

Effective date of notice September 1, 2005
NOTICE OF PRIVACY PRACTICES

O'Connell Professional Nurse Service, Inc.

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Office Contact: Priscilla M. Ross, RN

We respect our legal obligation to keep health information that identifies you private. We are obligated by law to give you notice of our privacy practices. This notice describes how we protect your health information and what rights you have regarding it.

TREATMENT, PAYMENT, AND HEALTH CARE OPERATIONS

The most common reason why we use or disclose your health information is for treatment, payment or health care options. Examples of how we use or disclose information for treatment purposes are: communicating with your healthcare providers regarding your diagnoses, treatment plan, medications or for other care related purposes; referring you to a physician, clinic or other healthcare provider, such as a VNA, Hospice or Elder Service Provider; scheduling appointments; requesting refill of prescription medications. Examples of how we use or disclose your health information for payment purposes are: asking you about your health care plans, or other sources of payment; preparing and sending bills or claims; and collecting unpaid amounts (either ourselves or through a collection agency or attorney). Health care options: refers to those administrative and managerial functions that we have to do in order to run our office. Examples of how we use or disclose your health information for health care options are: financial or billing audits; internal quality assurance; personnel decisions, participation in managed care plans; defense of legal matters; and business planning.

We routinely use your health information inside our office for these purposes without any special permission. If we need to disclose your health information outside of our office for these reasons, we usually will ask you for special written permission.

We will ask for special written permission in the following situations: Transfer of records; communication with a person who is not routinely involved in your care, and who is not a healthcare provider.

USES AND DISCLOSURES FOR OTHER REASONS WITHOUT PERMISSION

In some limited situations, the law allows or requires us to use or disclose your health information without your permission. Not all of these situations will apply to us; some may never come up at our office at all. Such uses or disclosures are:

When a state or federal law mandates that certain health information be reported for a specific purpose

- ❖ For public health purposes, such as contagious disease reporting, investigation or surveillance; and notices to and from the federal Food and Drug Administration regarding drugs or medical devices;
- ❖ Disclosures to governmental authorities about victims of suspected abuse, neglect or domestic violence
- ❖ Uses and disclosure for health oversight activities, such as for the licensing of doctors; for audits by Medicare or Medicaid (Mass Health); or for investigation of possible violations of health care laws;
- ❖ Disclosures for judicial and administrative proceedings, such as in response to subpoenas or orders of courts or administrative agencies;
- ❖ Disclosures for law enforcement purposes, such as to provide information about someone who is or is suspected to be a victim of a crime; to provide information about a crime at our office; or to report a crime that happens somewhere else;
- ❖ Disclosure to a medical examiner to identify a dead person or to determine the cause of death; or to funeral directors to aid in burial; or to organizations that handle organ or tissue donations;
- ❖ Uses or disclosure for health related research
- ❖ Uses and disclosure to prevent a serious threat to health or safety
- ❖ Uses or disclosure for specialized government functions, such as for the protection of the president or high-ranking government officials; for lawful national intelligence activities; for military purposes; or for the evaluation and health of members of the Foreign Service;
- ❖ Disclosures of a "limited data set" for research, public health, or health care operations;
- ❖ Incidental disclosures that are unavoidable by-product of permitted uses or disclosures;
- ❖ Disclosures to "business associates" who perform health care operations for us and who commit to respect the privacy of your health information

Unless you object, we will also share relevant information about your care with your family or friends who are helping you with your care.

SCHEDULING REMINDERS

We may call or write to remind you of a change in your requested schedule. We may also call or write to notify you of other services available through our office.

OTHER USES AND DISCLOSURES

We will not make any other uses or disclosure of your health information unless you sign a written authorization form. The content of an authorization form is determined by federal law. Sometimes, we may initiate the authorization process if the use or disclosure is our idea. Sometimes, you may initiate the process if it is your idea for us to send your information to someone else. Typically, in this situation you will give us a written request, or you may use our authorization form.

