

**VNA of Greater Cincinnati and Northern Kentucky**  
**Notice of Privacy Practices**  
**STATE of OHIO RESIDENTS ONLY**

Effective: April 14, 2003

**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.**

**How We May Use and Disclose Medical Information About You**

**To Provide Treatment:**

We will use and disclose your medical information to provide, coordinate, or manage your health care and any related services by both us and other health care providers. This includes the coordination or management of your health care with others involved in your care such as your physician(s) and other health care professionals who have agreed to assist our agency in coordinating your care. For example, we would disclose your protected health information to your physicians who will need information about your symptoms in order to prescribe appropriate medications. In addition, we may disclose your protected health information to individuals involved in your care including family members, a pharmacist or other health care providers such as a specialist, laboratories or suppliers of medical equipment.

**To Obtain Payment:**

Your medical information will be used, as needed, to obtain payment for your health care services. Our agency may include your medical information on invoices to collect payment from your insurance company or a government program, such as Medicare or Medicaid. This may include information regarding your medical condition or diagnosis, which could be required by your health insurance company, Medicare or Medicaid before it approves or pays for the health care services we provide to you.

**To Conduct Health Care Operations:**

We may use or disclose, as-needed, your medical information in order to facilitate the function of our agency and as necessary to provide quality care to all of our agency's patients. Health care operations includes such activities as:

- Quality assessment and improvement activities.
- Outside contractors that perform various activities (e.g., transcription services) for the agency. Whenever an arrangement between our agency and a business associate involves the use or disclosure of your medical information, we will have a written contract that contains terms that will protect the privacy of your medical information.
- 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.
- Employee review activities.
- Training of non-health care professionals.
- Training programs including those in which students, trainees or practitioners in health care learn under supervision.
- Business planning and development including cost management and planning related to analyses and formulary development.
- Business management and general administrative activities of our agency.

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**Other Required Uses and Disclosures of Your Medical Information  
That May Be Made.**

**When Required By Law:**

Our agency will disclose your medical information when any Federal, State or local law requires it.

**When There are Risks to Public Health:**

We may disclose your medical information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of preventing or controlling disease, injury or disability, reporting disease, injury, vital events such as birth or death and the conduct of public health surveillance, investigations and interventions.

**Communicable Diseases:**

We may disclose your medical information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition. We may notify an employer about an individual who is a member of the workforce as legally required.

**To Conduct Health Oversight Activities:**

We may disclose medical information about you to a health oversight agency for activities authorized by law, including audits, investigations, inspections, licensure or disciplinary actions. These and similar types of activities are necessary for appropriate oversight of the health care system, government benefit programs, and entities subject to various government regulations.

**To Report Abuse, Neglect or Domestic Violence:**

We may disclose medical information about you to a government authority authorized by law to receive reports of abuse, neglect, or domestic violence, if we believe you are a victim of abuse, neglect, or domestic violence. This will occur to the extent the disclosure is: (a) required by law; (b) agreed to by you; or, (c) authorized by law and we believe the disclosure is necessary to prevent serious harm to you or to other potential victims, or, if you are incapacitated and certain other conditions are met, a law enforcement or other public official represents that immediate enforcement activity depends on the disclosure.

**Food and Drug Administration:**

We may disclose your medical information to a person or company required by the Food and Drug Administration to report adverse events, product defects or problems, biologic product deviations, track products; to enable product recalls; to make repairs or replacements, or to conduct post marketing surveillance, as required.

**Marketing Communications.**

We may use and disclose medical information about you to communicate with you about a product or service to encourage you to purchase the product or service. This may be:

- To describe a health-related product or service that is provided by us;
- For your treatment;
- For case management or care coordination for you;
- To direct or recommend alternative treatments, therapies, health care providers, or settings of care.

We may communicate to you about products and services in a face-to-face communication by us to you. We also may communicate about products or services in the form of a promotional gift of nominal value.

All other use and disclosure of medical information about you by us to make a

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communication about a product or service to encourage the purchase or use of a product or service will be done only with your written authorization.

**Fundraising**

We may use and disclose medical information about you to contact you to raise funds for our agency. We may disclose medical information to a business associate of our agency or a foundation related to the VNA so that business associate or foundation may contact you to raise money for the benefit of our agency. We will only release demographic information, such as your name and address, and the dates you received treatment or services from the VNA. **If you do not want our agency or its foundation to contact you for fundraising send a written request to our Privacy Contact (see the last page of this notice for mailing address and phone number).**

**In Connection with Judicial and Administrative Proceedings:**

We may disclose medical 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 subpoena, discovery request or other lawful process, but only when our agency makes reasonable efforts to either notify you about the request or to obtain an order protecting your medical information.

As defined by state laws-

OH State Law- Ohio recognizes a number of health care provider -patient privileges such as licensed social workers and physicians that allow a person, in a legal proceeding, to refuse to disclose and to prevent any other person from disclosing confidential communications made between him and the health care provider.

**Law Enforcement:**

We may also disclose medical information, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include:

- 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.
- Under certain limited circumstances, when you are the victim of a crime.
- For the purpose of identifying or locating a suspect, fugitive, material witness or missing person.
- To a law enforcement official if our agency has a suspicion that your death was the result of criminal conduct.
- In an emergency in order to report a crime.

