

LAKEVIEW SERVICES

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 REVIEW IT CAREFULLY.

USE AND DISCLOSURE OF HEALTH INFORMATION

LAKEVIEW SERVICES may use your health information for purposes of providing you treatment, obtaining payment for your care and conducting health care operations. Your health information may be used or disclosed only after the Agency has obtained your written consent. The Agency has established policies to guard against unnecessary disclosure of your health information by employees or outside parties.

THE FOLLOWING IS A SUMMARY OF THE CIRCUMSTANCES WHERE YOUR HEALTH INFORMATION MAY BE USED/ DISCLOSED WITH YOUR CONSENT.

To Provide Treatment:

LAKEVIEW SERVICES may use your health information to coordinate care within the Agency and with your physician, therapists, case managers, pharmacists, medical equipment suppliers, family, POA,s and others who are legally appropriate to receive your health information.

To Obtain Payment:

LAKEVIEW SERVICES may disclose your health information to insurance companies as needed to obtain prior approval and to collect payment for the care you receive from the Agency.

To Conduct Health Care Operations:

LAKEVIEW SERVICES may use and disclose health information for its own operations in order to facilitate the function of the Agency, and as necessary to provide quality care to all of the Agency 's clients.

For Appointment Reminders:

The Agency may use and disclose your health information to contact you as a reminder that you have an appointment for a home visit.

For Treatment Alternatives:

The Agency may use and disclose your health information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

THE FOLLOWING IS A SUMMARY OF THE CIRCUMSTANCES AND PURPOSES FOR WHICH YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED WITHOUT FIRST RECEIVING YOUR WRITTEN CONSENT

When Legally Required.

The Agency will disclose your health information when it is required to do so by any Federal, State or local law and law enforcement officials.

When There Are Risks to Public Health

The Agency may disclose your health information for public activities and purposes in order to:

- Prevent or control disease, injury or disability and to report adverse events; to 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 Report Abuse, Neglect Or Domestic Violence.

LAKEVIEW SERVICES allowed to notify government authorities if the Agency believes a client is the victim of abuse, neglect or domestic violence.

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.

In Connection With Judicial And Administrative Proceedings.

The Agency may disclose your health information in response to an order of a court or administrative tribunal as expressly authorized by such order or in response to a subpoena, discovery request or other lawful process.

To Coroners And Medical Examiners.

The Agency may disclose your health information to coroners, medical examiners and funeral directors of determining your cause of death and for making funeral arrangements.

For Organ, Eye Or Tissue Donation.

For Research Purposes.

For Worker's Compensation.

The Agency may release your health information for worker's compensation or similar programs

For Specified Government Functions.

In certain circumstances, the Federal regulations authorize the Agency to use or disclose your health information to facilitate specified government function..

AUTHORIZATION TO USE OR DISCLOSE HEALTH INFORMATION

Other than is stated above, **LAKEVIEW SERVICES** will not disclose your health information without your written authorization. You may revoke that authorization in writing at any time.

YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION

You have the following rights regarding your health information that **LAKEVIEW SERVICES** maintains:

- **Right to request restrictions.**
You may request restrictions on certain uses and disclosures of your health information.
- **Right to receive confidential communications.**
You have the right to refuse any persons other than yourself to have access to your health information.
- **Right to inspect and copy your health information.**
You have the right to inspect and copy your health information.
- **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. 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 your health information records were not created by the Agency.
- **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 should specify the time period for the accounting starting on or after April 14, 2003. Six (6) years is the maximum period of time for the request.

- **Right to a paper copy of this notice.**

You/your representative have a right to a separate paper copy of this Notice at any time. To obtain a separate paper copy, please contact **LAKEVIEW SERVICES 612-714-9610**
Copy Given to client and client representative upon admission.

DUTIES OF THE AGENCY:

The Agency is required by law to maintain the privacy of your health information and to provide to you and your representative this Notice of its duties and privacy practices. The Agency is required to abide by the terms of this Notice. You have the right to express complaints to the Agency and to the Secretary of DHHS if you believe that your privacy rights have been violated. You will not be retaliated against in any way for filing a complaint.

CONTACT PERSON

The Agency has designated **Osman Osman Compliance Officer** as its contact persons for all issues regarding client privacy and your rights under the Federal privacy standards. You may contact these persons **LAKEVIEW SERVICES , 612-540-3672 , if you have any questions or concerns about this privacy notice or your rights.**

Name	Signature	Title	Date
		Person	
		Legal Representative	