



EverCare At Home  
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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*

### INTRODUCTION

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We respect the privacy and confidentiality of your medical information. During the course of providing services and care to you, EverCare At Home gathers, creates, and retains certain personal information about you. This information is called “protected health information” [PHI], and by law we are required to maintain the privacy of all of your PHI. This includes any individually identifiable information that we obtain from you or others that relates to your past, present, or future physical or mental health, the health care you receive or have received, or payment for your healthcare.

As required by law, this Notice of Privacy Practices describes how EverCare At Home maintains the confidentiality of your protected health information. It also explains the uses and disclosures we will make of your PHI. Lastly, it informs you of your rights with respect to your protected health information.

We must comply with the provisions of this notice as currently in effect, although we reserve the right to change the terms of this notice from time to time or as regulated by law... If we make such a change, it will be effective for all PHI that we maintain and we will inform you of such in writing. If, at any time, you wish to receive a copy of our current Notice of Privacy Practices, please request one through EverCare Community Health Programs Corporate Office. If you have any questions or would like further information, you can let your Case Manager know or call us at 855.485.6697.

### PERMITTED USES AND DISCLOSURES

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By law, EverCare At Home is allowed to use and/or disclose your protected health information for specific purposes such as treatment, payment and healthcare operations. Below, please find a description of each of these categories of use/disclosure. Please note that not all potential uses/disclosures are listed in every category.

- ✦ *Treatment* means the coordination, management, or provision of your healthcare, including consultations and referrals between providers. For example, we may call your physician to verify a prescription, or your nurse may consult with your physical therapist regarding your home exercise program
- ✦ *Payment* means any activity we undergo to obtain reimbursement for the services provided to you. This may include billing, collections, claims management, eligibility determinations, and utilization review. For example, before implementing your Plan of Care, we may contact your 3rd party payor source to determine whether or not the proposed services will be covered
- ✦ *Health Care Operations* means activities related to the support functions of EverCare At Home. This may include quality assurance activities, compliance programs, audits, compliant response/resolution activities, business planning, management and administrative activities. This includes release of information to licensing, accreditation, and Federal agencies. For example: We may use your current status and progress toward your goals when evaluating our staff for development and training needs.

## OTHER USES & DISCLOSURES OF PROTECTED HEALTH INFORMATION

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In addition to the above uses and disclosures, there may be other times in which we will use|disclose your protected health information. For example:

- ✦ We may contact you for a variety of reasons, such as appointment reminders or to tell you about additional treatment alternatives or related services that might interest you
- ✦ We may disclose your PHI to your family, friends, or other designated individual that you have identified for any of the following reasons:
  - the information is related to the person's involvement in your care or payment for your care
  - to notify the person[s] of your condition, location, or death

If you are available and able, we will give you the chance to object to these disclosures. If you object, we will not make them. However, if you are unavailable or unable, we will decide—based on our professional judgment—if it is in your best interest to disclose information to your family or friends, taking into account the present circumstances

- ✦ At your request or based on our professional judgment based on your best interest, we may disclose your PHI to family or friends to act on your behalf for such tasks as picking up filled prescriptions or medical supplies
- ✦ We may use|disclose your protected health information for research purposes, which is governed by federal law. All research projects are subject to a special approval process. When required, we will obtain written authorization from you prior to using your health information for research
- ✦ We may use|disclose protected health information when required to do so by applicable law. At times, incidental uses and disclosures may occur as by-products of otherwise permitted uses|disclosures. These are limited in nature and cannot be reasonably prevented

## SPECIAL SITUATIONS

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In compliance with applicable laws, we will also be required to make the following uses|disclosures of your protected health information:

- ✦ *Public Health Activities|Health Oversight Activities*
  - to prevent or control disease, disability, or injury
  - to notify a person who may have been exposed to a disease or who may be at risk for contracting or spreading a disease
  - to report suspected abuse or neglect [suspected child abuse|neglect must always be reported by law; in the case of an adult, we will only make the disclosure if you agree or when required|authorized by law]
  - to the Food & Drug Administration [FDA] for activities related to the FDA, such as to report reactions to medications
  - to Federal|State agencies that oversee our activities as a health care system, government benefits programs, and to demonstrate compliance with civil rights laws or regulatory program standards
- ✦ *Serious threats* we may use|disclose your PHI if we believe—in good faith—that it is necessary to prevent or lessen serious and imminent threat of harm to the health or safety of a person or the public

- ✦ *Disputes and Lawsuits* we may disclose your PHI in response to a court|administrative order or in response to a subpoena, discovery request, or other lawful process, provided that EverCare At Home is given assurances that efforts have been made to tell you about the request or to obtain an order protecting the information requested
- ✦ *Law Enforcement* in addition to the releases described above, we may release your PHI to a law enforcement official in emergency circumstances. For example: to identify or locate a missing person, a fugitive, a suspect, or a material witness; if you are a victim of a crime, under limited circumstances; in relation to a death that we believe may be the result of criminal conduct; in relation to criminal conduct on our property; to report a crime, including providing information on the location, description, or identity of the person who committed the crime
- ✦ *Inmates* if you are an inmate or under custody of a law enforcement official, we may release your PHI to the correctional institution or law enforcement official
- ✦ *National Security and Intelligence Activities* we will disclose your PHI to authorized Federal officials conducting national security and|or intelligence activities
- ✦ *Protective Services to the President or Others* we will disclose your PHI to authorized officials for the purpose of protecting the President or other Foreign Heads of State
- ✦ *Coroner* we may disclose your PHI at a coroner's request to identify a decedent, determine cause of death, or other activities as permissible by law
- ✦ *Organ procurement* we may disclose your PHI following your death to an organ procurement agency or tissue bank in order to aid in using your organs or tissues in transplantation if you have expressed a wish to be a donor
- ✦ *Veterans* we may use|disclose your PHI to the Department of Veterans Affairs to determine whether you are eligible for certain benefits
- ✦ *Workers Compensation* we may disclose your PHI to programs that provide benefits for work related injuries or illnesses

