

## Your Information

## Your Rights

## Our Responsibilities

This notice describes how your protected health information (PHI) may be used and disclosed and how you can get access to this information.  
**Please review it carefully.**



### **You have the right to:**

- Receive a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communications
- Request that we limit the information we share
- Receive a list of who we've shared your information with
- Receive a copy of this privacy notice
- Choose someone to act on your behalf
- File a complaint if you believe your privacy rights have been violated



### **You have some choices in the way that we use and share information to:**

- Notify family and friends about your condition
- Provide disaster relief
- Provide mental health care



### **We may use and share your information in order to:**

- Provide you with treatment
- Conduct agency operations
- Bill for services we provide to you
- Assist with public health and safety issues
- Conduct research
- Comply with the law
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

# Your Rights

**When it comes to your health information, you have certain rights.**  
 This section explains your rights and some of our responsibilities to assist you.

<b>Receive an electronic or paper copy of your medical record</b>	<ul style="list-style-type: none"> <li>You may request to view or receive an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.</li> <li>We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.</li> </ul>
<b>Request for us to correct your medical record</b>	<ul style="list-style-type: none"> <li>You may request for us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.</li> <li>We may say “no” to your request, but we’ll tell you why in writing within 60 days.</li> </ul>
<b>Request confidential communications</b>	<ul style="list-style-type: none"> <li>You may request for us to contact you in a specific way (e.g., home or office phone) or to send mail to a different address.</li> <li>We will say “yes” to all reasonable requests.</li> </ul>
<b>Request for us to limit what we use or share</b>	<ul style="list-style-type: none"> <li>You may request for us <b>not</b> to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.</li> <li>If you pay for a service or health care item completely out-of-pocket, you can request for us not to share that information with your health insurer. We will say “yes” unless a law or regulation requires us to share that information.</li> </ul>
<b>Receive a list of those with whom we’ve shared information</b>	<ul style="list-style-type: none"> <li>You may request a listing of the incidents in which we’ve shared your health information for six years prior to the date you ask, who we shared it with and the reason for it.</li> <li>We will include all the disclosures except for those about treatment, payment, health care operations, and certain other disclosures (such as any you requested for us to make). We will provide one accounting per year for free, but will charge a reasonable, cost-based fee if you ask for another one within 12 months.</li> </ul>
<b>Receive a copy of this privacy notice</b>	<ul style="list-style-type: none"> <li>You may request a paper copy of this notice at any time even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.</li> </ul>
<b>Choose someone to act on your behalf</b>	<ul style="list-style-type: none"> <li>If you have given someone medical power of attorney or if someone is your legal guardian, that person may exercise your rights and make choices about your health information.</li> <li>We will ensure the individual has this authority and may act on your behalf before we take any action.</li> </ul>
<b>File a complaint if you feel your rights are violated</b>	<ul style="list-style-type: none"> <li>If you feel we have violated your rights, you may contact us using the information on page 5.</li> <li>We will not retaliate against you for filing a complaint.</li> <li>If you feel we have violated your privacy rights or you disagree with a decision we have made, you may file a complaint using the contact information below:</li> </ul> <p style="text-align: center;">       Office for Civil Rights        U.S. Department of Health and Human Services        200 Independence Avenue, S.W.        Washington, DC 20201        877-696-6775  <a href="http://www.hhs.gov/ocr/privacy/hipaa/complaints">www.hhs.gov/ocr/privacy/hipaa/complaints</a> </p>

## Your Choices

### You can tell us your choices about what we share for certain health information.

If you have a clear preference for how we share your information in the situations described below, please notify us. Instruct us as to what you want us to do, and we will follow your instructions.

