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NOTICE OF PRIVACY PRACTICES

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.

Rainbow Home Healthcare agency is required by law to maintain the privacy of protected health information and to provide you adequate choice of your rights and our legal duties and privacy practices with respect to the uses and disclosures of protected health information. We will use or disclose protected health information in a manner that is consistent with this notice.

The agency maintains a record (paper/electronic file) of the information we receive and collect about you and of the care we provide you. This record includes physicians' orders, assessments, medication lists, clinical progress notes and billing information.

As required by law, the agency maintains policies and procedures about our work practices, including how we provide and coordinate care provided to our patients. These policies and procedures include how we create, maintain, and protect medical records; access to medical information about our patients; how we maintain the confidentiality of all information related to our patients; security of the building and electronic files; and how we educate staff on privacy of patient information.

By "Your Health Information" we mean the information that we maintain that specifically identifies you and your health status.

Summary

This notice describes how we use your health information within Rainbow Home Healthcare and disclose it outside Rainbow Home Healthcare, and why.

The Notice Covers:

- Uses or disclosures which do not require your written authorization.
 - Treatment, Payment, and Healthcare Operations.
 - Uses or disclosures of your health information to which you may object.
 - Uses or disclosures of required or permitted.
- Uses or disclosures which require your written authorization.
- Your rights as a patient regarding privacy or your health information
- Our duties in protecting your health information.
- Complaints, contact person, effective date, and acknowledgement.

Use or disclosures which do not require your written authorization

Treatments, Payments, and Health Care Operations

We use or disclose your health information to carry out your treatment; to obtain payment for your treatment; and to conduct health care operations. For example:

- For **Treatment**, we use your health information to plan, coordinate, and provide your care. We disclose your health information for treatment purposes to physicians and other health care professionals outside our agency who are involved in our care. For example, we meet on a regular basis to discuss how to coordinate care to patients and schedule visits.
- For **Payment**, we use your health information to prepare documentation required by your insurance company or HOM or by Medicare or Medicaid. We disclose that part of your health information that these organizations requires to pay us.
- For **Health Care Operations**, we use or disclose your health information, for example, to improve the quality of our services , to plan better ways of treating patients, and to evaluate staff performance.

Uses or Disclosures of Your Health Information to Which You May Object

We may use or disclose your health information for the following purposes, unless you ask us not to.

- Informing family and friends. We may disclose your health information to family, friends, or others identified by you who are involved in your care.
- Assistance in disaster relief efforts.
- For fundraising activities. We may contact you or your family for fundraising purposes. If you do not wish to be contacted for this purpose, please contact Privacy Officer, Vong Lor (651) 778-0562 and indicate you do not wish to receive fundraising communication from us.
- Confirming our visit to your home or other appointments.
- Informing you about treatment alternatives or other health-related benefits and services that may be of interest to you.

If you object to our use of your health information for any of these purposes please contact: Privacy Officer at 651-778-0562.

Uses or Disclosures Required or Permitted

Where we are required or permitted to do so, we may use or disclose your health information in the following circumstances without your written authorization.

- Federal government investigation, when required by the Secretary of Health and Human Services to investigate or determine our compliance with federal regulation.
- Federal, State, or Local Law requirements.
- Public health activities, for example to report communicable disease or death; or for matters involving the Food and Drug Administration.
- Reporting of abuse, neglect or domestic violence.
- Health oversight activities by a health oversight agency. (A Health oversight agency is an organization authorized by the government to oversee eligibility and compliance and enforce civil rights laws.)

- Judicial or administrative proceedings, for example responding to a court order or subpoena.
- Law enforcement purpose, for example to report certain types of wounds or other physical injuries or to identify or locate a suspect, fugitive, material witness, or missing person.
- Use by coroners, medical examiners, or funeral directors.
- Facilitating organ, eye, or tissue donation.
- Research, provided that very strict control is enforced.
- Averting a serious threat to your health or safety of that of public.
- Specialized government functions such as military over veterans' affairs; national security, and intelligence activities.
- Workers' compensation.

Uses or Disclosures which require your written authorization

Your written authorization, which you may revoke (in writing), is required if we use or disclose your health information for any other purpose, in particular:

- Our use of psychotherapy notes beyond treatment, payment, and health care operations.
- Marketing of goods or services to you.

Your Rights As A Patient To Privacy Of Your Health Information

- **Right to Request Restrictions**
 - You have the right to request restrictions on our uses and disclosures of your health information; however we may refuse to accept the restriction.
- **Right to Request Confidential Communications**
 - You have the right to request that we communicate with you confidentially, for example to speak with you only in private; to send mail to an address you designate; or to telephone you at a number you designate. We will make every attempt to honor your request.
- **Right to Request Access to Your Health Information**
 - You have the right to request access to your health information in order to inspect or copy it. Your request must be in writing. We may deny your request and if so, you may request a review of the denial. However, we will make every attempt to honor your request.
- **Right to Request an Amendment of Your Health Information**
 - You have the right to request an amendment to your health information.
 - Your request must be in writing and must provide a reason for the amendment.
 - We may deny your request and if so, you may submit a statement of disagreement. However, we will make every attempt to honor your request.
- **Right to Request an Accounting of Disclosures of Your Health Information**
 - You have the right to request and accounting of our disclosures of your health information for purpose other than treatment, payment, and health care operations. We will make every attempt to honor your request. We are not required to provide an

accounting for disclosures before April 14 2003 or for more than 6 years prior to the date of your request.

- **Right to Obtain a Paper Copy of this Notice**
 - If you received this Notice electronically, you have the right to receive a paper copy.

To exercise any of these rights, please write or telephone Privacy Officer, Vong Lor at 651-778-0562.

Our Duties in Protecting Your Health Information

- We are required by law to maintain the privacy of your health information.
- We must inform patients or their legal representatives of our legal duties and privacy practice with respect to health information. This Notice discharges that duty.
- We must abide by the terms of the Notice currently in effect.
- We reserve the right to change the terms of this Notice and make the new Notice provisions effective for all health information that we maintain. At any time, you may obtain a copy of the current notice from Privacy Officer.

Compliant, Contact Person, Effective Date, and Acknowledgement

- You may complain to us and the Secretary of Health and Human Services if you believe your privacy rights have been violated.
- You will not be retaliated against for filing a complaint
- You may file your complaint with our agency by writing to Privacy Officer.
- You may file a complaint with the Secretary of Health and Human Services by writing to:

Secretary of Health and Human Services
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201

(Source: www.hhs.gov)

- For further information you may write to call Rainbow Home Healthcare's Privacy Officer at 651-778-0562.
- This Notice published and adopted effective April 14, 2003. We are required to abide by the terms of the notice currently in effect, but we reserve the right to change these terms as necessary for all protected health information that we maintain. If we change the terms of this notice (while you are receiving services), we will promptly revise and distribute an update notice to you as soon as practicable by mail, e-mail (if you have to electronic notice), or hand delivery.