

# UHS Home Care Notice of Privacy Practices

## Part 1

**The following describes how your medical information may be used and disclosed and how you can get access to this information. Please review the information carefully.**

UHS Home Care is required by law to protect the privacy of patients. Your confidential health care information may not be released for any purpose other than that which is identified in this notice. Your medical information and how it may be used:

*A specific consent/authorization is NOT needed to release your confidential health care information to the following entities (or for the following purposes):*

- Health care providers involved in your *care/treatment*\*
- Your insurance providers for the purpose of *payment*
- Agency personnel to conduct *normal business operations* such as appointment reminders, rosters of those to receive treatment, case management, quality assessment, risk management, etc.
- UHS Hospitals and UHS Home Care participate in an Organized Health Care Arrangement (OHCA). You will receive separate Notice of Privacy Practices as you visit system members. Your confidential health care information will be shared for normal business operations and patient care.
- Public or law enforcement officials in the event of a criminal or other investigation\*
- A public health organization or federal organization in the event of a communicable disease or to report a defective device or untoward event to a biological product (food or medication).
- Health care providers in the event you need emergency care.
- Organ / tissue procurement organizations, to carry out their duties as per applicable laws.
- Funeral directors, to carry out their duties as per New York state law
- UHS Hospitals is one of the founders of, and a participant in the Southern Tier Health Link “Regional Health Information Organization” or “Health Information Exchange” (“STHL”), pursuant to a program sponsored by the New York Department of Health (“NYSDOH”). That program is designed to provide you with better care through the electronic exchange of your medical and demographic information among your health care providers as directed by you. Your demographic and medical information will be “deposited” in the STHL Health Information Exchange consistent with policies established by the NYSDOH.

*\*\*\*However, that deposited information cannot be withdrawn by a provider without your consent, except in the event you need emergent care. You may learn more about your options for controlling your medical and demographic information as maintained by STHL by visiting its website at [www.sthlny.com](http://www.sthlny.com) or by calling STHL at 607-651.9150.*

*\*There are exceptions to this per state and/or federal laws that provide a higher level of control over release of information for specific conditions.*

**A specific consent/authorization IS required to release your confidential health care information to the following:**

- Individuals designated by you, e.g.:
  - o Your attorney " Your life insurance provider
  - o A caretaker " Your health care proxy
- UHS Foundation personnel for the purposes of raising funds to support the Agency's operations; without authorization, Foundation personnel may receive only demographic information and you may request that this information not be provided to the Foundation.
- New York State Medicaid Health Home

**You have the following rights:**

- To restrict the use of your confidential health care information. However, the Agency may choose to refuse your restriction if it is not reasonably accommodated; it conflicts with providing you quality health care, or in the event of an emergency.
- You may revoke your consent / authorization in writing at any time (revocation does not apply to previous disclosures)
- To receive confidential communications about your health status
- To review and / or request a photocopy of any / all portions of your health care information; reasonable fees may be charged for copies
- To request an amendment to your health care information
- To know who has accessed your confidential health care information, within your designated record set and for what purpose
- To complain to the Agency if you believe your right to privacy have been violated

If you feel that your privacy rights have been violated, please mail your complaint to the Agency;

UHS Home Care – Privacy Officer  
4401 Vestal Parkway  
Vestal, NY 13850 607-763-8946

All complaints will be investigated. No personal issue will be raised for filing a complaint with the Agency. If your complaint cannot be resolved by UHS Home Care you may contact:

Office for Civil Rights at [OCRmail@hhs.gov](mailto:OCRmail@hhs.gov) or (800) 368-1019

The Agency will abide by the terms of this notice. The Agency reserves the right to make changes to this notice and continue to maintain the confidentiality of all health care information. If alterations are made to this privacy notice, these changes will be posted on our web site [www.uhs.net](http://www.uhs.net) so you can be aware of any changes that may affect you. Any person may request and receive a printed copy of this privacy notice. To obtain a paper copy of this notice or obtain further information about this notice, please contact, via postal mail.

UHS Home Care – Privacy Officer  
4401 Vestal Parkway  
Vestal, NY 13850 **607-763-8946**

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*Please note you will find additional information about any of the previous italicized words in the following pages of this Notice.*

## UHS Home Care Privacy Notice – Part II

**The following notice describes how your medical information may be used and disclosed, and how you can get access to this information. Please review the information closely.**

UHS Home Care is required by law to protect the privacy of its patients. Your confidential health care information may not be released for any purpose other than that which is identified in this notice.

### **Who will follow this Notice**

This privacy notice booklet describes our Agency's practices and that of:

- All UHS Home Care employees, medical staff members and volunteers
- Any health care professional authorized to enter information into your medical record, e.g. students, home care agency personnel, etc.
- Business associates of UHS Home Care, who, through contracts, are held to the same confidentiality standards as Agency personnel

*This notice applies only to protected health information created or obtained in connection with the care provided to you at UHS Home Care. It does not apply to care provided by your physician's/health care provider's office. If you have not previously visited your physician's / health care provider's office, upon your next visit, you should receive the physician's / health care provider's Privacy Notice of privacy practices as it relates to their office practice.*

### **Our pledge regarding medical information**

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a medical record of the care and services you receive at the Agency. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the record of your care generated by our Agency or your Physician. Your personal doctor may have different policies or notices regarding the doctor's use and disclosure of your medical information created in the doctor's office or clinic.

