



HomeCare & Hospice  
家護及寧養服務

## 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**

Self-Help HomeCare & Hospice may use your health information, information that constitutes health information as defined in the Privacy Rule of the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996, for purposes of providing you treatment, obtaining payment for your care and conducting health care operations. Self-Help HomeCare & Hospice has established policies to guard against unnecessary disclosure of your health information.

**THE FOLLOWING IS A SUMMARY OF THE CIRCUMSTANCES UNDER WHICH AND PURPOSES FOR WHICH YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED:**

**To Provide Treatment.** Self-Help HomeCare & Hospice may use your health information to coordinate care within Self-Help HomeCare & Hospice and with others involved in your care, such as your attending physician, members of Self-Help HomeCare & Hospice interdisciplinary team and other health care professionals who have agreed to assist Self-Help HomeCare & Hospice in coordinating care. For example, physicians involved in your care will need information about your symptoms in order to prescribe appropriate medications. Self-Help HomeCare & Hospice also may disclose your health care information to individuals outside of Self-Help HomeCare & Hospice involved in your care including family members, pharmacists, suppliers of medical equipment or other health care professionals.

**To Obtain Payment.** Self-Help HomeCare & Hospice may include your health information in invoices to collect payment from third parties for the care you receive from Self-Help HomeCare & Hospice. For example, Self-Help HomeCare & Hospice may be required by your health insurer to provide information regarding your health care status so that the insurer will reimburse you or Self-Help HomeCare & Hospice. Self-Help HomeCare & Hospice also may need to obtain prior approval from your insurer and may need to explain to the insurer your need for Self-Help HomeCare & Hospice care and the services that will be provided to you.

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**To Conduct Health Care Operations.** Self-Help HomeCare & Hospice may use and disclose health information for its own operations in order to facilitate the function of Self-Help HomeCare & Hospice and as necessary to provide quality care to all of Self-Help HomeCare & Hospice's patients. Health care operations includes such activities as: Quality assessment and improvement activities, activities designed to improve health or reduce health care costs, protocol development, case management and care coordination, contacting health care providers and patients with information about treatment alternatives and other related functions that do not include treatment, professional review and performance evaluation, training programs including those in which students, trainees or practitioners in health care learn under supervision, training of non-health care professionals, accreditation, certification, licensing or credentialing activities, review and auditing, including compliance reviews, medical reviews, legal services and compliance programs, business planning and development including cost management and planning related analyses and formulary development, business management and general administrative activities of Self-Help HomeCare & Hospice, fundraising for the benefit of Self-Help HomeCare & Hospice.

For example, Self-Help HomeCare & Hospice may use your health information to evaluate its staff performance, combine your health information with other Self-Help HomeCare & Hospice patients in evaluating how to more effectively serve all Self-Help HomeCare & Hospice patients, disclose your health information to Self-Help HomeCare & Hospice staff and contracted personnel for training purposes, use your Health Information to contact you as a reminder regarding a visit to you, or contact you as part of general fundraising and community information mailings (unless you tell us you do not want to be contacted).

**For Fundraising Activities.** Self-Help HomeCare & Hospice may use information about you including your name, address, phone number and the dates you received care in order to contact you to raise money for Self-Help HomeCare & Hospice. Self-Help HomeCare & Hospice may also release this information to a related homecare and hospice foundation. If you do not want Self-Help HomeCare & Hospice to contact you, please notify: Self-Help HomeCare & Hospice at Telephone # (415) 677-7628 and indicate that you do not wish to be contacted.

**For Appointment Reminders.** Self-Help HomeCare & Hospice may use and disclose your health information to contact you as a reminder that you have an appointment for a home visit.

**For Treatment Alternatives.** Self-Help HomeCare & Hospice may use and disclose your health information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

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THE FOLLOWING IS A SUMMARY OF THE CIRCUMSTANCES UNDER WHICH AND PURPOSES FOR WHICH YOUR HEALTH INFORMATION MAY ALSO BE USED AND DISCLOSED

**When Legally Required.** Self-Help HomeCare & Hospice will disclose your health information when it is required to do so by any Federal, State or local law.

**When There Are Risks to Public Health.** Self-Help HomeCare & Hospice may disclose your health information for public activities and purposes in order to:

- Prevent or control disease, injury or disability, report disease, injury, vital events such as birth or death and the conduct of public health surveillance, investigations and interventions.
- Report adverse events, product defects, to track products or enable product recalls, repairs and replacements and to conduct post-marketing surveillance and compliance with requirements of the Food and Drug Administration.
- Notify a person who has been exposed to a communicable disease or who may be at risk of contracting or spreading a disease.
- Notify an employer about an individual who is a member of the workforce as legally required.

