



ALBANY MED Health System

VISITING NURSES

The VNA of Albany Notice of Privacy Practices as required by the Privacy Regulations promulgated pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPM), effective 04/14/2003.

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO YOUR IDENTIFIABLE HEALTH INFORMATION.

VNA of Albany is Committed to Your Privacy

Our organization is dedicated to maintaining the privacy of your identifiable health information. In conducting our business, we will create records regarding you and the treatment and services we provide to you. We are required by law to maintain the privacy of protected health information, to provide you with notice of our legal duties and privacy practices with respect to protected health information, and to notify you if there is a breach of unsecured protected health information. We are also required by law to provide you with this notice of our legal duties and privacy practices concerning your identifiable health information. By law, we must follow the terms of the notice of privacy practices that we have in effect at the time.

To summarize, this notice provides you with the following important information:

- How we may use and disclose your identifiable health information;
- Your privacy rights regarding your identifiable health information; and
- Our obligations concerning the use and disclosure of your identifiable health information.

The terms of this notice apply to all records containing your identifiable health information that are created or retained by our organization. We reserve the right to revise or amend our notice of privacy practices. Any revision or amendment to this notice will be effective for all of your records that our organization has created or maintained in the past, and for any of your records we may create in the future. Our organization will post a copy of our current notice in our office in a prominent location and on our website, and you will receive a copy of our most current notice if it is amended during the time you are active on our caseload.

If you have any questions about this notice, please contact the Quality and Compliance Manager at the VNA by calling (518) 489-2681.

- **The VNA may use or disclose your health information in the following ways:**

A. The following categories describe ways in which we may use and disclose your identifiable health information without your separate authorization:

- **Treatment.** The VNA may use your identifiable health information to treat you. For example, in conjunction with your physician, we may ask you to undergo laboratory tests (such as blood or urine tests), and we may use the results to help reach a diagnosis. Many of the people who work for our organization may use or disclose your identifiable health information in order to treat you or to assist others in your treatment. Additionally, we may disclose your identifiable health information to others who may assist you in your care, such as your physician, therapists, nurses and home health aides, or, with your consent, your spouse, children, or parents.



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- **Payment.** The VNA may use and disclose your identifiable health information in order to bill and collect payment for the services you receive from us. For example, we may contact your health insurer to certify that you are eligible for benefits (and for what range of benefits), and we may provide your insurer with details regarding your treatments to determine if your insurer will cover or pay for your treatment.
- **Health Care Operations.** The VNA may use and disclose your identifiable health information to operate our business. For example, the VNA may use identifiable health information to evaluate the quality of care you received from us.
- **Visit Reminders.** Our organization may use and disclose your identifiable health information to contact you and remind you of visits.
- **Disclosures Required by Law.** The VNA will use and disclose your identifiable health information when we are required to do so by federal, state and local law.

B. The VNA may ask you for permission to use or disclose information in some circumstances. We must have your authorization to use or disclose the following information:

- Any protected health information that we use or disclose for marketing purposes.
- Any protected health information that we sell and for which we would receive payment.
- Psychotherapy notes, unless:
 - They are used by the person who wrote them for treatment.
 - They are used or disclosed for certain training programs.
 - They are used to defend the VNA in a legal action that you might bring.
 - The Secretary of the Department of Health and Human Services needs them to investigate the VNA's compliance with HIPAA rules.
 - We are required by law to disclose them.
 - A coroner or medical examiner requires them to perform his or her duties.
 - We believe that the disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public, and we disclose the information to a person who is able to prevent or lessen the threat.

We will only make other uses and disclosures of your identifiable health information that are not described in this notice with your written authorization.

You may revoke your authorization for our use of your identifiable health information. You must revoke your authorization in writing.

- **Your Rights Regarding Your Protected Health Information:**

You have the following rights regarding the identifiable health information that we maintain about you:

- **Confidential Communication.** You have the right to request that the VNA communicate with you about your health and related issues in a particular manner or at a certain location. In order to request a type of confidential communication, you must make a written request to the Director of Patient Services at 35 Colvin Avenue, Albany NY 12206 specifying the requested method of contact or the location where you wish to be contacted. We will comply with reasonable requests.
- **Requesting Restrictions.** You have the right to request a restriction in our use or disclosure of your protected health information. Additionally, you have the right to request that we limit our disclosures to individuals such as family members and friends. In order to request a restriction in our use or disclosure of your identifiable health information, you must make a written request to the Director of



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Patient Services. We do not have to agree with your request unless you request a restriction of our disclosure of your information to your health plan regarding information related to services you pay for without the assistance of your health plan.

- **Inspection, Copies and Request to Amend.** You have the right to inspect and obtain a copy (including protected health information maintained in an electronic format) and amend your protected health information that may be used to make decisions about you, including patient medical records and billing records, but not including any psychotherapy notes. You must submit your request in writing to the Director of Patient Services. Our organization may charge a fee for the costs of copying, mailing, labor, and supplies associated with your request.
- **Accounting of Disclosures.** All of our patients have the right to request an “accounting of disclosures.” An “accounting of disclosures” is a list of certain disclosures our organization has made of your identifiable health information. In order to obtain an accounting of disclosures you must submit your request in writing to the Director of Patient Services.
- **A Copy of This Notice.** You have the right to request a paper copy of this notice from the VNA. Please contact the Director of Patient Services or call (518) 489-2681 to request a copy.
- **Right to File a Complaint.** If you believe your privacy rights have been violated, you may file a complaint with our organization or with the Secretary of the Department of Health and Human Services. To file a complaint with the VNA, contact the **Quality and Compliance Manager at (518) 489-2681**. All complaints must be submitted in writing. You will not be penalized for filing a complaint.
- **Right to Provide an Authorization for Other Uses and Disclosures.** Our organization will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law including any use for marketing the sale of your health protected information. Any authorization you provide regarding the use and disclosure of your identifiable health information may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your identifiable health information for the reasons described in the authorization.
- If you wish to see your protected health information, receive a copy of it or ask to amend it, please contact our Quality and Compliance Manager at (518) 489-2681.