**Coroners, Funeral Directors, and Organ Donation:**

- We may disclose medical information to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law.
- We may also disclose medical information to a funeral director, as authorized by law, in order to permit the funeral director to carry out their duties.
- Medical information may be used and disclosed for cadaver organ, eye or tissue donation purposes.

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**For Research Purposes:**

Our agency may, under very select circumstances, use your medical information for research. Before our agency discloses any of your medical information for such research purposes, the project will be subject to an extensive approval process. Our agency will always request your written authorization before granting access to your medical information.

**Workers' Compensation:**

We may disclose your medical information as authorized to comply with your state workers' compensation laws and other similar legally established programs.

**To Avert Serious Threat to Health or Safety:**

We may use or disclose protected health information about you if we believe the use or disclosure is necessary to prevent or lessen a serious or imminent threat to the health or safety of a person or the public. We also may release information about you if we believe the disclosure is necessary for law enforcement authorities to identify or apprehend an individual who admitted participation in a violent crime or who is an escapee from a correctional institution or from lawful custody.

**For Specified Government Functions:**

In certain circumstances, Federal regulations authorize our agency to use or disclose your medical information to facilitate specified government functions relating to military and veterans, national security and intelligence activities, protective services for the President and others, medical suitability determinations and inmates and law enforcement custody.

- **Military-**  
If you are a member of the Armed Forces, we may use and disclose medical information about you for activities deemed necessary by the appropriate military command authorities to assure the proper execution of the military mission. We may also release information about foreign military personnel to the appropriate foreign military authority for the same purposes.
- **National Security and Intelligence-**  
We may disclose medical information about you to authorized federal officials for the conduct of intelligence, counter-intelligence, and other national security activities authorized by law.
- **Protective Services for the President-**  
We may disclose medical information about you to authorized federal officials so they can provide protection to the President of the United States, certain other federal officials, or foreign heads of state.
- **Security Clearances-**  
We may use medical information about you to make medical suitability determinations and may disclose the results to officials in the United States Department of State for purposes of a required security clearance or service abroad.
- **Inmates; Persons in Custody-**  
We may disclose medical information about you to a correctional institution or law enforcement official having custody of you. The disclosure will be made if the disclosure is necessary: (a) to provide health care to you; (b) for the health and safety of others; or, (c) the safety, security and good order of the correctional institution.

**Authorization to Use and Disclose Health Information**

Other than as stated above, our agency will not disclose your medical information other than with your written authorization. If you or your representative authorizes our agency to use or disclose your medical information, you may revoke that authorization by forwarding your

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written request to our Privacy Contact (see the last page of this notice for mailing address and phone number) However, if you revoke such an authorization, it will not have any affect on actions taken by us in reliance on it.

### **Your Rights With Respect to Medical Information About You.**

The following is a statement of your rights with respect to your medical information and a brief description of how you may exercise these rights.

#### **You have the right to inspect and copy your protected health information.**

As defined by state laws you have a right to access your medical information, including billing records in the possession of a health care provider free of charge. You may receive a copy of your medical record as defined by state laws:

For furnishing a copy of a medical record, a health care provider may charge you a fee for their costs in copying, including labor. Under Ohio law, this fee shall not exceed the sum of: \$1 per page for the first 10 copies; \$0.50 per page for pages 11-50; \$0.25 per page for pages 51 and higher; the actual cost of copying for data recorded in a form other than on paper; and the actual cost of postage. The health care provider may not charge a patient or his representative if the medical record is necessary to support a claim under Title II or Title XVI of the Social Security Act.

**A written request to inspect and copy records containing your health information may be made to our Privacy Contact (see the last page of this notice for mailing address and phone number).** Your request should state specifically what medical information you want to inspect or copy

#### **You have the right to request a restriction of your medical information.**

You have the right to request that we restrict the uses or disclosures of medical information about you to carry out treatment, payment, or health care operations. You have a right to request that we restrict the uses or disclosures we make to:

- a family member, other relative, a close personal friend or any other person identified by you
- public or private entities for disaster relief efforts

**A written request to restrict uses or disclosures of your medical information may be made to our Privacy Contact (see the last page of this notice for mailing address and phone number).**

Your written request must tell us: (a) what information you want to limit; (b) whether you want to limit use or disclosure or both; and, (c) to whom you want the limits to apply (for example, disclosures to your spouse).

We are not required to agree to any requested restriction. However, if we do agree, we will follow that restriction unless the information is needed to provide emergent treatment. Even if we agree to a restriction, either you or we can later terminate the restriction.

#### **You have the right to receive confidential communications.**

You have the right to request that our agency communicate with you in a certain way. For example, you may ask that the agency only conduct communications pertaining to your medical information with you privately with no other family members present or only contact you

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at home. Unless you tell us otherwise in writing, we may contact you by either telephone or by mail at either your home or office.

- At either location, we may leave messages for you.
- For Appointment Reminders- Our agency may contact you as a reminder that you have an appointment for a home visit.

