

Advantage Nursing Service

**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!*

If you have any questions about this notice, please contact our Human Resources Department @ (314) 991-4660.

**Who will follow this notice?**

This notice describes the information privacy practices followed by our employees, staff and other office personnel. The practices described in this notice will also be followed by health care providers you consult with by telephone (when your regular health care provider from our office is not available) who provide “on call coverage” for your health care provider.

**Your health information:**

This notice applies to the information and records we have about your health, health status and the health care and services you receive from our office and field staff.

We are required by law to give you this notice. It will tell you about the ways in which we may use and disclose health information about you and describes your rights and our obligations regarding the use and disclosure of that information.

**How we may use and disclose health information about you:**

**For treatment:** We may use health information about you to provide you with medical treatment or services. We may disclose health information about you to doctors, nurses, technicians, office staff or other personnel who are involved in taking care of you and your health.

For example, your doctor may be treating you for a heart condition and may need to know if you have other health problems that could complicate your treatment. The doctor may use your medical history to decide what treatment is best for you. The doctor may also tell another doctor about your condition so that doctor can help determine the most appropriate care for you.

Different personnel in our office may share information about you and disclose information to people who do not work in our office in order to coordinate your care, such as phoning in prescriptions to your pharmacy, scheduling lab work and ordering x-rays. Family members and other health care providers may be part of your medical care outside this office and may require information about you that we have.

**For payment:** We may use and disclose health information about you so that the treatment and services you receive at this office may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give your health plan information about a service you received here so your health plan will pay us or reimburse you for the service. We may also tell your health plan about a treatment you are going to receive to obtain prior approval, or to determine whether your plan will cover the treatment.

**For Health Care Operations:** We may use and disclose health information about you in order to run the office and make sure that you and our other patients receive quality care.

**Law Enforcement:** We may release health information if asked to do so by a law enforcement official in response to a court order, subpoena, warrant, summons or similar process, subject to all applicable legal requirements.

**Coroners, Medical Examiners, and Funeral Directors:** We may release health information to a coroner or medical examiner. This may be necessary for example, to identify a deceased person or determine the cause of death.

**Information Not Personally Identifiable:** We may use or disclose health information about you in a way that does not personally identify you or reveal who you are.

**Family and Friends:** We may disclose health information about you to your family members or friends if we obtain your verbal agreement to do so or if we give you an opportunity to object to such a disclosure. We may also disclose health information to your family or friends if we can infer from the circumstances, based on our professional judgment that you would not object. For example, we may assume you agree to our disclosure of your personal health information to your spouse while treatment is discussed and plans of care created.

In some situations where you are not capable of giving consent (because you are not present or due to your incapacity or medical emergency), we may use our professional judgment, determine that a disclosure to your family member or friend is in your best interest. In that situation we will disclose only health information relevant to the person's involvement in your care. For example, we may inform the person who accompanied you to the emergency room that you suffered a heart attack and provide updates on your progress and prognosis. We may also use our professional judgment and experience to make reasonable inferences that it is in your best interest to allow another person to act on your behalf to pick up, for example, filled prescriptions, medical supplies or x-rays.

**Other uses and disclosures of health information:** We will not use or disclose your health information for any purpose other than those identified in the previous sections without your specific, written *Authorization*. We must obtain your *Authorization* separate from any *Consent* we may have obtained from you. If you give us *Authorization* to use or disclose health information about you.. You may revoke that *Authorization* at any time in writing. If you revoke your *Authorization*, we will no longer use or disclose information

about you for the reasons covered by your written *Authorization*, but we cannot take back any uses or disclosures already made with your permission.

If we have HIV or substance abuse information about you, we cannot release that information without a special signed, written authorization from you. In order to disclose these types of records for purposes of treatment, payment, or health care operations, we will have to have both of our signed *Consents* and a special written *Authorization* that complies with the laws governing HIV or substance abuse records.

**YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU:**

You have the following rights regarding health information we maintain about you:

**Right to inspect and copy:** You have the right to inspect and copy your health information, such as medical and billing records, that we use to make decisions about your care. You must submit a written request to the clinical director in order to inspect and/or copy your health information. If you request a copy of the information we may charge a fee for the costs of copying, mailing or other associated supplies. We may deny your request to inspect and/or copy in certain limited circumstances. If you are denied access to your health information, you may ask that the denial be explained.

**Changes to this notice:** We reserve the right to change this notice, and to make the revised or changed notice effective for medical information we already have about you as well as any information we may receive in the future. We will post a summary of the current notice in the office walls with effective date in the top right hand corner. You are entitled to a copy of the current notice.

**Complaints:** If you believe your rights have been violated, you may file a complaint with our office or with Secretary of the Department of Health and Human Services. To file a complaint with our office, contact the clinical director at 314-991-4660. You will not be penalized for filing a complaint.

**Advantage Nursing Services  
Employee Statement of Understanding of Privacy Policies**

I, \_\_\_\_\_ have been trained and informed about the business and privacy practices in affect at **Advantage Nursing Services** as a result of the *Health Insurance Portability and Accountability Act*. (HIPAA)

I understand that I am responsible for ensuring the security, integrity and confidentiality of patient health information created, obtained and/or maintained by **Advantage Nursing Services**.

I have reviewed, understand, and agree to abide by the following Privacy Policies:

- General Privacy**
- Patient Privacy Rights**
- Uses and Disclosures of Protected Health Information**
- Minimum Necessary Information**
- Enforcement, Sanctions, and Penalties for Violations of Individual Privacy.**

I understand that non-compliance will be cause for disciplinary action up to and including dismissal from **Advantage Nursing Services**, and possible legal actions for violations of applicable regulations and laws

I agree to promptly report all violations or suspected violations of any of the above policies to **Advantage Nursing Services** Privacy Officer through the designated reporting channels.

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Print Employee Name

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Employee Signature

Date

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Advantage Nursing Services Signature

Date