



COMMUNITY SERVICES NOTICE OF PRIVACY PRACTICES

Case Management Consultants DBA VNA Community Services

Effective June 1, 2006

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. VNA COMMUNITY SERVICES is carrying out this Obligation in accordance with an agreement with your health plan. Please review it carefully.

Standard Use and Disclosure of Your Medical Information

VNA Community Services (CS) uses your medical information to provide you with medical treatment and services, to receive payment for those services, and in daily health care operations.

Treatment. CS may disclose your medical information to those involved in your treatment on an as-needed basis. For example, we may disclose information to your doctor to assist them in making a determination on a course of treatment for you.

Payment. CS may be required to use or disclose your medical information in order to obtain payment for services we render. For example, when CS submits bills to the insurance company or an employer with a listing of the services you received from CS in order to receive payment for those services.

Health Care Operations. CS may also use and disclose your medical information in our everyday health care operations. For example, your medical information may be used to assist us in evaluating the performance of this organization through internal and external performance/quality audits.

Uses and Disclosures That Do Not Require Your Consent

In addition to the general uses and disclosures of your information noted above, there may be some more specific situations when it is necessary, and permissible, for CS to use or disclose of your medical information as follows:

- Public health authorities in order to prevent or control disease, to report birth or death, and for the purpose of public health investigations, interventions, and other related matters.
- Government authorities, as required by law, of a person who may be a victim of abuse, neglect, or domestic violence.
- Agencies that oversee insurance health benefit programs for the purpose of audits, investigations, inspections, or other activities.
- A court order or subpoena in a judicial or administrative proceeding.
- Law enforcement officials for a law enforcement purpose in the following situations: when required by law; for identification and location purposes; if you are suspected to be a victim of a crime; to report suspicion of death by criminal conduct; to report suspicion of criminal conduct occurring on the grounds of our facility; and in the case of an emergency.
- A coroner, medical examiner, or funeral director in the event of your death.
- Organ donation organizations if the insured has previously made those arrangements.
- Limited health information may be disclosed if necessary to prevent an immediate threat to the health or safety of the public.
- Special government circumstances involving: military or veterans activities; national security and intelligence activities; protective services for the President; medical suitability determinations; law enforcement custodial situations; and government programs providing public benefits.
- The Food & Drug Administration (FDA) or the Center for Disease Control (CDC) for reporting adverse events with respect to immunizations and or health screening tests.

- Employers of Food Handlers (Hepatitis A Ordinance NO. 19,770,199) for proof of Hepatitis A vaccinations as required by the County Council of St. Louis County, Missouri.

All other uses or disclosures of your medical information will be made only with your written authorization. You may revoke your written authorization at any time.

Our Duties

- CS policy regarding your medical record is CS must maintain the privacy of your medical information and must follow the terms of this notice.
- CS has the right to change the terms of this notice, and any changes may be effective for any current health information about you and any information that may be obtained in the future. Any changes to this notice will be effective for all health information that we maintain about you.

Your Rights

Pursuant to and in accordance with our agreement with your health plan, you have the right to:

- Have a copy of the CS notice of privacy practices, which will be provided to you each encounter.
- Inspect and copy information in your permanent health care record. If you wish to do so, please request a release form to be completed and signed.
- Request changes to the information contained in your record, which CS may approve or deny. Only the individual receiving services may request a change of information. If you wish to do so, a request will must be made in writing and submitted to the Privacy Officer for review of the request.
- Request that restrictions be placed on the use and disclosure of your health information. Once again, CS may approve or deny this request. If you wish to do so, the request must be in writing on an “Authorization for Disclosure” form.
- Receive a list of the uses and disclosures of your health information made by CS, however, certain limitations apply. If you wish to do so, contact your CMC representative.
- Receive communications from us regarding your health information in a confidential manner.

Complaints

If you believe that any of these rights or your privacy rights has been violated, you may complain to CS or to the Department of Health and Human Services. You are protected from retaliation for any complaints you make. For additional information, contact your CS representative at 314-513-9922.

Our office may contact you at the address and/or telephone number you give us, in order to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

CS may disclose information about you that is directly relevant to any member of your family, or to a designated caregiver of yours, if that person is involved with your care or the payment for your care. CS may also use or disclose your health information to notify, identify or locate a family member, or other person responsible for your care, of your location, condition or death. You may restrict such use or disclosure by contacting CS representative at (314) 513-9922.

**IF YOU WOULD LIKE A COPY OF THIS NOTICE,
PLEASE ASK THE NURSE.**