Privacy Policy

***Effective as of January 1, 2018***

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.

This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law.  It also describes your rights to access and control your protected health information.  “Protected health information” is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

We are required to abide by the terms of this Notice of Privacy Practices.  We will let you know promptly if a breach occurs that may have compromised the privacy or security of your protected health information. We may change the terms of our notice, at any time.  The new notice will be effective for all protected health information that we maintain at that time.  Upon your request, we will provide you with any revised Notice of Privacy Practices.  You may request a revised version by accessing our website, or calling the office and requesting that a revised copy be sent to you in the mail or asking for one at the time of your next appointment.

Ways We May Use and Disclose Your Protected Health Information Without Your Authorization

Your protected health information may be used and disclosed by your clinician, our office staff and others who are involved in your care and treatment for the purpose of providing health care services to you.  Your protected health information may also be used and disclosed to pay your health care bills and to support the operation of our practice.  The following are examples of the types of uses and disclosures of your protected health information that we are permitted to make.  These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by our office.

Treatment:  We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services (for all providers you have given us the release authorization to provide this information to).  This includes the coordination or management of your health care with another provider.  For example, we would disclose your protected health information, as necessary, to a home health agency that provides care to you.  We will also disclose protected health information to other physicians who may be treating you.  For example, your protected health information may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you.  In addition, we may disclose your protected health information from time-to-­time to another physician or health care provider (e.g., a specialist or laboratory) who, at the request of your physician, becomes involved in your care by providing assistance with your health care diagnosis or treatment to your physician.

Health Care Operations:  We may use or disclose, as needed, your protected health information in order to support the business activities of our practice.  These activities include, but are not limited to, quality assessment activities, employee review activities, training of medical students, licensing, fundraising activities, and conducting or arranging for other business activities.  For example, we use health information about you to manage your treatment and services and to contact you about appointments or test results.

Other Permitted or Required Uses and Disclosures That May Be Made Without Your Authorization or Opportunity to Agree or Object.

We may use or disclose your protected health information in the following situations without your authorization or providing you the opportunity to agree or object.  These situations include:

Disclosures to Business Associates: We may share your protected health information with third party “business associates” that perform various activities (for example, billing or transcription services) for our practice. Whenever an arrangement between our office and a business associate involves the use or disclosure of your protected health information, we must have a written contract that contains terms that will protect the privacy and security of your protected health information.

Treatment Alternatives and Health-Related Benefits and Services: We may use or disclose your protected health information, as necessary, to provide you with information about treatment alternatives or other health ­related benefits and services that may be of interest to you.

Required By Law:  We may use or disclose your protected health information to the extent that the use or disclosure is required by law.  The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law.  You will be notified, if required by law, of any such uses or disclosures.

Public Health:  We may disclose your protected health information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information.  For example, a disclosure may be made for the purpose of preventing or controlling disease, injury or disability.

Communicable Diseases:  We may disclose your protected health information, if authorized or required by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

Health Oversight:  We may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections.  Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.

Abuse or Neglect:  We may disclose your protected health information to a public health authority that is authorized by law to receive reports of child or elder abuse or neglect.  In addition, we may disclose your protected health information if we believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information.  In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

Food and Drug Administration:  We may disclose your protected health information to a person or company required by the Food and Drug Administration for the purpose of quality, safety, or effectiveness of FDA ­regulated products or activities including, to report adverse events, product defects or problems, biologic product deviations, to track products; to enable product recalls; to make repairs or replacements, or to conduct post marketing surveillance, as required.

Legal Proceedings:  We may disclose protected health information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), or in certain conditions in response to a subpoena, discovery request or other lawful process.

Law Enforcement:  We may also disclose certain protected health information, so long as applicable legal requirements are met, for law enforcement purposes.  These law enforcement purposes include (1) legal processes and otherwise required by law, (2) limited information requests for identification and location purposes, (3) pertaining to victims of a crime, (4) suspicion that death has occurred as a result of criminal conduct, (5) in the event that a crime occurs on the premises of our practice, and (6) medical emergency (not on our practice’s premises) and it is likely that a crime has occurred.

Coroners, Funeral Directors, and Organ Donation:  We may disclose protected health information to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law.  We may also disclose protected health information to a funeral director, as authorized by law, in order to permit the funeral director to carry out their duties.  We may disclose such information in reasonable anticipation of death.  Protected health information may be used and disclosed for cadaveric organ, eye or tissue donation purposes.