**A written request to receive confidential communications may be made to our Privacy Contact (see the last page of this notice for mailing address and phone number).** Your request must contain how and where you may be contacted. We will not request an explanation from you as to the basis for the request. We will attempt to accommodate your request.

**You have the right to amend your health care information.**

You or your representative has the right to request that our agency amend medical information about you if you believe that your medical information is incorrect or incomplete. You have this right for as long as we maintain your medical information.

**A written request for an amendment of your medical information may be made to our Privacy Contact (see the last page of this notice for mailing address and phone number).**

Your written request must state the amendment desired and provide a reason to support that amendment. We will act on your request within sixty (60) calendar days after we receive your request. If we grant your request, in whole or in part, we will inform you of our acceptance of your request and provide access and copying.

If we grant the request, in whole or in part, we will seek your identification of and agreement to share the amendment with relevant other persons. We also will make the appropriate amendment to the medical information by appending or otherwise providing a link to the amendment.

We may deny your request to amend medical information about you. We may deny your request if it is not in writing and does not provide a reason in support of the amendment. In addition, we may deny your request to amend medical information if we determine that the information:

- Was not created by us, unless the person or entity that created the information is no longer available to act on the requested amendment;
- Is not part of the medical information maintained by us;
- Would not be available for you to inspect or copy; or,
- Is accurate and complete.

If we deny your request, we will inform you of the basis for the denial. You will have the right to submit a statement of disagreeing with our denial. Your statement may not exceed two pages. We may prepare a rebuttal to that statement. Your request for amendment, our denial of the request, your statement of disagreement, if any, and our rebuttal, if any, will then be appended to the medical information involved or otherwise linked to it. All of that will then be included with any subsequent disclosure of the information, or, at our election, we may include a summary of any of that information.

If you do not submit a statement of disagreement, you may ask that we include your request for amendment and our denial with any future disclosures of the information. We will include your request for amendment and our denial (or a summary of that information) with any subsequent disclosure of the medical information involved.

You also will have the right to complain about our denial of your request.

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**You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information.**

You or your representative have the right to request an accounting of disclosures of medical information made by our agency for any reason other than:

- a. Disclosures to carry out treatment, payment and health care operations;
- b. Disclosures of your medical information made to you;
- c. Disclosures that are incident to another use or disclosure;
- d. Disclosures that you have authorized;
- e. Disclosures to persons involved in your care;
- f. Disclosures for disaster relief purposes;
- g. Disclosures for national security or intelligence purposes;
- h. Disclosures to correctional institutions or law enforcement officials having custody of you;
- i. Disclosures that are part of a limited data set for purposes of research, public health, or health care operations (a limited data set is where things that would directly identify you have been removed).
- j. Disclosures made prior to April 14, 2003.

**A written request for an accounting of disclosures of your medical information may be made to our Privacy Contact (see the last page of this notice for mailing address and phone number).**

The request should specify the time period for the accounting starting on or after April 14, 2003. Accounting requests may be for up to six years prior to the date on which you request the accounting. We will act on your request within 60 calendar days after we receive your request. We will either provide the accounting of disclosures to you or give you a written statement of when we will provide the accounting and why the delay was necessary. Our agency will 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. If there will be a charge, we will notify you of the cost involved and give you the opportunity to withdraw or modify your request to avoid or reduce the cost.

**Duties of Our Agency**

Our agency is required by law to maintain the privacy of your medical information and to provide you and your representative this Notice of its duties and privacy practices. Our agency is required to abide by the terms of this Notice. Our agency reserves the right to change the terms of this Notice and to make the new Notice provisions effective for all health information that it maintains. If our agency makes material changes to this Notice, while you are under our care we will provide a copy of the revised Notice to you or your appointed representative.

**Availability of Notice of Privacy Practices**

A copy of our current Notice of Privacy Practices will be posted at all locations near the entrance. A copy of the current notice also will be posted on our website, [www.thevna.org](http://www.thevna.org). In addition, a copy of the current notice will be provided to you on your first day of service to The Visiting Association.

At anytime you may obtain a copy of the current Notice of Privacy Practices from our Privacy Contact (see the last page of this notice for mailing address and phone number).

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Effective date of the notice will be stated on the first page of the notice.

**Complaints**

You or your representative have the right to express complaints to our agency in writing and to the Secretary of The Department of Health and Human Services if you believe your privacy rights have been violated.

A written complaint may be made to our Privacy Contact (see below for mailing address and phone number), or by contacting The Secretary of The Department of Human and Health Services. Our agency 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.

**Questions and Information**

If you have any questions or want more information concerning this Notice of Privacy Practices, please contact our Privacy Contact (see address and phone number below).

***THE PRIVACY CONTACT (Privacy Officer or designee)  
FOR THE VNA OF GREATER CINCINNATI and  
NORTHERN KENTUCKY CAN BE REACHED BY PHONE  
AT 513-345-8090.***

***ALL WRITTEN REQUESTS SHOULD BE SENT TO:  
THE VNA  
ATTN: PRIVACY CONTACT  
2400 READING ROAD  
CINCINNATI, OH. 45202***

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