



NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY




Prime Care Coordination (PCC) is providing this notice of privacy practices (Privacy Notice) because the privacy of your Protected Health Information (PHI) is very important to you and to us. PHI means the information that we maintain that specifically identifies you and your health status or services. This Privacy Notice describes how your PHI may be used and disclosed. It also describes how you may get access to this information. Please review it carefully. This Notice is in effect as of July 1, 2018.

Who will follow the terms of this Notice?

This Notice applies to all programs and services of Prime Care Coordination. This includes all employees, board members, volunteers, contractors, interns, and Business Associates.

Our commitment to you regarding your PHI:

We are required by law to:

-  Make sure that health information that identifies you is kept private;
-  Provide you with a notice of our privacy practices (Privacy Notice), stating our legal duties and privacy practices with respect to protected health information about you; and
-  Follow the terms of this Privacy Notice.

What information is protected?

All information we create or maintain that relates to your care and treatment, including but not limited to your name, address, birth date, social security number, your medical information, insurance information, your Life Plan and your treatment.

How we use and disclose your health information:

We protect your health information from inappropriate use and disclosure. Your health information is obtained in the course of providing services to you and is related to your medical records, home care visits, and claims payment information. We will not disclose any personal health information without your written authorization unless such disclosure is permitted or required by law.

The following categories describe different ways that we may use and disclose your health information without authorization.

Treatment. We may use your PHI to plan, coordinate and provide your care. We disclose your PHI for treatment purposes to physicians and other health care professionals outside of our agency who are involved in your continued care.

Payment. We may use and disclose medical/treatment information so that services can be billed.


Health Care Operations. We may use and disclose your information in order to maintain company operations. These uses and disclosures are necessary for our operations and to make sure that our clients receive appropriate quality care. Health information may be used and disclosed to support functions related to treatment and payment, which include, without limitation, care management, quality improvement activities, utilization review, internal audit, actuarial analysis, business management, program planning, accreditation, credentialing, certification evaluation our own performance and resolving any complaint or grievance you may have.







Business Associates. We may disclose certain health information to our business associates who perform certain activities on our behalf. Our contracts with them require that they protect the privacy of your protected health information.

Appointment Reminders. In the course of providing services to you, we may contact you to provide appointment reminders or information about treatment.

Government, Regulatory and Law Enforcement Authorities. We may disclose information as follows:

To a federal or state health oversight agency such as the New York State Department of Health for the purposes of contract administration, inspections and audits. To investigate or determine our compliance with federal or state regulation.

 To law enforcement:

-  In response to a court order, judicial subpoena, warrant, summons or similar process;
-  To identify or locate a suspect, fugitive, material witness or missing person;
-  About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
-  About a death we believe may be the result of criminal conduct;
-  About criminal conduct on our premises; and
-  In an emergency circumstance to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

To individuals involved in your care or payment of your care. Your health information may be disclosed to a family member, other relative or close friend assisting you in receiving or obtaining payment for health care services. If you are available, we will give you an opportunity to object to these disclosures, and we will not make these disclosures if you object. If you are not available, we will determine whether a disclosure to your family or friends is in your best interest, taking into account the circumstances and based upon our professional judgment.

Personal Representative. We may disclose your health information to your personal representative who has authority to act on your behalf under applicable law.

Marketing. We may use your information for certain limited marketing purposes, such as face to face communication. For other marketing activities, we will obtain your authorization.

Incidental Uses and Disclosures. Incidental uses and disclosures of your health information sometimes occur and are not considered to be a violation of your rights. Incidental uses and disclosures are by-products of otherwise permitted uses or disclosures which are limited in nature and cannot be reasonably prevented.

Judicial or Administrative Proceedings. We may disclose your health information in the course of any judicial or administrative proceeding in response to an appropriate order of a court to administrative body (for example responding to a court order or judicial subpoena).

Workers Compensation. We may use or disclose your health information as permitted by the law governing the workers' compensation program or similar programs that provide benefits for work-related illness or injuries.

Military and Veterans. If you are a member of the Armed Forces, we may release health information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

Special Treatment of Certain Records. HIV related information, genetic information, alcohol and/or substance abuse records, mental health records and other specially protected health information may have additional confidentiality protections under applicable state and federal law. Any disclosures of these types of records will be subject to these special protections.

IN SPECIAL SITUATIONS:

As Required by Law. We may disclose health information about you without your authorization when required to do so by federal, state or local law.

Victims of Abuse or Neglect. We may release your health information to a public health authority authorized to receive reports of abuse or neglect or domestic violence.

Public Health Activities. We may disclose health information about you for public health activities related to prevention or control of disease, injury or disability. For example, we report certain communicable diseases to the Department of Health. Also included are reports of births or deaths.

Assistance in disaster relief efforts. We may disclose your health information to public or private disaster relief organizations such as the Red Cross to assist your family members or friends in locating you or learning about your general condition in the event of a disaster.