**To Report Abuse, Neglect Or Domestic Violence.** Self-Help HomeCare & Hospice is allowed to notify government authorities if Self-Help HomeCare & Hospice believes a patient is the victim of abuse, neglect or domestic violence. Self-Help HomeCare & Hospice will make this disclosure only when specifically required or authorized by law or when the patient agrees to the disclosure.

**To Conduct Health Oversight Activities.** Self-Help HomeCare & Hospice may disclose your health information to a health oversight agency for activities including audits, civil administrative or criminal investigations, inspections, licensure or disciplinary action. Self-Help HomeCare & Hospice, however, may not disclose your health information if you are the subject of an investigation and your health information are not directly related to your receipt of health care or public benefits.

**In Connection With Judicial And Administrative Proceedings.** Self-Help HomeCare & Hospice may disclose your health information in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal as expressly authorized by such order or in response to a

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subpoena, discovery request or other lawful process, but only when Self-Help HomeCare & Hospice makes reasonable efforts to either notify you about the request or to obtain an order protecting your health information.

**For Law Enforcement Purposes.** As permitted or required by State law, Self-Help HomeCare & Hospice may disclose your health information to a law enforcement official for certain law enforcement purposes as follows:

- As required by law for reporting of certain types of wounds or other physical injuries pursuant to the court order, warrant, subpoena or summons or similar process.
- For the purpose of identifying or locating a suspect, fugitive, material witness or missing person.
- Under certain limited circumstances, when you are the victim of a crime.
- To a law enforcement official if Self-Help HomeCare & Hospice has a suspicion that your death was the result of criminal conduct including criminal conduct at Self-Help HomeCare & Hospice.
- In an emergency in order to report a crime.

**To Coroners And Medical Examiners.** Self-Help HomeCare & Hospice may disclose your health information to coroners and medical examiners for purposes of determining your cause of death or for other duties, as authorized by law.

**To Funeral Directors.** Self-Help HomeCare & Hospice may disclose your health information to funeral directors consistent with applicable law and if necessary, to carry out their duties with respect to your funeral arrangements. If necessary to carry out their duties, Self-Help HomeCare & Hospice may disclose your health information prior to and in reasonable anticipation of your death.

**In the Event of A Serious Threat To Health Or Safety.** Self-Help HomeCare & Hospice may, consistent with applicable law and ethical standards of conduct, disclose your health information if Self-Help HomeCare & Hospice, in good faith, believes that such disclosure is necessary to prevent or lessen a serious and imminent threat to your health or safety or to the health and safety of the public.

**For Specified Government Functions.** In certain circumstances, the Federal regulations authorize Self-Help HomeCare & Hospice to use or disclose your health information to facilitate specified government functions relating to

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military and veterans, national security and intelligence activities, protective services for the President and others, medical suitability determinations and inmates and law enforcement custody.

**For Worker's Compensation.** Self-Help HomeCare & Hospice may release your health information for worker's compensation or similar programs.

### **AUTHORIZATION TO USE OR DISCLOSE HEALTH INFORMATION**

Other than is stated above, Self-Help HomeCare & Hospice will not disclose your health information other than with your written authorization. If you or your representative authorizes Self-Help HomeCare & Hospice to use or disclose your health information, you may revoke that authorization in writing at any time.

### **YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION**

You have the following rights regarding your health information that Self-Help HomeCare & Hospice maintains:

- **Right to request restrictions.** You may request restrictions on certain uses and disclosures of your health information. You have the right to request a limit on Self-Help HomeCare & Hospice's disclosure of your health information to someone who is involved in your care or the payment of your care. However, Self-Help HomeCare & Hospice is not required to agree to your request. If you wish to make a request for restrictions, please contact, in writing, Self-Help HomeCare & Hospice, 407 Sansome Street, San Francisco, CA 94111-3123.
- **Right to receive confidential communications.** You have the right to request that Self-Help HomeCare & Hospice communicate with you in a certain way. For example, you may ask that Self-Help HomeCare & Hospice only conduct communications pertaining to your health information with you privately with no other family members present. If you wish to receive confidential communications, please contact Self-Help HomeCare & Hospice; Telephone # (415) 677-7628. Self-Help HomeCare & Hospice will not request that you provide any reasons for your request and will attempt to honor your reasonable requests for confidential communications.
- **Right to inspect and copy your health information.** You have the right to inspect and copy your health information, including billing records. A request to inspect and copy records containing your health information

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may be made to: Self-Help HomeCare & Hospice, Telephone # (415) 677-7628. If you request a copy of your health information, Self-Help HomeCare & Hospice may charge a reasonable fee for copying and assembling costs associated with your request.

