

Montachusett Home Care Corporation

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.

- Montachusett Home Care Corporation respects your right to privacy and is required by federal and state law to protect it. This Notice provides our clients with a list of duties and practices that we employ to protect confidential healthcare information. .
- The information that we gather about you is for the purpose of assessing your needs, formulating a home care plan, and providing quality services to help you maintain your independence. We will employ adequate safeguards to protect your records and will release the minimum amount of information to reasonably provide services. For example, we will notify homemaker vendors what kinds of services you require, provide them with billing instructions, and keep them abreast of changes to promote effective operations. We may discuss treatment with your physician or a hospital discharge planner. A quality assurance specialist may review your record to promote effective operations; our fiscal unit may discuss your bill with you or your representative.

YOUR HEALTH INFORMATION RIGHTS:

You have the right :

- To review and photocopy your home care record (at your own expense) with certain exceptions
- To request to have your healthcare information amended if you believe it is wrong or incomplete and MHCC agrees. If MHCC disagrees, you may add a statement of disagreement.
- To request an accounting of who has accessed your healthcare information and when and for what purpose if it is for activities other than treatment, operations or billing.
- To possess a paper copy of this Privacy Practices Notice.
- To request communication of your health information by alternative means at alternative locations.
- To request restrictions on the use of your confidential healthcare information. However, MHCC may choose to refuse your restriction if it is in conflict with providing you quality home care or in the event of an emergency situation.

Your confidential healthcare information may be released without written authorization:

- To professionals within the organization for the purpose of providing you with quality home care services, treatment, operations and payment.
- To the Executive Office of Elder Affairs, the Division of Medical Assistance, our Business Associates, or your insurance provider.
- To notify your family members, personal or legal representatives, or other persons responsible for your care, information relevant to that person's involvement in your care or payment related to your care, unless you object.
- When required by law or in response to a valid subpoena.

PRIVACY NOTICE (continued)

- When requested by someone who has the legal right to act for you.
- To the Secretary of Health and Human Services and governmental oversight, funding, inspection, audit, and quality assurance agencies.
- To other healthcare providers in the event you need emergency care.
- To a public health organization or federal organization in the event of a communicable disease.
- To avoid a serious threat to health and safety. For Worker's Compensation Purposes.
- For approved research when the personal information cannot be used to identify you.
- When requested by the U.S. Department of Health and Human services to make sure that your privacy is protected. For national security purposes or to protect the President.
- To social or law enforcement officials in the event of an investigation in which you are a victim of abuse, a crime or domestic violence. To law enforcement, military, and corrections, if you are subject to their authority.
- To physicians, hospitals, home health agencies, nursing homes, coroners and funeral homes.

Your confidential healthcare information may **not** be released for any other purpose than that which is identified in this notice. Except as described in this notice, confidential healthcare information may be released only after receiving written authorization from you. You may revoke your permission to release confidential healthcare information, in writing, at any time.

You may be contacted by MHCC to remind you of any appointments, home care options, or benefits for which you might qualify or other health services that may be of interest to you or for the purpose of raising funds to support the organization's operations.

MHCC will abide by the terms of this notice currently in effect. We reserve the right to make changes to this notice. Clients may receive a copy of any changes upon request. The new notice provisions will be in effect for all protected health information.

You have the right to complain to the organization if you believe your rights to privacy have been violated. Please call or mail your complaint to the organization. All complaints will be investigated. If you have questions or need additional information, you may also call. Filing a complaint or exercising your rights will not have an effect your Home Care services. No individual will be retaliated against for filing a complaint. You may also complain to the U.S. Secretary of Health and Human services. This notice is effective August 1, 2003.

For further information about this Privacy Notice, please contact:

Montachusett Home Care Corporation
680 Mechanic St., Leominster, MA 01453
1-800-734-7312 or 978-537-7411 or TTY 978-534-6273