



## **Health Insurance Portability and Accountability Act (HIPAA)**

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) directs health care providers, payers and other health care entities to develop a comprehensive regulatory structure, including comprehensive privacy standards to safeguard access to and disclosure of protected health information (PHI). Open Hand has always maintained policies that protect the privacy of our client's personal health information, the federal government has enacted a new set of rules in association with HIPAA that formalizes the notification of privacy practices for all clients served by Open Hand.

### **NOTICE OF PRIVACY PRACTICES**

THIS NOTICE DESCRIBES HOW PROTECTED HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSES AND HOW YOU MAY GAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW CAREFULLY.

Protected Health Information (PHI) is any information that identifies the past, present or future physical or mental health of an individual and includes electronic, written or verbal communications.

### **Who Will Follow This Notice**

This notice describes Open Hand's privacy practices and that of:

- All departments and units of Open Hand and any member of a volunteer group we allow to help you while you are a client of Open Hand.
- All employees, staff, and other Open Hand personnel authorized to enter information into your patient chart or medical record, including independent and third-party outside contractors.
- All Open Hand entities, sites and locations follow the terms of this notice. In addition, these entities, sites and locations may share protected health information with each other for the purpose of providing food or nutrition services.

### **Our Promise Regarding Medical Information**

We understand that medical information about you and your health is personal. We are committed to protecting health information about you.

In certain specific circumstances, pursuant to either client authorization or applicable laws and regulations, PHI can be disclosed to other parties. Below are the categories describing these uses and disclosures, along with some examples to help you better understand each category. In addition, we also describe your rights and certain obligations we have regarding the use and disclosure of PHI.

We are required by law to:

- Make sure that PHI that identifies you is kept private;
- Give you this notice of our legal duties and privacy practices with respect to PHI about you ; and
- Follow the terms of the notice that are currently in effect.



## **HOW WE MAY USE AND DISCLOSE PROTECTED HEALTH INFORMATION ABOUT YOU.**

The following information describes different ways that we may use and disclose PHI. Not every use or disclosure in a category will be listed; however, all of the ways we are permitted to use and disclose information will fall within one of the categories. For nutrition assessment and counseling purposes. We may use PHI about you to provide you with an appropriate nutrition assessment and counseling sessions relevant to your needs.

- Staff dietitians may need to know if you have diabetes before beginning a nutrition counseling session
- Staff dietitians may need to know if you have diabetes or other nutrition related diseases before determining appropriate diet type.
- For Delivery and distribution purposes. We may use PHI about you to ensure that the appropriate meal type is delivered.
- Distribution staff may need to know what therapeutic diet type you receive when encoding the route for volunteers to deliver
- For Health Care Operations. We may use and disclose PHI about you for Open Hand Operations. These uses and disclosures are necessary to the operation of the organization and to make sure that all of our clients receive quality care.
  - To review our services and to evaluate the performance of our staff in caring for you;
  - To decide what additional services should be offered, what services are not needed and whether certain new services are effective, we may combine PHI about our Open Hand Clients. We may remove information that identifies you from this set of PHI so others may use it to study meal and nutrition service without learning who the specific clients are; or
  - To disclose information to doctors, nurses, dietitians, or other personnel for review and learning purposes.
- Appointment Reminders and Follow-up Calls. We may use your PHI to contact you as a reminder that you have an appointment with the dietitian in your home or other service. If you have an answering machine we may leave a message.
- Treatment Alternatives. We may use and disclose PHI to tell you about or recommend possible treatment options or alternatives that may be of interest to you.
- Health Related Benefits and Services. We may use and disclose PHI to tell you about health related benefits or services that may be of interest to you.
- Individuals Involved in Your Care or Reimbursement for Your Care We may release PHI about you to
  - To a friend or family member who is involved in your medical care
  - To someone who helps with reimbursement for your care
- Research Under certain circumstances, we may use and /or disclose PHI about your for medical research purposes.
- As Required By Law , we will disclose PHI about you when required to do so by federal, state or local law.
- To Avert a Serious Threat to Health or Safety. We may use and disclose PHI about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however would only be to someone able to prevent the threat.

## **SPECIAL SITUATIONS**

- Public Health Risks. We may use or disclose PHI about you for public health activities. These activities generally include the following
  - To prevent or control disease, injury or disability
  - To report births and deaths
  - To report child abuse and or neglect
  - To report reactions to medication or problems with products
  - To notify people of recalls of products they may be using
  - To notify a person who may have been exposed to a disease or may be at risk for contraction or spreading a disease or condition as authorized by law
  - To notify the appropriate government authority if we believe a client has been the victim of abuse, neglect or domestic violence.
- Health Oversight Activities. We may disclose PHI to a health oversight agency for activities authorized by law. These oversight activities include, for example audits, investigations, inspections, licensure or disciplinary actions. These activities are necessary for the government to monitor the health care systems, government programs, and compliance with civil rights laws.
- Lawsuits and Disputes. If you are involved in a lawsuit or dispute, we may disclose PHI about you in response to a court or administrative orders subpoena, discovery request or other lawful process.
- Law Enforcement. We may release PHI about you if asked to do so by a law enforcement official:
  - In response to a court order, subpoena, warrant, summons, or similar process;
  - To identify or locate a suspect, fugitive, material witness, or missing person;
  - About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
  - About a death we believe may be the result of criminal conduct;
  - About criminal conduct at Open Hand ; and
  - In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.
- Coroners, Medical Examiners, and Funeral Directors. We may release PHI to a coroner or medical examiner for the purpose of identifying a dead person, determining a cause of death or otherwise as necessary to enable these parties to carry out their duties consistent with applicable law.
- National Security and Intelligence Activities. We may release PHI about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

