



ADVANCECARE HEALTH SERVICES

PRIVACY POLICY

INTRODUCTION:

AdvancCare Health Services (AHS) sincerely believes that every Client/Individual in our care should be treated with dignity, respect, and compassion. We recognize that all Individuals/Clients have basic rights and are committed to honoring these rights. Likewise, AHS has the right to expect reasonable and responsible behavior from Clients/Individuals, their relatives, and friends.

AdvanceCare Health Services (AHS) commitment to securing Client/Individual privacy very seriously. All associated with the organization are responsible for the personal information under his/her control. Our Associates are informed about the importance of privacy and receive information periodically to update them about our Privacy Policy and related issues; of the topics below-listed;

- I. Privacy Policy Overview
- II. Your Rights
- III. Filing Complaints
- IV. Information Collection
- V. Information Use And Sharing
- VI. Disclosures
- VII. Tennessee Privacy Protection Act

DEFINITIONS:

- 1) **AdvancCare Healthcare Services (AHS).** (“Our” or “We”) Understand that you care about how we collect, use, and share information when interacting with our websites, email, social media sites/handles, and other online services.
- 2) **Client/Individual.** A person using the services of AdvanceCare Healthcare Services (AHS).
- 3) **Associates.** Persons providing care and services to Clients/Individuals, such as business associates, doctors, nurses, therapists, administration, caregivers, and independent contractors.
- 4) **De-identified.** This means there is no reasonable basis to believe that the information can be used to identify an individual and that there is compliance with the requirements for de-identification outlined in 45 CFR Part 164, 164.514, “Other requirements relating to uses and disclosures of protected information”;
- 5) **Incapacitated.** means that a Client/Individual is in a physical or mental condition such that the Individual/Client is incapable of granting or denying informed consent.
- 6) **PHI-Protected Health Information.** “Individually” identifiable health information is information, including demographic data, that relates to the Individual’s past, present or future physical or mental health or condition, the provision of health care to the Individual, o the past, present, or future payment for the provision of health care to the Individual, and that identifies



the Individual or for which there is a reasonable basis to believe it can be used to identify the Individual. Individually identifiable health information includes many common identifiers (e.g., name, address, birth date, Social Security Number).

7) **Documents.** Medical Records, progress notes, billing documents, care notes, demographics, etc.

I. PRIVACY POLICY OVERVIEW. This understanding is a foundation for a good relationship between Client/Individual, administration, and caregivers.

- a) AHS respects and considers your rights as a client/individual and recognizes your individualized care needs.
- b) AHS is committed to protecting clients'/individuals' privacy and maintaining confidentiality.
- c) AHS limits access to only the pertinent personal and medical information employees need to do their jobs. Appropriate access to your personal, service, care, and medical records by members of your care team enables us to provide you with the most comprehensive care available.
- d) Clients/individuals will receive a copy of the "Notice of Privacy" Practices and are asked to sign acknowledging receiving information to comply with the rules mandated by the federal Health Insurance Portability and Accountability Act (HIPAA).
- e) AHS will use and/or disclose Protected Health Information (PHI) and Additional Health Information to provide the Services as described in this policy, except our use and disclosure of Protected Health Information is further limited by the main federal health privacy law known as the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and the Notice of Privacy Practices available from your Provider.
- f) AHS will use and disclose Protected Health Information only to provide Services to the Patient or the Provider for those uses and disclosures permitted by HIPAA and our agreement with your Provider. In the event that there is a conflict or inconsistency about the handling of Protected Health Information between (i) this Privacy Policy and (ii) our compliance obligations with HIPAA.
- g) PHI is all "identifiable health information" held or transmitted by a covered entity or its business associate in any form or media, whether electronic, paper, or oral.

II. YOUR RIGHTS. You have the following rights regarding the identifiable health information we maintain about you.

- a) You have the right to request that our organization communicate with you about your personal and health-related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home rather than at work. You must specify the requested method of contact or the location where you wish to be contacted. Our organization will accommodate reasonable requests. You do not need to give a reason for your request.
- b) You have the right to request a restriction in our use or disclosure of your identifiable health information for treatment, payment, or healthcare operations. Additionally, you have the right to



request that we limit our disclosure of your identifiable health information to individuals involved in your care or the payment for your care, such as family members and friends.

c) Your request must describe clearly and concisely: (i) the information you wish restricted; (ii) whether you are requesting to limit our practice's use, disclosure, or both; and (iii) to whom you want the limits to apply. We are not required to agree to your request; however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you.

d) You have the right to inspect and obtain a copy of the identifiable health information that may be used to make decisions about you, including individual/Client medical and billing records but not psychotherapy notes.

e) Our organization may deny your request to inspect and/or copy in certain circumstances; however, you may request a review of our denial. Another licensed healthcare professional chosen by us will conduct reviews. Our organization may charge a fee for the costs of copying, mailing, labor, and supplies associated with your request.

f) You have the right to ask us to amend your health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for our organization.

g) You must provide us with a reason that supports your request for amendment. Our organization will deny your request if you fail to submit your request (and the reason supporting your request) in writing. Also, we may deny your request if you ask us to amend information that is: (i) accurate and complete; (ii) not part of the identifiable health information which you would be permitted to inspect and copy; or (iii) not created by our organization, unless the Individual or entity that created the information is not available to amend the information.

h) Clients/individuals have the right to request an "accounting of disclosures." This would be a list of certain disclosures our organization has made about your identifiable health information.

i) All requests for an "accounting of disclosures" must state a period that may not be longer than six years. Clients/individuals have the right to provide authorization for other uses and disclosures.

j) Please understand that we need these records. If you authorize us to use or disclose your identifiable health information in any way other than as described here, we may revoke that authorization at any time. If we do so, all our activities concerning those details will be null and void.