Research:  We may disclose your protected health information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information.

Criminal Activity:  Consistent with applicable federal and state laws, we may disclose your protected health information, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.  We may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

Military Activity and National Security:  When the appropriate conditions apply, we may use or disclose protected health information of individuals who are Armed Forces personnel (1) for activities deemed necessary by appropriate military command authorities; (2) for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits, or (3) to foreign military authority if you are a member of that foreign military services.  We may also disclose your protected health information to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or others legally authorized.

Workers’ Compensation:  We may disclose your protected health information as authorized to comply with workers’ compensation laws and other similar legally­ established programs.

Inmates:  We may use or disclose your protected health information if you are an inmate of a correctional facility and your physician created or received your protected health information in the course of providing care to you.

Uses and Disclosures of Protected Health Information Based upon Your Written Authorization:

Other uses and disclosures of your protected health information will be made only with your written authorization, including (1) most uses and disclosures of psychotherapy notes; (2) uses and disclosures of your protected health information for marketing purposes, unless an exception applies; and (3) disclosures that constitute the sale of your protected health information.  You may revoke this authorization in writing at any time.  If you revoke your authorization, we will no longer use or disclose your protected health information for the reasons covered by your written authorization.  Please understand that we are unable to take back any disclosures already made pursuant to your authorization and prior to receiving your revocation.

**Your Rights**

The following is a description of your rights with respect to your protected health information and a brief description of how you may exercise these rights.  If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your protected health information. We will make sure the person has this authority and can act for you before we take any action.

Right to Access.  You have the right to inspect and copy your protected health information, with the exception of psychotherapy notes and under certain circumstances such as information compiled in anticipation of litigation or if providing you with such access will endanger your life or physical safety.  You may obtain your medical record that contains medical and billing records and any other records that we use to make decisions about you.  To the extent feasible, access or a copy of your medical information will be provided to you in the form or format that you request, including an electronic form or format if we maintain your medical information electronically.  As permitted by federal or state law, we may charge you a reasonable fee for a copy of your records.

We may deny your request to inspect and copy in certain limited circumstances.  If you are denied access to your medical information because of a threat or harm issue, you may request that the denial be reviewed.  Another licensed clinician chosen by Nursing on Demand, LLC will review your request and the denial.  The person conducting the review will not be the person who denied your request, and we will comply with the outcome of the review.

Please contact our Privacy Officer and Chief Operating Officer, Brenda Papazian-Madden (617)249-5305, if you have questions about obtaining access to or inspecting your medical record.

Right to Request Confidential Communications**.**  You have the right to request to receive confidential communications from us by alternative means or at an alternative location.  We will accommodate reasonable requests.  We may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact.  We will not request an explanation from you as to the basis for the request.  Please make this request in writing to our Privacy Officer & Chief Operating Officer, Brenda Papazian-Madden at [Brenda@Nursing-on-Demand.Com](mailto:Brenda@Nursing-on-Demand.Com) or via telephone (617)249-5305.

Right to Request an Amendment.  You have the right to request that we amend your protected health information, for so long as we maintain this information, if you feel that the information we have about you is incorrect or incomplete.  You must provide a reason to support your request for an amendment.  We may deny your request if it is not in writing or if it does not include a reason supporting the request.  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 Nursing on Demand, LLC;
* Is not part of the information which you would be permitted to inspect and copy; or
* Is accurate and complete.

If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.  Please contact our Privacy Officer & Chief Operating Officer, Brenda Papazian-Madden via [Brenda@Nursing-on-Demand.com](mailto:Brenda@Nursing-on-Demand.com) or via (617)249-5305 if you have questions about amending your medical record.

Right to Obtain a Copy of this Notice.  You have the right to obtain a paper copy of this notice from us, upon request, even if you have agreed to accept this notice electronically.

**Complaints**

You may complain to us or to the Secretary of the Department of Health and Human Services if you believe your privacy rights have been violated by us.  You may file a complaint with us by notifying our Brenda Papazian-Madden (email: [Brenda@Nursing-on-Demand.com](mailto:Brenda@Nursing-on-Demand.com)) or call (617)249-5305 of your complaint.  We will not retaliate against you for filing a complaint.  You can file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting <https://ocrportal.hhs.gov/ocr/cp/complaint_frontpage.jsf>.