## **YOUR RIGHTS REGARDING PROTECTED HEALTH INFORMATION ABOUT YOU. THESE RIGHTS ARE EFFECTIVE APRIL 14, 2003**

- Right to Request Restriction. You may request that we restrict the use and disclosure of your PHI. We are not required to agree to any restrictions you request, but if we do, we will be bound by the restrictions to which we agree except in emergency situations.
- Right to Inspect and Obtain a Copy. You have the right to inspect and copy PHI that may be used to make decisions about your care. This includes PHI that we may have for up to 6 years prior to your request. To inspect and copy PHI that may be used to make decisions about you, you must submit
  - your request in writing to Open Hand. If you request a copy of the information, we will charge a fee for the costs of copying, mailing or other supplies associated with your request. Within thirty (30) days of receiving your request we will inform you of the extent to which your request has or has not been granted.
  - We may deny your request to inspect and copy in certain limited circumstances. If you are denied access to PHI, you may request that the denial be reviewed. Another licensed health care professional chosen by Open Hand will review your request and the denial.

- The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.
- Right to Amend. If you feel that the PHI we have about you is incorrect, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for Open Hand.
  - To request and amendment, your request must be made in writing and submitted to Open Hand Compliance Officer 176 Ottley Drive Atlanta GA, 30324. but may not include dates before April 14 2003. In addition, you must provide a reason that supports your request. Within sixty (60) days of receiving your request, we will inform you of the extent to which your request has or has not been
  - granted. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask to amend information that:
    - Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
    - Is not part of the PHI kept by or for Open Hand
    - Is not part of the information which you would be permitted to inspect and copy;
    - is accurate and complete.

If your request is denied, we will provide a written denial that explains the reason for the denial and your rights to:

  - File a statement disagreeing with the denial;
  - If you do not file a statement of disagreement, submit a request that any future disclosures of the relevant PHI be made with a copy of your request and Open Hand's Denial attached;
  - Complain about the denial.
- Right to an Accounting of Disclosures. You have the right to request a list of the disclosures we made of PHI about you for disclosures other than treatment, payment or health care operations, disclosures made at your request, disclosures made to persons involved in your health care, disclosures made for national security or intelligence purposes or disclosures mad to correctional institutions or law enforcement officials. To request this list or accounting of disclosures, you must submit your request in writing to Open Hand Compliance Officer 176 Ottley Drive Atlanta GA, 30324. Your request must state a time period, which may not be longer than six years and may not includes dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper, electronically). Within sixty (60) days of receiving your request, we will respond to you regarding the status of your request. The first list you request with in a 12- month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.
- Right to Request Restrictions. Beginning April 14 2003, you have the right to request a restriction or limitation on the PHI we use or disclose about you for treatment, reimbursement or health care operations. You also have the right to request a limit on the PHI we disclose about you to someone who is involved in your care or the reimbursement for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had.
 

We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. To request restrictions you must make your request in writing to Open Hand Compliance Officer 176 Ottley Drive Atlanta GA, 30324. In your request you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example disclosure to your spouse.

- Right to Request Confidential Communications. Beginning April 14, 2003 you have the right to request that we communicate with you about medical matters in a certain way or at certain location. For example, you can ask that we only contact you at work or by mail.
  - To request confidential communications, you must make your request in writing to Open Hand Compliance Officer at 176 Ottley drive Atlanta GA, 30324.
- Right to a Paper Copy of this Notice. Even if you have agreed to receive this notice electronically you have the right to a paper copy of this notice, which you may ask for at any time.
  - You may obtain a copy of this notice at our website, <https://openhandatlanta.org/>
  - To obtain a paper copy of this notice, write to Open Hand Compliance Officer 176 Ottley Drive Atlanta GA, 30324.

## Changes to this notice

- We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for PHI we already have about you as well as any information we receive in the future. We will post a copy of the current notice. The notice will contain the effective date on the first page, in the top right hand corner.

## Complaints

- If you believe your privacy rights have been violated, you may file a complaint with Open Hand or with the Secretary of the Department of Health and Human Services.
- To file a complaint with Open Hand, contact the Open Hand Compliance Officer, 176 Ottley Dr, Atlanta GA, 30324. All complaints must be submitted in writing. TO discuss the matter prior to submitting the complaint in writing, call the Open Hand Compliance Officer at 404-419-3304.
- Complaints made to the Secretary of the Department of Health and Human Services must be filed within 180 days of when the complainant knew or should have know that the violation or omission occurred unless the time limit is waived by the Secretary for demonstrated good cause.
- You will not be penalized for filing a complaint.

## OTHER USES OF PROTECTED HEALTH INFORMATION

Other uses and disclosures of protected health information not covered by this notice or the laws that apply to us will be made only with your written permission

- If you provide us permission to use or disclose PHI about you, you may revoke that permission, in writing, at any time by mailing the revocation to Open Hand Compliance Officer, 176 Ottley Dr. Atlanta GA. 30324. If you revoke your permission, we will no longer use or disclose PHI about you for the reasons covered by your written authorization. You understand that we are required to retain our records of the care that we provide to you.