III. COMPLAINTS. If you believe your privacy rights have been violated, You can file a complaint with AdvanceCare Health Services, the Tennessee Secretary, and/or the Department of Health and Human Services. All complaints must be submitted in writing, and you will not be penalized for filing one.

a) If you believe your privacy rights have been violated, you may file a complaint with the Designated AdvanceCare Health Services Privacy Officer at 3310 Lebanon Pike, Suite 208, Hermitage, TN 37076. Phone Number: 615-891-4132; Fax: 615-823-287; Email: info@tnadvancecare.com.



- b) You may also file a complaint with the U.S. Department of Health and Human Services Secretary.

IV. INFORMATION COLLECTION.

- a) AHS is the sole owner of the information collected on this site. Information is collected from our users at different points throughout the website. We will not sell, share or rent this information to others in ways different from what is disclosed in this statement.

V. INFORMATION USE AND SHARING.

- a) AHS will share users' personally identifiable information within the (AHS) organization to receive services or information about our services and employment applications.
- b) AHS will identify the intentions in which we are collecting your personal information on or before the information is collected. The user can identify the location(s) within the (AHS) to which they wish to send this information.

VI. DISCLOSURES. We will keep all personal data confidential, but we may disclose such information to third parties where such disclosure is necessary to fulfill one or more of the purposes as stated below;

- a) Service Providers, staff, and contractors;
- b) Business Partners: accountants, consultants, and attorneys who provide us with services. AHS has written contracts that require all associates to comply with the AHS, Policy and protect the privacy of your health information.
- c) Government surveyors may also have access to your health information when evaluating our services' quality.
- d) AHS We may need to disclose your health information to obtain approval from an insurer before providing services and to bill and collect payment for those services.
- e) AHS may use or disclose your health information for quality improvement, staff evaluation, or operational purposes, such as sending out satisfaction surveys or calling you to remind you of upcoming visits.
- f) AHS may use and disclose your health information to contact you about other health-related benefits, services, or treatments. You can opt out of these communications by notifying AHS in writing.
- g) AHS may disclose health information about you by persons identified by you if they are involved in your care or payments related to your care.
- h) AHS may disclose your health information about extreme emergencies, such as death.
- i) Please advise us if someone is living in your home, if you do not want us to share information or if you do not want us to leave any messages.



- j) AHS may use or disclose health information about you as required by law, such as for disaster relief efforts, public health activities, research under certain limited circumstances, and reportings of abuse, neglect, or domestic violence.
- k) AHS also may disclose information to government units with special functions in the form of an official order.
- l) If you have any changes to this policy, please let us know, and we will post them on our website and further inform any legal advisors, insurers, loss adjustors, and rehabilitation service providers, as well as any third party you authorize will be able to access your data. Obtain your data.

VII. TENNESSEE PRIVACY PROTECTION ACT. TN Code § 68-11-1502 (2014) § 68-11-1503
;Confidentiality Part 15 § 68-11-1502.

- a) Every Client/Individual receiving services and care has the expectation of and right to privacy for care received at such a facility.
- b) The name and address and other identifying information of a Client/Individual shall not be divulged except for the following:
 - i. Any statutorily required reporting to health or government authorities;
 - ii. Access by an interested third-party payer or designee for utilization reviews, case management, peer reviews, or other administrative functions;
 - iii. Access by health care providers from whom the Individual/Client receives or seeks care;
 - iv. If the Client/Individual does not object, any directory information, including only the name, general health status, location, and telephone number.
- c) Directory information shall be released to all inquirers only if the individual/Client has been notified, upon admission to the hospital, of the Individual/Client's right to object to the information that may be released and has not objected; or, if the Individual/Client is in a physical or mental condition such that the Individual/Client is incapable of making an objection and the next of kin or Individual/Client representative does not come forward and object; and
- d) Any request by the office of the inspector general or the Medicaid fraud control unit with respect to an ongoing investigation. No person or entity shall be subject to any civil or criminal liability for releasing individual/Client information in response to a request from the office of the inspector general or the Medicaid fraud control unit.
- e) Except as otherwise provided in this part, § 63-2-101, and part 3 of this chapter, a health care provider shall have in place a policy to protect the dignity of a Client/Individual, even if the Individual/Client dies or becomes incapacitated, by limiting the use and disclosure of medical records, images, videos or pictures intended to be used for appropriate medical, educational purposes, even if the Client/Individual information is de-identified. The policy shall include when and to whom it is appropriate to use and disclose the Individual/Client information and when written authorization from the Individual/Client or their authorized representative is required, whenever it is reasonably possible to obtain it, before use or disclosure. When required, the written authorization will include the core elements required by 45 CFR Parts 160 and 164,



“Standards for Privacy of Individually Identifiable Health Information.” If the Individual/Client becomes incapacitated or dies, and there is no legal representative for the Client/Individual, the next of kin Client/Individual will be considered an authorized representative for the Individual/Client.

f) The name, address, and other identifying information of the Client/Individual shall not be sold for any purpose.

g) Any violation of this section shall invade the Individual/Client’s right to privacy.

h) Notwithstanding this part or any other law to the contrary, it shall not be unlawful to disclose, nor shall there be any liability for disclosing medical information in response to a subpoena, court order, or request authorized by state or federal law.

TennCare Citations; 45 C.F.R. § 164.501 45 C.F.R. § 164.502 5 PRIV 007 – Information Use and Disclosure Rev: 02/2022 45 C.F.R. § 164.506 45 C.F.R. § 164.508 45 C.F.R. § 164.510 45 C.F.R. § 164.512 The Privacy Act of 1974 5 U.S.C. § 552a (c)(3), (d)(5), (e)(4), (j), (k), (t) OMB Circular A-13.

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