**Notice of Use and Disclosure Practices**

This notice describes how clinical information may be used and disclosed, and how you can get access to this information. Please review this notice carefully.

National Home Health Services will make every effort to protect the privacy of your personal health information. Personal Health Information (such as diagnosis, home care services, clinical data, and medications) will be disclosed:

1. To other health care providers currently providing service to you (e.g. county case manager, physician, and pharmacist).

2. To health care providers who may provide service to you through a referral at your request

or at your responsible party's request (e.g. medical transportation service, Meals on Wheels provider).

3. To other providers when requested by you or your responsible party.

4. To your insurance or other funding source as required for reimbursement.

5. To governmental agencies overseeing home health care.

Only the minimum amount of Protected Health Information necessary to accomplish the purpose of the disclosure or request will be provided. National Home Health Services will provide only information about special dietary needs to the Meals on Wheels provider.

Except as required by law, National Home Health Services will not release your health records without a signed and dated consent from you.

As a recipient of home health care, you have the right, under law, to have personal, financial, and medical information kept private, and to be advised of our policies and procedures regarding disclosure of such information. You also have the right to be allowed access to records and written information. We will comply with your written request for copies of records or a summary of the information in the records unless such information is detrimental to your physical or mental health or would cause you to harm yourself or others. In such a situation, the information can be given to another provider or to your responsible party.

You have the right to ask us to change Personal Health Information in your clinical record. Please make any such request in writing. We will not amend records in the following situations:

1. National Home Health Services does not have the records you want amended.

2. National Home Health Services did not create the records you want amended.

3. National Home Health Services has determined that the records are accurate and complete.

4. The records have been compiled in anticipation of a civil, criminal, or administrative act or proceeding National Home Health Services is required by law to maintain the privacy of its clients' Protected Health Information.

National Home Health Services is required by law to maintain the privacy of its clients’ Protected Health Information. If you would like further information about our privacy policies, please contact a National Home Health Supervisor at 866-978-3555.

**PRIVACY ACT STATEMENT – HEALTH CARE RECORDS**

**THIS STATEMENT GIVES YOU ADVICE REQUIRED BY the Privacy Act of 1974**

**THIS STATEMENT IS NOT A CONSENT FORM. IT WILL NOT BE USED TO RELEASE OR TO USE YOUR HEALTH CARE INFORMATION.**

I. AUTHORITY FOR COLLECTION OF YOUR INFORMATION, INCLUDING YOUR SOCIAL SECURITY NUMBER, AND WHETHER OR NOT YOU ARE REQUIRED TO PROVIDE INFORMATION FOR THIS ASSESSMENT. Sections 1102(a), 1154, 1861(o), 1861(z), 1863, 1864, 1865, 1866, 1871, 1891(b) of the Social Security Act.

Medicare and Medicaid participating home health agencies must do a complete assessment that accurately reflects your current health and includes information that can be used to show your progress toward your health goals. The home health agency must use the Outcome and

Assessment Information Set (OASIS) assessment, which is protected under the federal Privacy Act of

1974, and the Home Health Agency Outcome and Assessment Information Set (HHA OASIS) System of Records. You have the right to see, copy, review, and request correction of your information in the HHA OASIS System of Records. You have the right to refuse to provide information for the assessment to the home health agency. The agency must get information from every patient. This information is used by the Centers for Medicare & Medicaid Services (CMS, the federal Medicare & Medicaid agency) to be sure that the home health agency meets quality standards and gives appropriate health care to its patients.

II. PRINCIPAL PURPOSES FOR WHICH YOUR INFORMATION IS INTENDED TO BE USED

The information collected will be entered into the Home Health Agency Outcome and Assessment Information Set (HHA OASIS) System No. 09-70-9002. Your health care information in the HHA OASIS System of Records will be used for the following purposes: to support litigation involving the Centers for Medicare & Medicaid Services; to support regulatory, reimbursement, and policy functions performed within the Centers for Medicare & Medicaid Services or by a contractor or consultant; To study the effectiveness and quality of care provided by home health agencies; for survey and certification of Medicare and Medicaid home health agencies; to provide for development, to provide validation, and refinement of a Medicare prospective payment system; to enable regulators to provide home health agencies with data for their internal quality improvement activities; to support research, evaluation, or epidemiological projects related to the prevention of disease or disability, or the restoration or maintenance of health, and for health care

payment related projects; and to support constituent requests made to a congressional representative.

III. ROUTINE USES

These routine uses specify the circumstances when the Centers for Medicare & Medicaid Services may release your information from the HHA OASIS System of Records without your consent. Each

prospective recipient must agree in writing to ensure the continuing confidentiality and security of your information. Disclosures of the information may be to:

a. Contractors or consultants working for the Centers for Medicare & Medicaid Services to assist in the performance of a service related to this system of records and who need to access these records to perform the activity;

b. an Agency of a State government for purposes of determining, evaluating, and/or assessing cost, effectiveness, and/or quality of health care services provided in the State; for developing and operating Medicaid reimbursement systems; or for the administration of Federal/State home health agency programs within the State;

c. another Federal or State agency to contribute to the accuracy of the Centers for Medicare & Medicaid Services' health insurance operations (payment, treatment and coverage) and/or to support State agencies in the evaluations and monitoring of care provided by HHAs;

d. an individual or organization for a research, evaluation, or epidemiological project related to the prevention of disease or disability, the restoration or maintenance of health, or payment related projects;

e. a congressional office in response to a constituent inquiry made at the written request of the constituent about whom the record is maintained.

IV. EFFECT ON YOU, IF YOU DO NOT PROVIDE INFORMATION

The home health agency needs the information contained in the Outcome and Assessment Information Set in order to give you quality care. It is important that the information be correct. Incorrect information could result in payment errors. Incorrect information also could make it hard to be sure that the agency is giving you quality services. If you choose not to provide information, there is no federal requirement for the home health agency to refuse you services.

NOTE: This statement may be included in the admission packet for all new home health agency admissions. Home health agencies may request you or your representative to sign this statement to document that this statement was given to you. Your signature is NOT required. If you or your representative signs the statement, the signature merely indicates that you received this statement. You or your representative must be supplied with a copy of this statement.

CONTACT INFORMATION that the Federal agency maintains in its HHA OASIS System of Records could be found by calling Medicare toll free at 1-800-MEDICARE or TTY for hearing and speech impaired at 1- 877-486-2048