintain. Should our information practices change, the new notice will be available upon request, in our office, and on our web site. We will not use or disclose your personal information without your authorization, except as described in this notice. We will also discontinue to use or disclose your personal information after we have received a written revocation of the authorization according to the procedures included in the authorization.

Examples of uses and disclosures related to care of service and care operations.

1. **We will use your PI for treatment.** For example, information obtained by a counselor, case manager, nurse, or other member of our team will be recorded in your record and used to determine the care of services that should work best for you. Your case manager will document in your record each encounter or office visit. This is done to monitor your progress, and the basis of planning your care of service
2. **We will use your personal information for organizational operations.** We can disclose your PI to operate our agency. For example, we might use your PI to evaluate the quality of care services that you received or to evaluate the performance of the case manager professionals who provided such services to you. We may also provide your PI to our accountants, attorneys, consultants, and others to make sure we're complying with applicable laws.
3. **We may use your information to bill for services.** We can use and share your health information to bill and get payment from health plans or other entities.

Examples of other disclosures:

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 have to meet many conditions before we can share your information for these purposes. For more information see:

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

1. ***When disclosure is required by federal, state or local law, judicial or administrative proceedings, or law enforcement.*** For example, we may make a disclosure to applicable officials when a law requires us to report information to government agencies and law enforcement personnel about victims of abuse or neglect, or when ordered in a judicial or administrative proceeding.
2. ***For case file oversight activities.*** For example, we may need to provide information to assist the government when it investigates or inspection of a case manager or organization.
3. ***To avoid harm.*** In order to avoid a serious threat to the health or safety of a person or the public, we may provide PI to law enforcement personnel or persons able to prevent or lessen such harm.
4. ***For workers' compensation purposes and other government requests.*** We may provide PI in order to comply with workers' compensation laws. We may provide PI for special government functions such as military, national security, and presidential protective services. We may share PI with health oversight agencies for activities authorized by law
5. ***Appointment reminders and client related benefits or services.*** We may use PI to provide appointment reminders, give you information about services or referral alternatives, or other client services we offer.
6. ***Notification.*** We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location, and general condition.
7. ***Communication with family.*** Program directors, using their best judgment, may disclose to a family member, other relative, close friend or any other person you identify, personal information relevant to that person's involvement in your care or related to your care.
8. ***Research.*** We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your personal information.
9. ***Working with a medical examiner or funeral director.*** We can share health information with a coroner, medical examiner, or funeral director when an individual dies.
10. ***Public health and safety.*** As required by law, we may disclose your personal information to public health or legal authorities charged with preventing or controlling disease, injury, or disability. This includes reporting suspected abuse, neglect, and domestic violence
11. ***Food and Drug Administration (FDA)*** We may disclose to the FDA health information 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.

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 do our best to follow your instructions.

1. Share information with your family, friends, or others involved in your care
2. Share information in a disaster relief situation
3. Contact you for fundraising efforts.
4. Share certain information about your drug and alcohol treatment. This information requires your written authorization before we may share it with anyone. For more information see https://www.ecfr.gov/cgi-bin/textidx?rgn=div5&node=42:1.0.1.1.2#se42.1.2_113

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.

We will never share your information in these circumstances unless you give us written authorization.

1. Marketing purposes.
2. Sale of your information. We will never sell your information.
3. Most sharing of psychotherapy notes.

Disclosures that require your prior written authorization:

In any other situation not already described, we will ask for your written authorization before using or disclosing any of your PI. If you choose to sign an authorization to disclose your PI, you can later revoke such authorization in writing to stop any future uses and disclosures (to the extent that we haven't taken any action in reliance on such authorization) of your PI by us.

WHAT RIGHTS YOU HAVE REGARDING YOUR PI

- A. The right to request limits on uses and disclosures of your PI.** You have the right to ask that we limit how we use and disclose your PI. We will consider your request, but we are not legally required to accept it. If we accept your request, we will put any limits in writing and abide by them except in emergency situations. 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. You may not limit the uses and disclosures that we are legally required or allowed to make.
- B. The right to choose how we send PI to you.** You have the right to ask that we send information to you at an alternate address (for example, sending information to your work address rather than your home address) or by alternate means (for example, e-mail instead of regular mail). We must agree to your request so long as we can easily provide the PI to you in the format you requested.
- C. The right to see and obtain copies of your PI.** In most cases, you have the right to look at or receive copies of your PI that we have, but you must make the request in writing. If we don't have the PI but we know who does, we will tell you how to obtain it. We will respond to you within 30 days of receiving your written request. In certain situations, we may deny your request. If we do, we will tell you, in writing, our reasons for the denial and explain your right to have our denial reviewed.
- D. The right to obtain a list of the disclosures we have made.** You have the right to obtain a list of instances in which we have disclosed your PI. The list will not include uses or disclosures that you have already consented to, such as those made for care of services or operations, directly to you, or to your family. The list also will not include uses and disclosures made for national security purposes, to corrections or law enforcement personnel, or disclosures made before April 14, 2003. We will respond to your request for an accounting of disclosures within 60 days of receiving your

request. The list we will give you will include disclosures made in the last six years unless you request a shorter time. The list will include the date of the disclosure, to whom PI was disclosed (including their address, if known), a description of the information disclosed, and the reason for the disclosure. We will provide the list to you at no charge, but if you make more than one request in the same year, we will charge you a reasonable cost-based fee for each additional request.

E. **Choosing 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.

F. **The right to correct or update your PI.** If you believe that there is a mistake in your PI or that an important piece of information is missing, you have the right to request that we correct the existing information or add the missing information. You must provide the request and your reason for the request in writing. We will respond within 60 days of receiving your request to correct or update your PI. We may deny your request in writing if the PI is (i) correct and complete, (ii) not created by us, (iii) not allowed to be disclosed, or (iv) is not part of our records. Our written denial will state the reasons for the denial and explain your right to file a written statement of disagreement with the denial. If you do not file one, you have the right to request that your request and our denial be attached to all future disclosures of your PI. If we approve your request, we will make the change to your PI, notify you when it has been done, and inform others that need to know about the change to your PI.

G. **The right to obtain this notice by e-mail.** You have the right to obtain a copy of this notice by e-mail. Even if you have agreed to receive notice via e-mail, you also have the right to request a paper copy of it.

FOR MORE INFORMATION OR TO REPORT A PROBLEM:

If you believe your privacy rights have been violated, you may file a complaint with Home Start Inc, or with the Office for Civil Rights, U.S. Department of Health and Human Services. There will be no retaliation for filing a complaint with either the Privacy Officer or the Office for Civil Rights. You may file a complaint online by visiting www.hhs.gov/ocr/privacy/hipaa/ complaints or by calling 1-877- 696-6775 or by mail at the address below:

Office for Civil Rights
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Room 509F, HHH Building
Washington, D.C. 20201

Federal law makes provision for your personal information to be released to an appropriate audit oversight agency, public health authority or attorney provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or ethical standards and are potentially endangering one or more clients, workers, or the public.

Client Name: _____ **Client Signature:** _____ **Date:** _____

Staff Name: _____ **Staff Signature:** _____

Date: _____

