

**HIPAA Omnibus Notice of Privacy Practices
Effective January 1, 2014**

**HIAWATHA HOMECARE
4920 Moundview Drive, Suite B
Red Wing, MN 55066
651-388-2223
www.hiawathahomecare.com**

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.

This Notice of Privacy Practices describes how we, our Business Associates and their subcontractors, may use and disclose your protected health information (PHI) to carry out treatment, payment or health care operations (TPO) and for other purposes that are permitted or required by law. (All of our Business Associates are obligated, by law and under contracts with us, to protect the privacy of your protected health information.) We are required by law to maintain the privacy of protected health information, to provide individuals with notice of our legal duties and privacy practices, and to notify affected individuals following a breach of unsecured protected health information. This Notice also describes your rights to access and control your protected health information. "Protected health information" is information about you, including demographic information, that may identify you and that relates to your past, present or future medical condition. **If you have any questions about this Notice, please contact our Privacy Officer.**

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

Your protected health information may be used and disclosed by us and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you, to pay your health care bills, to support business operations and any other use required by federal, state or local law.

Treatment: We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party. Unless you object in writing and it is not an emergency situation, we may release health information to people identified by you, such as family members or close personal friends or others who are helping to care for you.

Payment: We will use and disclose your protected health information so that the services you receive from us may be billed for and payment may be collected from you or on your behalf from an insurance company or a third party.

Healthcare Operations: We may use or disclose your protected health information in order to facilitate business operations. These activities include, but are not limited to, quality assessment and improvement, employee review, training of medical students, licensing, fundraising, and conducting or arranging for other business activities.

We may use or disclose your protected health information to contact you to remind you of appointments, and inform you about treatment alternatives or other health-related benefits and services that may be of interest to you. If we contact you for fundraising activities, we will provide you the choice to opt out of those activities. You may also choose to opt back in.

We may use or disclose your protected health information in the following situations without authorization: as required by federal, state or local law, public health activities, health oversight, abuse or neglect, food and drug administration requirements, legal proceedings, law enforcement, coroners, medical examiners, organ and tissue donation, research, military activity and national security, workers' compensation, inmates, and law enforcement.

Other Uses and Disclosures will be made only with your written authorization (unless otherwise required by law.) Without your authorization, we may not sell your protected health information or use or disclose your information for marketing purposes. Most uses and disclosures of mental health, addiction or HIV records require authorization unless it is an emergency.

You may revoke your authorization, at any time, in writing, except to the extent that we have taken an action in reliance on the use or disclosure indicated in the authorization.

YOUR RIGHTS

You have the right to inspect and copy your protected health information (fees may apply) – Pursuant to your written request, you have the right to inspect or copy your protected health information whether in paper or electronic format. Under federal law, however, you may not inspect or copy the following records: Psychotherapy notes, information compiled in reasonable anticipation of, or used in, a civil, criminal, or administrative action or proceeding, protected health information restricted by law, information that is related to medical research in which you have agreed to participate, information whose disclosure may result in harm or injury to you or to another person, or information that was obtained under a promise of confidentiality.

You have the right to request a restriction of your protected health information – This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply. We are not required to agree to your requested restriction except if you request that we not disclose protected health information to your health plan with respect to healthcare for which you have paid in full out of pocket.

You have the right to request to receive confidential communications from us by alternative means or at an alternative location.

You have the right to request an amendment to your protected health information – If we deny your request for amendment in writing within 60 days, you have the right to file a statement of disagreement with us. We may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.

You have the right to receive an accounting of disclosures – You have the right to request a list of disclosures of your health information that we have made that were not for treatment, payment, or health care operations, required by law, or authorized by you. Your written request must state the time period for the requested information and be no greater than six years prior to date of request.

You have the right to receive notice of any security breach – We will notify you if your unsecured protected health information has been breached. We will abide by breach notification requirements under the law.

You have the right to obtain a paper copy of this notice upon request even if you have agreed to receive the notice electronically. The current notice will be posted in our corporate office.

Changes to this Notice – We reserve the right to change this notice. After an amendment is made, the revised notice will apply to all protected health information that we maintain, regardless of when it was created or received. Until such amendment is made, we are required by law to comply with this notice.

COMPLAINTS

If you believe your privacy rights have been violated by us, you may file a written complaint with us or with the Secretary of the Department of Health and Human Services. You may file a complaint with us by notifying our Privacy Officer at the address listed above. **We will not retaliate against you for filing a complaint.**