This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of your information.

We are required by law to:

- Make sure that medical information that identifies you is kept private
- Give you this notice of our legal duties and privacy practices with respect to your medical information
- Follow the terms of the notice that is currently in effect

The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures, we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories. Certain medical information requires additional authorization from you.

### **We may use and disclose medical information about you WITHOUT a consent / authorization form for:**

- **Care / Treatment** – We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students, or other Agency personnel who are involved in taking care of you at the Agency. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell the dietician if you have diabetes so that we can arrange appropriate meals. Different departments of the Agency also may share medical

information about you in order to coordinate the different things you need, such as prescriptions, lab work, and x-rays. We also may disclose medical information about you to people outside the Agency who may be involved in your medical care, such as family members, personal representatives, health care proxy, clergy, or others that provide services that are part of your care.

- **Payment** – We may use and disclose medical information about you so that the treatment and services you receive at the Agency may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give your health plan information about care you received from the Agency so your health plan will pay us or reimburse you for the care. We may also tell your health plan about treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment. We may release medical information about you for **workers’ compensation** or similar programs. These programs provide benefits for work-related injuries or illness.
- **Normal Business Operations** – We may use and disclose medical information about you for Agency operations. These uses and disclosures are necessary to run the Agency and make sure that all of our patients receive quality care. For example, we may use medical information to review our treatment and services and evaluate the performance of our staff in caring for you. We may also combine medical information about many Agency patients to decide what additional services the Agency should offer, what services are not needed, and whether certain new treatments are effective. We will obtain your current and previous medication history from the pharmacies you utilize. We may disclose your information to the Secretary of the Department of Health and Human Services (HHS) for the purpose of investigating or determining the Covered Entity’s compliance with the HIPAA administrative simplification provisions in the HIPAA Privacy Rule. We may also combine the medical information we have with medical information from other Agencies to compare how we are doing and see where we can make improvement in the care and services we offer. We may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning who the specific patients are. (\*There are exemptions to this as per state and/or federal laws.) We may include certain limited information about you in the Agency Roster while you are a patient at the Agency. This information may include your name and your physician/health care provider names.
- **Law Enforcement** – We may release medical information if asked to do so by law enforcement:
  - In response to a court order, administrative order, subpoena, warrant, summons or similar process
  - To identify or locate a suspect, fugitive, material witness, or missing person
  - About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person’s agreement
  - About a death we believe may be the result of criminal conduct.
  - About criminal conduct at the location where care is being provided.
  - In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime
- **Public Health, State, or Federal Organizations** – We may disclose medical information about you for public health activities. These activities generally include the following:
  - To prevent or control disease, injury or disability
  - To report births and deaths
  - To report child abuse or neglect
  - To report reactions to medications or problems with products
  - To notify people of recalls of products they may be using

- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition
  - To health oversight agencies for activities by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
  - When we believe it is necessary to prevent a serious threat to your health and safety of the public or another person, as required or permitted by law.
  - To authorized federal officials for lawful intelligence, counterintelligence, and other national security activities authorized by law.
  - To authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or for the conduct of special investigations.
- **Research Resulting in Reports Containing Non-personally Identifiable Data** – Under certain circumstances, we may use and disclose medical information about you for research purposes. For example, research projects may involve comparing the health and recovery of all patients who received one medication to those who received another, for the same condition. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of medical information, trying to balance the research needs with patients' need for privacy of their medical information. Before, we use or disclose medical information for research, the project will have been approved through this research approval process, but we may, however, disclose medical information about you to people preparing to conduct a research project, for example, to help them look for patients with specific medical needs, so long as the medical information they review does not leave the Agency.
  - **Organ/Tissue Procurement** – If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.
  - **Coroners, Medical Examiners and Funeral Directors** – We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release confidential health care information about patients to funeral directors as necessary to carry out their duties.
  - **Military Personnel/Veterans** – If you are a member or veteran of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.
  - **Disaster Relief Agencies** – We may disclose medical information about you to an entity assisting in a disaster relief effort so that our family can be notified about your condition, status, and location.
  - **Marketing** – Hospital personnel for marketing of health care treatment options or other health services that may be of interest to you, for example, if you are a diabetic patient, you might benefit from diabetic instruction. UHS Home Care might notify you of the availability of diabetic classes. Please note, exceptions to this requirement are any face-to-face communications made to you by Agency personnel or promotional gifts of nominal value that you may be given.

