

Home Care Partners of Cincinnati 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.

USE AND DISCLOSURE OF HEALTH INFORMATION: Home Care Partners of Cincinnati, Inc. will only use or disclose your protected health information in accordance with the law. This means that there are only certain circumstances under which your protected health information can be used and/or disclosed. These circumstances include:

1. Treatment, which includes coordinating care with your physician, or disclosing information to family members.
2. Payment, such as providing information to Medicare, or a private insurance company in order to receive reimbursement.
3. Operations, such as licensing and certification inspections, quality control.
4. Legal disclosures, including court proceedings, regulatory disclosures, or to law enforcement authorities.
5. Medical emergencies.
6. Medical examiners, coroners or funeral directors, as well as tissue and organ donor organizations.
7. In the event of a serious threat to health or safety.

AUTHORIZATION TO USE OR DISCLOSE PROTECTED HEALTH INFORMATION:

Other than the examples listed above, the Agency will not disclose or use your protected health information without your written authorization. If you or your representative authorizes the Agency to use or disclose your protected health information, you may revoke that authorization in writing at any time. For your protection, the Agency will request a security password from third parties, including family members, to respond to inquiries about your medical condition.

YOUR RIGHTS: Under Federal and/or State law you have the right to:

1. You have the right to be advised about our duty to protect your health information, what our policies are and any revisions to those policies.
2. The right to restrict the use or disclosure of your medical information, as well as the right to review your own medical information.
3. You have the right to amend any factual issues in your medical record and are entitled to a copy of the list of disclosures we have made of your medical information.
4. You have the right to receive a paper copy of this Notice and the right to receive confidential communication.
5. You have a right to notification of any breach of our duties to protect the privacy of your protected health information and the steps we have taken to mitigate any damage to you.

COMPLAINTS: If you believe that your rights to privacy have been violated, you may complain to the agency's Privacy Officer or to the Office of the Secretary of the U.S. Department of Health and Human Services. The law forbids us from taking any retaliatory action against you if you complain.

OUR DUTY: We are required by law to maintain the privacy of your protected health information. We must abide by the terms of this notice and any updates to this notice.

RIGHT TO AMEND: Home Care Partners of Cincinnati, Inc. reserves the right to amend its privacy policies and procedures. If a modification is made to Home Care Partners of Cincinnati, Inc. privacy policies and procedures, you will be notified in writing of changes.

PRIVACY CONTACT: If you have any questions about our privacy practices, or wish to report a violation, please contact our privacy officer:

Home Care Partners of Cincinnati, Inc.
Scott T. Lothmann - Administrator
6805 Cambridge Ave. Suite 200
Cincinnati, OH 45227
513-271-1800