- **Right to amend health care information.** You or your representative has the right to request that Self-Help HomeCare & Hospice amend your records, if you believe that your health information is incorrect or incomplete. That request may be made as long as the information is maintained by Self-Help HomeCare & Hospice. A request for an amendment of records must be made in writing to: Self-Help HomeCare & Hospice, 407 Sansome Street, San Francisco, CA 94111-3123. Self-Help HomeCare & Hospice may deny the request if it is not in writing or does not include a reason for the amendment. The request also may be denied if your health information records were not created by Self-Help HomeCare & Hospice, if the records you are requesting are not part of Self-Help HomeCare & Hospice's records, if the health information you wish to amend is not part of the health information you or your representative are permitted to inspect and copy, or if, in the opinion of Self-Help HomeCare & Hospice, the records containing your health information are accurate and complete.
- **Right to an accounting.** You or your representative have the right to request an accounting of disclosures of your health information made by Self-Help HomeCare & Hospice for certain reasons, including reasons related to public purposes authorized by law and certain research. The request for an accounting must be made in writing to: Self-Help HomeCare & Hospice, 407 Sansome Street, San Francisco, CA 94111-3123. The request should specify the time period for the accounting starting on or after April 14, 2003. Accounting requests may not be made for periods of time in excess of seven (7) years. Self-Help HomeCare & Hospice would provide the first accounting you request during any 12-month period without charge. Subsequent accounting requests may be subject to a reasonable cost-based fee.
- **Right to obtain a paper copy of this notice.** You or your representative has a right to obtain a paper copy of this Notice at any time even if you or your representative has received this Notice previously. To obtain a paper copy, please contact: Self- Help HomeCare & Hospice, Telephone # (415) 677-7628. You or your representative may also obtain a copy of the current version of Self- Help HomeCare & Hospice's Notice of Privacy Practices at its website, [www.selfhelpelderly.org](http://www.selfhelpelderly.org), to the extent applicable and as permitted by the HIPAA Privacy Rules.

# **NOTICE of PRIVACY PRACTICES**

## **CHANGES TO THE TERMS OF OUR NOTICE OF PRIVACY PRACTICES**

Self-Help HomeCare & Hospice is required by law to maintain the privacy of your health information and to provide to you and your representative this Notice of its duties and privacy practices. Self-Help HomeCare & Hospice is required to abide by the terms of this Notice as may be amended from time to time. Self-Help HomeCare & Hospice reserves the right to change the terms of its Notice and to make the new Notice provisions effective for all health information that it maintains. If Self-Help HomeCare & Hospice changes its Notice, Self-Help HomeCare & Hospice will provide a copy of the revised Notice to you or your appointed representative.

## **CONTACT PERSON**

Self-Help HomeCare & Hospice has designated the Quality Assurance Coordinator as its contact person for all issues regarding patient privacy and your rights under the Federal privacy standards. You may contact this person at Self-Help HomeCare & Hospice, 407 Sansome Street, San Francisco CA 94111-3123. Telephone # (415) 677-7628.

You or your personal representative has the right to express complaints to Self-Help HomeCare & Hospice and to the Secretary of HHS if you or your representative believes that your privacy rights may have been violated. Any complaints to Self-Help HomeCare & Hospice should be made in writing to: Self-Help HomeCare & Hospice, 407 Sansome Street, San Francisco, CA 94111-3123. You may contact the HHS OCR about any complaint you have as follows: Medical Privacy Complaint Division, Office of Civil Rights, United States Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F, HHH Building, Washington D.C. 20201; Voice Hotline Number (800) 368-1019. Internet address [www.hhs.gov/ocr](http://www.hhs.gov/ocr). Self-Help HomeCare & Hospice encourages you to express any concerns you may have regarding the privacy of your information. You will not be retaliated against in any way for filing a complaint. Should you believe that we might have retaliated against you in any way upon you filing a complaint with Self-Help HomeCare & Hospice, please immediately contact the Director/Administrator, Self-Help HomeCare & Hospice, so that we may properly address that issue for you. Self-Help HomeCare & Hospice encourages you to provide us with the necessary information to properly and timely follow-up on your concerns/complaints, so that we may be able to address it in the most proactive and effective manner.

## **EFFECTIVE DATE**

This Notice is effective April 14, 2003.

**IF YOU HAVE ANY QUESTIONS REGARDING THIS NOTICE, PLEASE CONTACT**

Self-Help HomeCare & Hospice  
407 Sansome Street  
San Francisco, CA 94111-3123  
Telephone # (415) 677-7628