**We may use and disclose medical information about you WITH a consent/authorization for:**

- **Individuals Designated by You** – For example, care taker, health care proxy, family members, life insurance providers, attorney, etc.
- **Marketing** – UHS Home Care requires authorization to release information about you to any outside agency for the purpose of marketing its goods or services to you.
- **Research Resulting in Reports Containing Personally Identifiable Data** – Hospital personnel and/or health care providers conducting research resulting in reports containing personally identifiable data e.g. demographic data (inclusive of any component of your address), age, telephone number, photographs, etc. These types of research projects will have been approved by UHS Home Care Institutional Review Board for appropriateness prior to implementation.
- **Authorization is Required for Other Uses and Disclosures** – Other uses and disclosures that are not described above will be made only with your written authorization. If you give UHS Home Care an authorization, you may revoke the authorization in writing, and this revocation will be effective for future uses and disclosures of PHI. However, the revocation will not be effective for information that we have used or disclosed in reliance on the authorization.

**Your rights regarding medical information about you.**

You have the following rights regarding medical information we maintain about you:

- **Right to Request Restrictions** – You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or normal business operations. You also have the right to request a limit on the medical information we disclose about to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that not use or disclose information about a surgery you had.

You are entitled to a restriction to not disclose information to your health plan for health care services that we provided for which you paid us directly in full when the purpose of the disclosure is for the health plan's payment or health care operations.

*We are not required to agree to your request.* If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

To request a restriction, you must make your request in writing to UHS Home Care. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure, or both; and (3) to whom you want the limits to apply, for example, your spouse.

- **Right to Revoke Your Consent/Authorization** – In writing at any time e.g.: if you consented to the use of your confidential health care information for research, you may withdraw that consent, except to the extent that the action has already been taken.
- **Right to Request Confidential Communication** – You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you by mail. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.
- **Right to Review and/or Request** – You have the right to review and / or request a photocopy of medical information that may be used to make decisions about your care. This includes medical and billing records, but does not include psychotherapy notes.

To review and / or request a photocopy of your medical information, you must submit your request in writing to the UHS Home Care Privacy Officer. If you request a copy of the information, reasonable amounts may be charged for the copies.

We may deny your request and / or receive a photocopy in certain very limited circumstances. If you are denied access to your medical information, you may request that the denial be reviewed.

- **Right to request an Amendment** – If you feel that medical information we have about you is incorrect or incomplete, you may ask to amend or have your information amended. You have the right to request an amendment for as long as the information is kept by or for UHS Home Care.

To request an amendment, your request must be made in writing and submitted to the UHS Home Care Privacy Officer. In addition, you must provide a reason that supports your request. We must act on the request for amendment no later than 60 days from the request. If we are unable to act within 60 days of the date of the request, you will be notified. We will have up to an additional 30 days to act upon your request.

We may deny your request for an amendment if it is not in writing, does not include a reason to support the request, or is not part of your medical record or billing information. In addition, we may deny your request if you ask us to amend information that:

- was not created by us, unless the person or entity that created the information is no longer available to make the amendment
  - Is not part of the medical information kept by or for the Agency
  - Is not part of the information which you would be permitted to inspect and copy
  - If an amendment is accepted, you can identify who you would like to receive a copy of the amendment. UHS Home Care will make every reasonable effort to meet your request.
- **Right to Receive an Accounting of Disclosure** – You have the right to request an “accounting of disclosures”. This is a list of the disclosures we made of your designated record set (your medical record or billing record).

To request an accounting of disclosures, you must submit your request in writing to the UHS Home Care Privacy Officer. Your request must state a time period which may be no longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example orally or written). Normally, you will receive this requested listing within 60 days, but no more than 90 days from the date of request:

On September 23, 2009, the Department of Health and Human Services (HHS) amended HIPAA to both define what constitutes a “breach” of Protected Health Information (PHI) and to include procedures for remedying any such breach. We are now required to notify you of what HHS defines as a breach sixty (60) days from the discovery. This notice will be given to you by first class mail to your last known address. If any such breach includes PHI for more than 500 individuals, we shall also seek to notify you by contacting local media outlets and HHS.

**Right to file a Complaint** – If you believe your privacy rights have been violated, you may file a complaint with the Agency or with the Office for Civil Rights. To file a complaint with the Agency, please mail your complaint to:

UHS Home Care – Privacy Officer  
4401 Vestal Parkway  
Vestal, NY 13850  
**607-763-8946**

All complaints will be investigated. ***You will not be penalized for filing a complaint.*** If your complaint cannot be resolved by UHS Home Care, you may contact:

Office for Civil Rights [ocrmail@hhs.gov](mailto:ocrmail@hhs.gov) (800) 368-1019

UHS Home Care will abide by the terms of this notice. UHS Home Care reserves the right to make changes to this notice and continue to maintain the confidentiality of all health care information. If alterations are made to this privacy notice, these changes will be posted on our web site [www.uhs.net](http://www.uhs.net) so you can be aware of any changes that may affect you.

Any person may request and receive a printed copy of this privacy notice. To obtain a paper copy of this privacy notice or obtain further information, please contact, via posted mail:

UHS Home Care – Privacy Officer  
4401 Vestal Parkway  
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