

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.

Integrated HomeCare Services (IHS) is committed to protecting the confidentiality of your health information. We have policies and safeguards in place to ensure your privacy. IHS is also required by state and federal laws to protect the confidentiality of your health information. The confidential health information that we collect as we deliver care or services to you is called “protected health information” (PHI). We will not use or disclose PHI about you without your written authorization, except as described in this Notice.

- To provide treatment and to help us coordinate services among IHS personnel and with others involved in our care such as family members, your pharmacist, suppliers of medical equipment and your physician.
- To obtain payment such as including your health information on invoices to collect payment. For example, we may be required by your insurer to provide information regarding your health so that they will pay you or IHS. We may also need to obtain prior approval from your insurer and explain your need for home care and the care or services that we will provide to you.
- For health care operations such as using your protected health information to evaluate and improve the quality of the services or to write new guidelines to provide more effective care; to conduct supervision of employees or evaluate their performance; to train our employees; to determine your satisfaction with our services; for general business planning and development; or for business management and general administrative activities.

You also have the following rights regarding the use and disclosure of your protected health information; any request must be in writing – please send to the Compliance Officer, at Integrated HomeCare Services, 5027 Harrison Ave., Rockford, IL. 61108.

- You can request that we restrict its use and disclosures (i.e., such as not sharing this information with a particular family member.)
- You can request that communication between you and IHS be provided to you in another way (i.e., we can send all of our written communication to your daughter’s address), but the request must be “in writing” (can also be electronic) and signed by you. The request must clearly identify the designated person and where to send the copy of the PHI.
- You have the right to receive electronic copies of health information at the patient’s request; IHS must provide you with access to electronic PHI in the electronic form and format that you requested within 30 days of your request. IHS may charge reasonable, cost-based fees for labor and supplies.
- You can ask to inspect and copy your protected health information and you can request to amend it if you feel it is incomplete or incorrect.

- You also have the right, with limited exceptions under federal regulations to receive an accounting of the disclosures we have made of your PHI. If the information is kept in paper form, you are entitled to an accounting of disclosures that go back six years for most purposes other than treatment, payment, or health care operations. If kept in an electronic medical record, you are entitled to an accounting that includes disclosures for treatment, payment and healthcare operations that goes back three years.
- You can request that IHS withhold disclosures of protected health information (PHI) to their insurer if you pay for the service completely out of pocket.
- IHS must obtain an authorization from our patients before using or disclosing his or her PHI for marketing (i.e., before a mailer could be sent to your home to try and get you to use a specific piece of equipment, your authorization would be required.)

If you believe that your confidentiality has been violated, you can contact the Compliance Officer of Integrated HomeCare Services at (800) 747-6994 to file a complaint or you can file a complaint with the office of the Secretary of Health and Human Services. We want to hear your concerns and you will not be retaliated against if you file a complaint.

If anyone wishes to use or access your protected health information for reasons other than to provide care, obtain payment or run our operations, we can only release it with your written authorization. And, you may revoke that authorization in writing at any time. The following are examples of how we may use and disclose your PHI:

1. To public health authorities;
2. To business associates since some services are provided through contracts with business associates (i.e., shredding of PHI);
3. For health related communications, we may contact you to provide refill reminders or other health-related benefits and services that may be of interest to you;
4. To a government representative responsible for responding to concerns about abuse, neglect or domestic violence as permitted by law;
5. To the Food and Drug Administration (FDA), in the case of a product recall, repair or replacement;
6. For judicial or administrative proceedings or in response to a subpoena or discovery request;
7. For law enforcement purpose;
8. To local or national health oversight organizations that conduct audits or investigations;
9. For notification to assist in notifying a family member, personal representative, or another person responsible for your care, your location, and your general condition;
10. To a correctional institution if you are or become an inmate and it's necessary for your health or the health and safety of others;
11. To funeral directors, coroners and medical examiners;
12. For purposes of organ or tissue donation;
13. For research purposes as approved by a Privacy Board;
14. To avert a serious threat to health or safety;
15. To authorized federal official (to protect the President, other authorized persons or foreign heads of state) or conduct a special investigation;
16. To the armed forces (military and veterans) if required by the military command authorities;
17. For special government functions such as national security;
18. For purposes of worker's compensation;
19. To corporate wellness programs, if enrolled in a program and you authorized the release of information to your employer.

We may not disclose your health information if you are the subject of an investigation unless your health information is directly related to your receipt of public benefits.

We at Integrated HomeCare Services abide by this updated Notice effective September 23, 2013. The Notice is available to any individual upon request. We do reserve the right to change the terms of this Notice, and to provide the revised Notice to any patient/client who is receiving care or services. IHS reserves the right to change this Notice of Privacy Practices; and if we do so the changes will apply with respect to your protected health information in our possession. IHS will post a copy of our current Notice in a prominent place in our office and also on our web site.

In addition, we are required to inform you of any unauthorized access, use or disclosure of your unencrypted confidential information in the event its security or privacy is compromised (i.e., in the event that a reportable breach occurs as provided by the HIPAA Omnibus Final Rule.) We will provide such notice to you without unreasonable delay but in no case later than sixty days after we discover the breach.

If you have any concerns about this Notice or wish to have additional information, you may contact the Compliance Officer at (800) 747-6994. We welcome your questions, as the privacy of your protected health information is one of our most important promises to you.

Effective Date: 9/23/2013