

# ALL CARE FAMILY SERVICE

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## Notice of Privacy Practices

**This notice describes how health information about you may be used and disclosed and describes your rights regarding this information. Please review it carefully. If you have questions, please consult with your Case Manager of the ACFS Privacy Officer.**

A federal regulation, known as the Health Insurance Portability & Accordance Act of 1996 ( the “HIPAA Privacy Rule”), requires that we provide detailed notice in writing of our privacy practices regarding health information about you and any health information that might identify you. The information might be about your health, about health-related services we provide to you, or about payment for services we provide to you. This information might be about past, present or future conditions and/or services.

All Care Family Services (ACFS) intends to comply with both the letter and spirit of the Privacy Rule. Sharing information with others who participate in your care is an important way of achieving goals that are important to you, but your right to privacy is also important. We will do our best to balance privacy and superior service.

In reading this notice, you should know the government has defined some terms specifically for this Privacy Rule.

**Protected Health Information** that identifies you (or that someone could use to identify you) and is sent electronically or by any other form.

**Health Information** means any information recorded about you by a health care provider regarding your physical and mental conditions.

**Health Care Operations** refers to activities health care providers undertake in conducting their business, including billings and quality improvement activities.

At several places in this notice, you will find references to specific forms you should use to exercise some of the rights that the Privacy Rule guarantees for you. The names of those forms are underlined to make them easy to identify. Copies of all the forms are available from your Case Manager, the ACFS Privacy Officer or at the ACFS offices.

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## **Our Responsibilities**

ACFS is required by the HIPAA Privacy Rule to:

- Maintain the privacy of your health information.
- Provide you with this notice of our legal duties and privacy practices with respect to information we collect and maintain about you.
- Abide by the terms of this notice.

We reserve the right to change ACFS privacy practices and to make the new provisions effective for all health information we maintain. Should our privacy practices change, we will post the changes on the bulletin board in our office and on our website. A copy of the revised notice will be available upon request after the effective date of the changes

We will not use or disclose your health information without your authorization, except as describes in this notice.

## **Your Rights**

As a client of ACFS you have several rights with regard to your health information, including the following:

- The rights to request that we not use or disclose your health information in certain ways.
- The right to request to receive communications in an alternative manner or location.
- The right to access and obtain a copy of your health information.
- The right to request an amendment to your health information.
- The right to an accounting of disclosures of your health information.

ACFS will not ask you to waive any of your rights, nor will you be denied service or penalized in any way for exercising your rights.

## **The Responsibilities of Others**

It is likely that you will receive services from more than one provider. Each provider has the responsibility to protect your privacy and to advise you of their policies and procedures to do so. You may be asked to read and agree to forms and policies similar to the ones that ACFS uses. If you believe that a provider to whom ACFS referred you is not respecting your privacy or rights, please contact ACFS privacy officer.

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## Understanding Your Health Record/Information

Each time you interact with an ACFS employee, we make a record of your contact. Typically, this record contains a description of your need, condition, diagnoses treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as a:

- Basis for planning your care and treatment.
- Means of communication among the many health professionals who contribute to your care.
- Legal document describing the care you received.
- Means by which you or a third-party payer can verify that services billed were actually provided.
- Tool in educating health professionals
- Source of data for medical research.
- Source of information for public health officials who oversee the delivery of health care in the United States
- Source of data for facility planning and marketing.
- Tool with which we can assess and continually work to improve the care we render and the outcomes we achieve.

Some information about your identity, needs, progress and services is considered protected health information.” Information, which does not identify you or give detail about your particular case that could enable others to identify you, is not considered protected health information.

Understanding what is in your record and how your health information is used helps you to: ensure its accuracy, better understand who, what, when, and why others may access your health information, and make more informed decisions when authorizing disclosure to others.

## How We Will Use of Disclose Your Protected Health Information

- 1. Treatment:** We will use of disclose your health information for treatment purposes, including for the treatment activities of other healthcare providers to who you have been referred for treatment. For example, information obtained by a Case Manager will be recorded in your record and used to determine the course of treatment that should work best for you. Your Case Manager will document in your record his/her expectations for the provider to who ACFS has referred you. Those providers will the record the actions they took and their observations this way, your Case Manager will know how you are responding to treatment and what progress you are making. We will also provide your services provider with copies of carious reports that should assist him/her in treating you once you are discharged by ACFS.

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- 2. Payment:** We will use or disclose your health information to seek payment for services including for payment activities of other healthcare providers or payers. The information on or accompanying the bill may include information that identifies you as well as your diagnosis, procedures, and supplies used.
- 3. Health Care Business Operations:** We will use or disclose your health information for our regular health operations. For example, members of the case management staff, the risk of quality improvement manager, or members of the quality improvement team may use information in your health records to assess the care and outcomes in your case and other like it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and service we provide. We will always disclose the minimum amount of information necessary to accomplish our business purposes.
- 4. Business Associates:** Some services are provided in our organizations through the use of outside people and entities. Examples of these “business associates” include our accountants, consultants and attorneys. We may disclose your health information to our business associates so that they can perform the job we have asked them to do. To protect your health information, however, we require the business associates to appropriately safeguard your information.
- 5. Notification:** You will complete a Consent to Notify Personal Representatives Form to provide us with the name of at least one family member, personal representative or other responsible person that we can notify about your case. We may use or disclose information to notify, or assist in notifying, this person(s) of your location and general condition. If we are unable to reach your family member or personal representative, then we may leave a message for them at the telephone number that they have provided us. E.g., on an answering machine.
- 6. Communication with family:** With your consent, we may disclose to a family member, other relative, close personal friend, or any other person involved in your healthcare, health information relevant to that person’s involvement in your care or payment related to your care.
- 7. Research:** We will not disclose protected health care information to researchers without your permission.
- 8. Transfer of information at death:** We may disclose health information to funeral directors, medical examiners, and coroners to carry out their duties consistent with applicable law.

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9. **Organ procurement organization:** Consistent with applicable law, we may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.
10. **Food and Drug Administration (FDA):** We may disclose to the FDA, or to a person or entity subject to the jurisdiction of the FDA, health information relative to adverse events with respect to food, supplements, products and product defects, or post marketing surveillance information to enable product recalls, repair, or replacement.
11. **Workers compensation:** We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.
12. **Public health:** As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.
13. **Law enforcement:** We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.
14. **Reports:** Federal law makes provisions for your health information to be released to an appropriate health 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 clinical standard and are potentially endangering one or more patients, workers, or the public.