**NOTE:** Information regarding HIV, genetics, alcohol and/or substance abuse, mental health and other specially protected health information may enjoy certain special confidentiality protections under applicable State and Federal law. Any disclosures of these types of records will be subject to these special protections.

## OTHER USES OF YOUR HEALTH INFORMATION

Other uses and disclosures of your PHI which are not covered by this notice or the laws that apply to us will be made only with your permission in a written authorization. You have the right to revoke that authorization at any time, provided that the revocation is in writing, except to the extent that we already have taken action in reliance on your authorization.

## YOUR RIGHTS REGARDING PROTECTED HEALTH INFORMATION

In accordance with Federal law, you have the following rights regarding Protected Health Information created by EverCare At Home

- ✦ You have the **right to inspect or obtain a copy** of the protected health information maintained by EverCare At Home. EverCare At Home may deny your request under certain circumstances as permitted by law such as:
  - when you are requesting information involving laboratory tests that are restricted by law

- when you are requesting psychotherapy notes. Psychotherapy notes are notes recorded by a mental health professional for the purpose of documenting or analyzing conversations made during private counseling sessions or group|joint|family counseling sessions. These notes are kept separate from the rest of your medical record
- we have been directed to compile information in anticipation of, or for use in, a civil, criminal, or administrative action or proceeding
- when you are a prison inmate and when obtaining such information is judged to jeopardize your health, safety, security, custody or rehabilitation, or that of other inmates, or the safety of any officer|employee|other person at the correctional facility or the person responsible for transporting you
- when we obtained or created the PHI as part of a research study, provided you agreed to the temporary denial of access when consenting to participate in the study. Your access will be restored when the research is concluded
- when the PHI was obtained from someone other than us under the promise of confidentiality and access would reasonably reveal the source of the information

We may also deny a request for access to Protected Health Information if:

- as a result of the exercise of professional judgment, a licensed professional has determined that the access requested would reasonably endanger your life or physical safety, or that of another person
- the PHI requested makes reference to a person other than a care provider and, as the result of the exercise of professional judgment, a licensed professional has determined that the access requested is reasonably likely to cause substantial harm to such other person
- the request for access is made by the individual's personal representative, as a result of the exercise of professional judgment, a licensed health care professional has determined that the access requested by such personal representative is reasonably likely to cause substantial harm to you or another person

If we deny a request for access for any of the three reasons described above, then you have the right to have our denial reviewed in accordance with the requirements of applicable law.

✦ You have the **right to request an amendment|correction** to your PHI, but we may deny your request for correction. Any agreed upon correction will be included as an addition to, and not in replacement of, already existing records. If your request is denied, you will receive a written denial that includes the reason for the denial. Reasons for denial include, but are not limited to a determination that the PHI in question

- was not created by us, unless you provide a reasonable basis to believe that the originator of protected health information is no longer available to act on the requested amendment
- is not part of your medical or billing record
- is not available for inspection as set forth above
- or when the request is not accurate and/or complete

✦ You have the **right to request restrictions** on the use|disclosure of your PHI for treatment, payment, or healthcare operations, or providing notifications regarding your identity and status to persons inquiring about or involved in your care. EverCare At Home is not required to grant your request, but if we do, we will comply with your request except in an emergency or until the restriction is ended by you or EverCare At Home

✦ You have the **right to request** that EverCare At Home communicate PHI to the recipient by **alternative means or at alternative locations**.

✦ You have the **right to receive an accounting of disclosures** of your PHI created and maintained by EverCare At Home over the six (6) years prior to the date of your request or for a lesser period. EverCare At Home is not required to provide an accounting of the following disclosures:

- to carry out treatment, payment and health care operations as provided above
- to respond to your requests for access to protected health information
- to any recipient pursuant to a written authorization from the patient or the patient's personal representative
- to any recipient for national security or intelligence purposes as required by law
- to correctional institutions or law enforcement officials as provided by law
- to a recipient, where such disclosure was incidental to a use/disclosure otherwise permitted by law
- to aid in the identification or care of a patient
- to persons involved in your care or for other notification purposes as provided by law, or
- that are otherwise not required by law to be included in the accounting that occurred prior to February 1, 2015

✦ You have the right to request and receive a paper or electronic copy of EverCare At Home's Notice of Privacy Practices

✦ The above rights may be exercised only by written communication to us. Any revocation or other modification of consent must be in writing delivered to us

**The effective date of this Notice of Privacy Practices is February 1, 2015**