

## NOTICE OF HOME CARE PRIVACY PRACTICES

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

Generations Home Care, Inc. respects your right to confidential health information. Generations may use your health information, as defined in the Privacy Rule of the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), for purposes of providing you treatment, obtaining payment for your care and conducting health care operations. Generations has policies to guard against unnecessary disclosure of your health information.

### **USE AND DISCLOSURE OF HEALTH INFORMATION**

**To Provide Treatment.** Generations collects and coordinates health information about you and your health care needs from you and others involved in your care such as your attending physician and other health care professionals who are involved in coordinating your health care needs. For example, your physicians may need information about your symptoms in order to prescribe appropriate medications and be kept up to date about your condition. Generations may also disclose your health care information to individuals outside the Agency involved in your care including pharmacists, or suppliers for medical equipment.

**To Obtain Payment.** Generations may share information about your care with your insurer in order to receive payment. For example, the Agency may need to obtain prior approval from your insurer and may need to explain to the insurer your need for home care and the services that will be provided to you.

**To Conduct Health Care Operations.** Generations may disclose health information for its own operations in order to facilitate functions to provide quality care to all of the Agency's patients. Example of activities include:

- Quality assessment and improvement activities.
- Activities designed to improve health or reduce health care costs.
- Professional review and performance evaluation.
- Training programs including those in which practitioners learn under supervision.
- Accreditation, certification, licensing or credentialing activities.
- Review and auditing, including compliance reviews, medical reviews, legal services and compliance programs.

For example, Generations may use your health information to evaluate its staff performance, combine your health information with other Agency patients in evaluating how to more effectively serve all Agency patients, disclose your health information to Agency staff and contracted personnel for training purposes, or use your health information to contact you as a reminder regarding a visit to you.

**For Fundraising Activities.** The Agency may use information about you including your name, address, phone number and the dates you received care in order to contact you to raise money for the Agency. If you do not want the Agency to contact you, notify the County Director and indicate that you do not wish to be contacted.

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### CIRCUMSTANCES UNDER WHICH YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED WITHOUT FIRST RECEIVING YOUR WRITTEN PERMISSION

- **When Legally Required.** Generations will disclose your health information when it is required to do so by any Federal, State or local law.
- **When There Are Risks to Public Health.** Generations may disclose your health information for public activities and purposes in order to:
  - Report adverse events, product defects, to track products or enable product recalls, repairs and replacements and to conduct post marketing surveillance and compliance with requirements of the Food and Drug Administration.
  - Notify a person who has been exposed to a communicable disease or who may be at risk of contracting or spreading a disease.
  - Notify an employer about an individual who is a member of the workforce as legally required.
- **To Conduct Health Oversight Activities.** The Agency may disclose your health information to a health oversight agency for activities including audits, civil administrative or criminal investigations, inspections, licensure or disciplinary action. The Agency, however, may not disclose your health information if you are the subject of an investigation and your health information is not directly related to your receipt of health care or public benefits.
- **In Connection With Judicial And Administrative Proceedings.** The Agency may disclose your health information in the course of any judicial or administrative proceeding in response to an order of the court.
- **For Law Enforcement Purposes.** As permitted or required by State law, the Agency may disclose your health information to a law enforcement official for certain law enforcement purposes as follows:
  - Under certain limited circumstances, when you are the victim of a crime.
  - To a law enforcement official if the Agency has a suspicion that your death was the result of criminal conduct including criminal conduct at the Agency.
  - In an emergency in order to report a crime.
- **To Coroners And Medical Examiners.** The Agency may disclose your health information to coroners and medical examiners for purposes of determining your cause of death or for other duties, as authorized by law.
- **For Worker's Compensation.** The Agency may release your health information for worker's compensation or similar programs.

### AUTHORIZATION TO USE OR DISCLOSE HEALTH INFORMATION

Other than is stated above, the Agency will not disclose your health information other than with your written authorization. If you or your representative authorizes the Agency to use or disclose your health information, you may revoke that authorization in writing at any time.

## NOTICE OF HOME CARE PRIVACY PRACTICES

### YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION

You have the following rights regarding your health information that the Agency maintains:

- **Right to request restrictions.** You may request restrictions on certain uses and disclosures of your health information. You have the right to request a limit on the Agency's disclosure of your health information to someone who is involved in your care or the payment of your care. However, the Agency is not required to agree to your request. If you wish to make a request for restrictions, please contact *the local County Director*.
- **Right to receive confidential communications.** You have the right to request that the Agency communicate with you in a certain way. For example, you may ask that the Agency only conduct communications pertaining to your health information with you privately with no other family members present. If you wish to receive confidential communications, please contact the office and ask to speak with the local County Director. The Agency will not request that you provide any reasons for your request and will attempt to honor your reasonable requests for confidential communications.
- **Right to inspect and copy your health information.** You have the right to inspect and copy your health information, including billing records. If you would like to request to inspect and copy records containing your health information, you may contact the local office and ask to speak with the County Director. If you request a copy of your health information, the Agency may charge a reasonable fee for copying and assembling costs associated with your request.
- **Right to amend health care information.** You or your representatives have the right to request that the Agency amend your records, if you believe that your health information is incorrect or incomplete. A request for an amendment of records must be made in writing to the County Director. The Agency may deny the request if it is not in writing or does not include a reason for the amendment. The request also may be denied if, in the opinion of the Agency, the records containing your health information are accurate and complete.
- **Right to an accounting.** You or your representative have the right to request an accounting of disclosures of your health information made by the Agency for any reason other than for treatment, payment or health operations. The request for an accounting must be made in writing to the County Director. The request should specify the time period for the accounting starting on or after April 14, 2003. Accounting requests may not be made for periods of time in excess of six (6) years. The Agency would provide the first accounting you request during any 12-month period without charge. Subsequent accounting requests may be subject to a reasonable cost-based fee.
- **Right to a paper copy of this notice.** You or your representatives have a right to a separate paper copy of this Notice at any time even if you or your representatives have received this notice previously. To obtain a separate paper copy, please contact the office and ask to speak with the County Director. The patient or a patient's representative may also obtain a copy of the current version of the Agency's Notice of Privacy Practices at its website, <http://www.ghcde.org>.

## NOTICE OF HOME CARE PRIVACY PRACTICES

### CHANGES TO THIS NOTICE

On occasion we may need to change and update this notice. If the Agency changes its Notice, the Agency will make available to you a copy of the revised Notice. You or your personal representatives have the right to express complaints to the Agency and to the Secretary of DHHS if you or your representative believes that your privacy rights have been violated. Any complaints to the Agency should be made in writing to the *County Director*. The Agency encourages you to express any concerns you may have regarding the privacy of your information. You will not be retaliated against in any way for filing a complaint. Please contact your County Director at the local office:

#### **New Castle County**

15 Ashley Place, Suite 1A  
Wilmington, DE 19804  
(302) 658-6731

#### **Kent County**

1125 Forest Avenue, Suite 201  
Dover, DE 19901  
(302) 734-7005

#### **Sussex County**

205 E. Market Street  
Georgetown, DE 19947  
(302) 856-7774

Contact the Privacy Officer:  
Generations Home Care, Inc.  
2 Penn's Way, Suite 303  
New Castle, DE 19720  
Toll free at 1-888-810-5422

**EFFECTIVE DATE April 14, 2003**