Organ and Tissue Donation. If you are an organ donor we may release medical information to the organization that handles organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

Coroners, Medical Examiners, and Funeral Directors. We may release medical information to a coroner or medical examiner.

National Security and Intelligence Activities. We may release medical information about you to authorized federal officials for intelligence, counterintelligence, or other national security activities authorized by law.

Protective Services for the President and Others. We may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

Inmates. If you are an inmate of a correctional institution or under the custody of a law enforcement officials we may release medical information about you to the correctional institution or law enforcement official.

Serious Threats. As permitted by applicable law and standards of ethical conduct, we may use and disclose protected health information if we, in good faith, 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 public.

Lawsuits and Disputes. If you are involved in a lawsuit or dispute, we may disclose your health information in response to a court.

Disclosures to Schools. Student immunization information may be disclosed to a school without written authorization if state law required the school to have immunization records and the patient or personal representative's written or oral agreement is documented.

ELECTRONIC HEALTH CARE RECORDS

Some or all of your health information may be created and/or stored in an electronic format. When permissible for valid purposes (e.g. providing treatment or billing for services) your healthcare providers may access your medical information electronically.

YOUR RIGHTS REGARDING YOUR CLINICAL INFORMATION

You have the following rights regarding health information we maintain about you.





Right to Inspect and Receive Copies. You may request to inspect and to receive copies of your health information that may be used to make decisions about your care, including clinical and billing records. To inspect or receive copies of your clinical information, submit your written request to the Privacy Officer. We may charge a reasonable fee for the costs of copying. You may not be denied a copy if you are unable to pay. You may request

an electronic copy of your record and it will be provided in an electronic format if it is readily producible; otherwise, you will be provided with a printed copy.

We may deny your request to inspect or receive copies in certain limited circumstances. If your request is denied, you may ask that the denial be reviewed. You also have additional rights to appeal a denial to the New York State Department of Health.






Right to Amend. If you feel your health information is incorrect or incomplete, you may ask to amend the information for as long as we maintain the information. Your request must be made in writing to the Privacy Officer. You must also provide a factual reason that supports your request.

We may deny your request if the information:

-  Was not created by us;
-  Is not part of the medical/health information kept by us, or;
-  Is not part of the information that you would be permitted to inspect or receive copies; or
-  Is not accurate and complete



If your request to amend your record is denied, you will have the right to have certain information related to your requested amendment included in your records. These rights will be explained to you in the written denial.

Right to a Listing of Persons Receiving Your Medical Information. You may request an “accounting of disclosures” of health information released about you. An accounting of disclosures does not include disclosures made:

-  to you or your personal representative;
-  with your written authorization;
-  for treatment, payment or health operations;
-  to your family or friends involved in your care or payment for your care; or
-  incidental permissible uses or disclosures.

To request this list, submit your request in writing to the PCC Privacy Officer, 860 Hard Road, Webster, New York 14580. Your request must state a time period, which may not be longer than six years. The first list requested in a 12 month period will be free. We may charge you for the costs of providing additional lists. We will notify you of the cost involved and you may withdraw your request before you are charged any fees.

Right to Request Restrictions.

-  You have the right to request restrictions on the ways in which we use and disclose your health information for treatment, payment and health care operations. We are not required to agree to your request.
-  You have the right to restrict disclosure of your health information to your health plan for payment when you make a written request and pay for the service out-of-pocket in full or at the time of the service.

Right to Request Confidential Communications. You may request that we send health information to you in a different way or at a different location. Your request should also specify where and/or how we should contact you. We will accommodate all reasonable requests.

Right to Receive Notification of Breach. You have the right to receive a notification, in the event that there is a breach of your unsecured protected health information, which requires notification under the HIPAA Privacy Rule.

Right to a Paper Copy of the Notice. You have the right to receive a paper copy of this Privacy Notice at any time. Your written request should be sent to PCC Privacy Officer at 860 Hard Road, Webster, New York 14580.

CHANGES TO THIS NOTICE

We reserve the right to change the terms of this Notice at any time. If we change the terms of this Notice, the new terms will apply to all of your health information, whether created or received before or after the date on which the Notice is changed. We will notify you of changes to this Notice by posting a copy of the Notice on our website.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the PCC Privacy Officer at 860 Hard Road, Webster, New York 14580. You may also file a complaint with the Secretary of the Federal Department of Health and Human Services. Complaints must be submitted in writing. You will not be penalized or retaliated against by Prime Care Coordination Home Care for filing a complaint.

OTHER USES OF HEALTH INFORMATION

Other uses and disclosures of health information not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you provide us your authorization to use or disclose health information about you, you may revoke that permission in writing, at any time. We are unable to take back any disclosure we have already made with your permission. Your health information may also be disclosed to the Secretary of Department of Health and Human Service for the purpose of investigating or determining Prime Care Coordination Home Care compliance with HIPAA.

ADDITIONAL INFORMATION

If you have questions about this Notice, please call the PCC Privacy Officer or Compliance Hotline at **877-387-7293**.