If we initiate the process and ask you to sign an authorization form, you do not have to sign it. If you do not sign the authorization, we cannot make the use or disclosure. If you do sign one, you may revoke it at any time unless we have already acted in reliance upon it. Revocations must be in writing. Send them to the office contact person named at the beginning of this Notice.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

The law gives you many rights regarding your health information. You can:

- ❖ Ask us to restrict our uses and disclosures for purposes of treatment (except emergency treatment), payment or health care operations. We do not have to agree to do this, but if we agree, we must honor the restrictions that you want. To ask for a restriction, send a written request to the office contact person at the address, fax or E-Mail shown at the beginning of this Notice.
- ❖ Ask us to communicate with you in a confidential way, such as by phoning you at work rather than at home, by mailing health information to a different address, or by using E-mail to your personal E-Mail address. We will accommodate these requests if they are reasonable, and if you pay us for any extra cost. If you want to ask for confidential communication, send a written request to the office contact person at the address, fax or E-Mail shown at the beginning of this Notice.
- ❖ Ask to see or get copies of your health information. By law, there are few limited situations in which we can refuse to permit access or copying. For the most part, however, you will be able to review or have a copy of your health information within 30 days of asking us (or 60 days if the information is stored off-site). You may have to pay for photocopies in advance. If we deny your request, we will send you a written explanation, and instructions about how to get an impartial review of our denial if one is legally available. By law, we can have one 30-day extension of the time for us to give you access or photocopies if we send you a written notice of extension. If you want to review or get photocopies of your health information, send a written request to the office contact person at the address, fax or E-Mail shown at the beginning of this Notice.
- ❖ Ask us to amend your health information if you think it is incorrect or incomplete. If we agree, we will amend your information within 60 days from when you ask us. We will send the corrected information to persons who we know got the wrong information, and others that you specify. If we do not agree, you can write a statement of your position and we will include it with your health information along with any rebuttal statement that we may write. Once your statement of position and/or our rebuttal is included in your health information, we will send it along whenever we make a permitted disclosure of your health information. By law, we can have one 30-day extension of time to consider request for amendment if we notify you in writing of the extension. If you want to ask us to amend your health information, send a written request, including your reasons for the amendment, to the office contact person at the address, fax or E-Mail shown at the beginning of this Notice.
- ❖ Get a list of the disclosure that we have made of your health information within the past 6 years (or shorter period if you want). By law, the list will not include; disclosures for purposes of treatment, payment of health care operations; disclosure with your authorization; incidental disclosure; disclosure required by the law; and some other limited disclosures. You are entitled to one such list per year without charge. If you want more frequent lists, you have to pay for them in advance. We will usually respond to your request within 60 days of receiving it, but by law we can have one 30-day extension of time if we notify you of the extension in writing. If you want a list, send a written request to the office contact person at the address, fax or E-Mail shown at the beginning of this notice.
- ❖ Get additional paper copies of this Notice of Privacy Practices upon request. It does not matter whether you got one electronically or in paper form already. If you want additional paper copies, send a written request to the office contact person at the address, fax or E-Mail shown at the beginning of this Notice.

OUR NOTICE OF PRIVACY PRACTICES

By law, we must abide by the terms in this Notice of Privacy Practices until we choose to change it. We reserve the right to change this notice at any time as allowed by law. If we change this Notice, the new privacy practices will apply to your health information that we already have as well as to such information that we may generate in the future. If we change our Notice of Privacy Practices, we will post the new notice in our office, have copies available in our office, and post it on our Web site.

COMPLAINTS

If you think that we have not properly respected the privacy of your health information, you are free to complain to us or the U.S. Department of Health and Human Service, Office of Civil Rights. We will not retaliate against you if you make a complaint. If you want to complain to us, send a written complaint to the office contact person at the address, fax or E-Mail shown at the beginning of this Notice. If you prefer, you can discuss your complaint in person or by phone.

FOR MORE INFORMATION

If you want more information about our privacy practices, call or visit the office contact person at the address or phone number shown at the beginning of this Notice.