<p><b>In these cases, you have both the right and choice to tell us to:</b></p>	<ul style="list-style-type: none"> <li>• Share information with your family, friends, or others involved in your care.</li> <li>• Share information in a disaster relief situation.</li> <li>• Share information in the event you become incapacitated and unable to tell us your preference. We may also share your information when necessary to lessen a serious and imminent threat to your health or safety.</li> </ul>
<p><b>In these cases we never share your information unless you give us written permission:</b></p>	<ul style="list-style-type: none"> <li>• Marketing purposes</li> <li>• Selling your information</li> <li>• Sharing of psychotherapy/HIV/substance abuse information</li> </ul>

## Our Uses and Disclosures

We typically use or share your health information in the ways listed below.

<p><b>In order to provide you with treatment</b></p>	<p>We can use your health information and share it with doctors, nurses, or other professionals who are treating you.</p>	<p><i>Example:</i> A doctor treating you for an injury asks our nurse about your overall health condition.</p>
<p><b>In order to conduct agency operations</b></p>	<p>We can use and share your health information to run our agency, improve your care, and contact you when necessary.</p>	<p><i>Example:</i> We use health information about you to manage your treatment and services.</p>
<p><b>In order to bill for services we provide to you</b></p>	<p>We can use and share your health information to bill and obtain payment from health plans or other entities.</p>	<p><i>Example:</i> We provide information about your treatment to your health insurance plan for payment purposes.</p>

# Our Uses and Disclosures

**We are allowed or required to share your information in other ways.** We are required to meet many conditions of the law before we can share your information for these purposes. For more information go to:  
[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html)

<p><b>Assist with public health and safety issues</b></p>	<p>We can share health information about you in certain situations, for example:</p> <ul style="list-style-type: none"> <li>• Preventing disease</li> <li>• Assisting with product recalls</li> <li>• Reporting adverse reactions to medication</li> <li>• Reporting suspected abuse, neglect, or domestic violence</li> <li>• Preventing or reducing a serious threat to anyone’s health or safety</li> </ul>
<p><b>Conduct research</b></p>	<p>We can use or share your information for health research in limited situations only.</p> <p><i>Example:</i> HCR may review clinical outcomes of our patients with a particular diagnosis in order to improve our services to individuals with that diagnosis.</p>
<p><b>Comply with laws and regulations</b></p>	<p>We will share your health information if state or federal laws requires it. This includes sharing information with the Department of Health and Human Services if they want to ensure we’re complying with regulations.</p>
<p><b>Respond to organ and tissue donation requests</b></p>	<p>We can share your health information with organ procurement organizations if you have indicated you wish to donate your organs/tissue.</p>
<p><b>Work with a medical examiner or funeral director</b></p>	<p>We can share your health information with a coroner, medical examiner, or funeral director.</p>
<p><b>Address worker compensation issues, law enforcement, and other government requests</b></p>	<p>We can use or share your health information:</p> <ul style="list-style-type: none"> <li>• For worker compensation claim issues</li> <li>• For law enforcement purposes or with a law enforcement official</li> <li>• With health oversight agencies for activities authorized by law</li> <li>• For special government functions such as military, national security, and presidential protective services</li> </ul>
<p><b>Respond to lawsuits and legal actions</b></p>	<p>We can share your health information in response to a court or an administrative order, or in response to a subpoena.</p>

# Our Uses and Disclosures

We are required by law to maintain the privacy and security of your protected health information (PHI).

## Our Responsibilities

- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and provide you with a copy.
- We will not use or share your information other than as described in this notice unless we receive your written authorization. Let us know in writing if you wish to revoke this authorization.

For more information go to:

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html)

## Our Plan to Protect Your Privacy

- All employees are required to sign a confidentiality statement.
- All employees are educated about the need to ensure privacy.
- HCR has policies specifically devoted to privacy and security of protected information.
- HCR has a committee that monitors all aspects of the HIPAA privacy laws.
- HCR has designated Privacy and Security Officers who ensure of HCR's ongoing commitment to protection of PHI.
- All of HCR's computer systems and equipment have security protection.

### ***Changes to the Terms of this Notice***

We can change the terms of this notice and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our website:  
HCRhealth.com

Contact our HIPAA Privacy Officer for more information or to submit a complaint:

HCR Home Care  
85 Metro Park  
Rochester, NY 14623  
800-270-4904