



## Privacy Practices

### Your Information. Your Rights. Our Responsibilities.

This notice describes how medical information about you may be used and disclosed and how you can access this information. **Please review it carefully.**

### Your Rights

You have the right to:

- Get a copy of your paper or electronic medical records
- Correct your paper or electronic medical records
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we have shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Email: [HIPAAPrivacyOfficial@transitionslifecare.org](mailto:HIPAAPrivacyOfficial@transitionslifecare.org)

Call office: 919-828-0890 (ask for the HIPAA Privacy Official)

Mail: HIPAA Privacy Official, Transitions LifeCare, 250 Hospice Circle, Raleigh NC 27607

### Your Choices

You have some choices in the way that we use and share information as we:

- Tell family and friends about your condition
- Provide disaster relief
- Market our services (Transitions LifeCare never sells your information)
- Raise funds

### Our Uses and Disclosures

We may use and share your information to:

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Conduct research

- Comply with the law
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

## Your Rights

You have certain rights when it comes to your health information. This section explains your rights and some of our responsibilities to help you.

### Get an electronic or paper copy of your medical record

- You can ask to see or receive an electronic or paper copy of your medical record and other health information we maintain about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

### Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say "no" to your request, but we will tell you why in writing within 60 days.

### Request confidential communication

- You can ask us to contact you in a specific way (for example, at your home or office phone) or to send mail to a different address.
- We will say "yes" to all reasonable requests.

### Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" if it would affect your care.
- If you pay for a service or health care item in full out-of-pocket, you can ask us not to share that information for the purpose of payment or our operations with your health insurance company. We will say "yes" unless a law requires us to share that information.

### Get a list of those with whom we've shared information

- You can ask for a list (accounting) of the times we have shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting per year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

### Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

### Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

## File a complaint if you feel your rights are violated

- You can file a complaint if you feel we have violated your rights by contacting us using the contact information listed at the top of this notice under “Your Information. Your Rights. Our Responsibilities.”
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by:
  - sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201
  - calling 1-877-696-6775
  - visiting [www.hhs.gov/ocr/privacy/hipaa/complaints](http://www.hhs.gov/ocr/privacy/hipaa/complaints)
- We will not retaliate against you for filing a complaint.

## Your Choices

**For certain health information, you can tell us your choices about what we share.** If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation

*If you are unable to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

In these situations, we never share your information unless you give us written permission:

- Most sharing of psychotherapy notes
- Substance abuse treatment records

In the case of fundraising:

- We may contact you for fundraising efforts, but you may ask us not to contact you again.

## Our Uses and Disclosures

### How do we typically use and share your health information?

We typically use and share your health information in the following ways.

#### 1. Treat you

We can use your health information and share it with other professionals who are treating you.

*Example:* A doctor treating you for an injury asks another doctor about your overall health condition.

#### 2. Running our organization

We can use and share your health information to run our practice, improve care, and contact you when necessary.

*Example:* We use health information about you to manage your care and services.

#### 3. Bill for your services

We can use and share your health information to bill and get payment from health plans or other entities.

*Example:* We give information about you to your health insurance plan so it will pay for your services.

### How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We must meet many conditions in the law before we can share your information for these purposes.

For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

## **1. Help protect public health and safety**

We can share health information about you for certain situations such as:

- Preventing disease or reducing a serious threat to anyone's health or safety
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence

## **2. Conduct research**

We can use or share your health information for research purposes.

## **3. Comply with the law**

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services to confirm that we are complying with federal privacy law.

## **4. Respond to organ and tissue donation requests**

We can share health information with organ procurement organizations.

## **5. Work with a medical examiner or funeral director**

We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

## **6. Address workers' compensation, law enforcement, and other government requests for information**

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

## **7. Respond to lawsuits and legal actions**

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

## **Our Responsibilities**

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you give us written permission. If you tell us we can, you may change your mind at any time by notifying us in writing.

For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

## **Changes to the Terms of this Notice**

We may change the terms of this notice, and the changes will apply to all health information we have about you. The revised notice will be available upon request, in our office, and on our web site.