

4PrettyPurpleWalls LLC. Home Care

HIPAA Notice of Privacy Practices

In compliance with HIPAA - The Health Insurance Portability and Accountability Act of 1996.

If you are a client of 4PrettyPurpleWalls LLC. Home Care, this notice describes how your medical information may be used and disclosed and how you can get access to this information. Please review this notice carefully.

I. USES AND DISCLOSURES

The Agency will not disclose your health information without your authorization, except as described in this notice.

Plan of Care. The Agency will use your health information for the care plan, for example, information

obtained by the admitted staff member will be recorded in your record and used to determine the course of care. The staff will communicate with one another personally and through the case record to coordinate the care provided.

Payment. The Agency will use your health information for payment for services rendered. For example, the agency may be required by your health insurance company to provide information regarding your health care status so that the insurer will reimburse you or the Agency. The Agency may also need to obtain prior approval from your insurer and may need to explain to the insurer your need for personal assistance services and the services that will be provided to you.

Health Care Operations. The Agency will use your health information for personal assistance services operations. For example, Agency field staff, supervisors and support staff may use information in your case record to assess the care and outcomes of your case and others like it. This information will then be used to continually improve the quality and effectiveness of the services we provide. Regulatory and accrediting organizations may review your case record to ensure compliance with their requirements.

Notification. In an emergency, the Agency may use or disclose health information to notify or assist in notifying a family member, personal representative, or another person responsible for the care, of your location and general condition.

Public Health. As required by federal and state law, the Agency may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

Law Enforcement. As required by federal and state law, the Agency will notify authorities of alleged abuse/neglect, and risk or threat of harm to self or others. We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.

Charges against the Agency. In the event you file a suit against the Agency, the Agency may disclose health information necessary to defend such action.

Duty to Warn. When a client communicates to the Agency a serious threat of physical violence against himself, herself, or a reasonably identifiable victim or victims, the Agency will notify either the threatened person(s) and/or law enforcement.

The Agency may also contact you about appointment reminders, treatment alternatives or for public relations activities.

In any other situation, the Agency will request your written authorization before using or disclosing any identifiable health information about you. If you choose to sign such authorization to disclose information, you can revoke that authorization to stop any future uses and disclosures.

II. INDIVIDUAL RIGHTS

You have the following rights concerning your protected health information:

1. You may request in writing that the Agency does not use or disclose your information for treatment, payment, or administration purposes or to people involved in your care except when specifically authorized by you when required by law, or in emergencies. The Agency will consider your request; however, the Agency is not legally required to accept it. You have the right to request that your health information be communicated to you in a confidential manner such as sending mail to an address other than your home.
2. Within the limits of the statutes and regulations, you have the right to inspect and copy your protected health information. If you request copies, the Agency will charge you a reasonable amount, as allowed by statute.
3. If you believe that information in your record is incorrect or if important information is missing, you have the right to submit a request to the Agency to amend your protected health information by correcting the existing information or adding the missing information.
4. You have the right to receive an accounting of disclosures of your protected health information made by the Agency for certain reasons, including reasons related to public purposes authorized by law and certain research. The request for an account must be made in writing to the Privacy Officer. The request should specify the period for the accounting starting on or after April 14, 2003. Accounting requests may not be made for periods over six (6) years. The Agency would provide the first accounting you request for any 12 months without charge. Subsequent accounting requests may be subject to a reasonable cost-based fee.
5. If this notice was sent to you electronically, you may obtain a paper copy of the notice upon request from the Agency.

III. AGENCY'S DUTIES

1. The Agency is required by law to maintain the privacy of protected health information and to provide individuals with notice of its legal duties and privacy practices with respect to protected health information.
2. The Agency is required to abide by the terms of this Notice of its duties and privacy practices. The Agency is required to abide by the terms of this Notice as may be amended from time to time.
3. The Agency reserves the right to change the terms of this Notice and to make the new Notice provisions effective for all protected health information that it maintains. Before making any significant changes in our policies, the Agency will change its Notice and provide you with a copy. You can also request a copy of our Notice at any time. For more information about our privacy practices, please contact the office at 317-418-3922.

IV. COMPLAINTS

If you are concerned that the Agency has violated your privacy rights, or you disagree with a decision the Agency made about access to your records, you may contact the office at 317-418-9322. You may also send a written complaint to the Federal Department of Health and Human Services. 4PrettyPurpleWalls LLC. Home Care office staff can provide you with the appropriate address upon request. Under no circumstances will you be retaliated against for filing a complaint.

V. CONTACT INFORMATION

The Agency is required by law to protect the privacy of your information, provide this Notice about our information practices, and follow the information practices that are described in this Notice.

If you have any questions or complaints, please contact:

Indiana Department of Insurance
311 West Washington Street, Suite 300
Indianapolis, Indiana 46204-2787
Phone: (317) 232-2385
FAX: (317) 232-5251
<http://www.in.gov/idoi>
Stephen W. Robertson, Commissioner