



735 Frederick Rd.  
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## **HIPAA Notice of Privacy Practices**

*In compliance with the Health Insurance Portability and Accountability Act (HIPAA) of 1996, with amendments enacted in April 2013.*

If you are a client of AME Home Care, this notice describes how your medical information may be used and disclosed and how you may obtain access to this information. Please review this notice carefully.

### **I. USES AND DISCLOSURES**

The Agency will not disclose your health information without your authorization, except as described in this notice.

**Plan of Care.** The Agency will use your health information for the Plan of Care; for example, information obtained by the admitting staff member will be recorded in your record and used to determine the course of care. The staff will communicate with one another personally and through the case record to coordinate care provided. Additional research may be conducted to ensure the best possible care services for individual conditions and situations. Your health information may be used for such purposes.

**Payment.** The Agency will use your health information for payment for services rendered. For example, the Agency may be required by your health insurer to provide information regarding your health care status so that the insurer will reimburse you or the Agency. The Agency may also need to obtain prior approval from your insurer and may need to explain to the insurer your need for personal assistance services and the services that will be provided to you.

**Health Care Operations.** The Agency will use your health information for personal assistance services operations. For example, Agency field staff, supervisors and support staff may use information in your case record to assess the care and outcomes of your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of services we provide. Regulatory and accrediting organizations may review your case record to ensure compliance with their requirements.

**Notification.** In an emergency, the Agency may use or disclose health information to notify or assist in notifying a family member, personal representative or another person responsible for your care, of your location and general condition.

**Public Health.** As required by federal and state law, the Agency may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury or disability.

**Law Enforcement.** As required by federal and state law, the Agency will notify authorities of alleged abuse or neglect; and risk or threat of harm to self or others. We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.

**Charges against the Agency.** In the event you should file suit against the Agency, the Agency may disclose health information necessary to defend such action.

**Duty to Warn.** When a client communicates to the Agency a serious threat of physical violence against himself, herself or a reasonably identifiable victim or victims, the Agency will notify either the threatened person(s) and/or law enforcement.

**Appointments.** The Agency may contact you about appointment reminders, treatment alternatives or for public relations activities.

**Worker's Compensation.** Your health information may be shared in the event a care provider is injured in process of providing care.

**Other Instances.** In any other situation, the Agency will request your written authorization before using or disclosing any identifiable health information about you. If you choose to sign such authorization to disclose information, you may revoke that authorization to stop any future uses and disclosures at any time.

## **II. INDIVIDUAL RIGHTS**

You have the following rights with respect to your protected health information (PHI):

**Limiting Information Shared.** You may request in writing that the Agency not use or disclose your information for treatment, payment or administration purposes or to persons involved in your care except when specifically authorized by you, when required by law, or in emergency situations. The Agency will consider your request; however, the Agency is not legally obligated to honor your request. The Agency may not honor such requests if doing so will adversely affect your care.

If you have services that are paid out-of-pocket and you request that we not share such health related information and services for purposes of payment, or our operations with your health insurer(s), we will honor such requests unless otherwise mandated by law.

**Confidential Communication.** You have the right to request that your PHI be communicated to you in a confidential manner, such as sending mail to a different address, using a different phone number, etc. All reasonable requests will be accommodated.

**Obtaining Copies of Health Information.** Within the limits of the statutes and regulations, you have the right to inspect and copy your PHI. If you request paper or electronic copies, the Agency will provide you with a copy of your medical record or a summary of your record typically within 30 days of your request. You will be charged a reasonable, cost-based fee as allowed by law.

**Corrections to Health Record.** If you believe that information in your record is incorrect or if important information is missing, you have the right to submit a request to the Agency to amend your PHI by correcting the existing information or adding the missing information. The Agency will review all amendment requests and make those which do not affect the integrity of the health record as allowed by law. If a change is not made to your record per your request, you will be notified with a reason the request was not honored.

**Accounting of Shared Information.** You have the right to receive a list (accounting) of disclosures of your PHI made by the Agency. The request for an accounting must be made in writing to the Privacy Officer. The request should specify the time period for the accounting. Accounting requests may not be made for periods of time in excess of six (6) years. The Agency will provide the first accounting you request within any 12-month period without charge. Subsequent accounting requests within the same 12-month timeframe may be subject to a reasonable, cost-based fee as allowed by law.

**Your Representative.** If you have chosen a medical power of attorney, or if someone has been designated as your legal guardian, that person has been given the legal authority to make health decisions and exercise your rights on your behalf. We will work directly with such persons and ensure they are notified of any health related matters promptly.

**Privacy Notice Copy.** If this Notice of Privacy Practices was sent to you electronically, you may obtain a paper copy of this notice upon request to the Agency at any time. Subsequent electronic copies may also be requested and provided.

**Filing A Complaint.** If you are concerned that the Agency has violated your privacy rights, or you disagree with a decision the Agency made about access to your records, you may contact the office at (410) 719-6912 at any time. You may also send a written complaint to the U.S. Department of Health and Human Services Office for Civil Rights. The AME Home Care office staff can provide you with the appropriate address upon request. Under no circumstances will you be retaliated against for filing a complaint.

**III. AGENCY’S DUTIES**

- 1. The Agency is required by law to maintain the privacy of PHI and to provide individuals with notice of its legal duties and privacy practices with respect to PHI.
- 2. You and/or your designated representative will be promptly notified of any breaches that may compromise the privacy or security of your information.
- 3. The Agency is required to abide by the terms of this notice. This notice may be amended from time to time; the Agency will abide by any amendments made to this notice.
- 4. The Agency reserves the right to change the terms of this notice and to make the new notice provisions effective for all PHI that it maintains. Prior to making any significant policy changes, the Agency will change its notice and provide you with a copy. You can also request a copy of this notice at any time. For more information about privacy practices, please contact the office (410) 719-6912.

**IV. AGENCY CONTACT INFORMATION**

The Agency is required by law to protect the privacy of your PHI, provide this Notice of Privacy Practices, and follow the information practices that are described in this notice.

If you have any questions or complaints, please contact:

AME Home Care, LLC Jane Gold, Privacy Officer 735 Frederick Rd. Catonsville, MD 21228 (410) 719-6912	Office of Health Care Quality 55 Wade Avenue Bland Bryant Building Catonsville, Maryland 21228 (410) 402-8015
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Complaints may also be directed to the U.S. Department of Health and Human Services without fear of retaliation. (877) 696-6775