1St Nurse Registry

**Notice of Home Care 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. This Notice applies to clients of 1st Nurse Registry also referred to as “We,” “Us,” or “Our”).

Effective May 28, 2020

**Your Client Record**

We are committed to protecting your privacy.  Your client record may contain personal information, such as your name or social security number, and we may receive medical information from your health care provider or others, such as notes about your symptoms, diagnoses, treatments, and a plan for future care or treatment.

We provide you with this notice to explain the ways in which we may use and disclose information about you, your rights and choices, and our responsibilities.  We are required by law to maintain the privacy of your protected health information (“PHI”).  You have the right to a paper copy of this Notice, even if you have agreed to accept this Notice electronically.   We will provide you with a paper copy promptly.  This notice is not a contract, and does not expand our obligations or create any rights not already provided by applicable law.

**Our Uses and Disclosures**

Our Typical Uses and Disclosures of PHI –

1. ***Treatment*** *-* We can use your health information and share it with other professionals who are treating you.  Example: We may provide appointment reminders or share information regarding your condition with a doctor treating you for an injury.
2. ***Run our organization -*** We can use and share your health information to run our business, improve your care, and contact you when necessary.  We may contract with individuals and entities (Business Associates) to perform various functions on our behalf or to provide certain types of services, but only after We require the Business Associates to agree in writing to contract terms designed to appropriately safeguard your information.  Example: We use health information about you to manage your treatment and services.  We may also share information with our affiliate, Health Management Ventures, Inc., or transfer information covered by this Notice, in connection with a merger or sale (including transfers made as part of insolvency or bankruptcy proceedings) of all or part of our business or as part of a corporate reorganization, stock sale, or other change in control.
3. ***Payment -*** We can use and share your health information to bill and get payment from health plans or other entities and persons.  Example: We give information about you to your long-term health insurance company so it will pay for your services.

**Other Possible Uses and Disclosures of PHI -** We have to meet conditions in the law before We can share your information for these purposes, see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html

1. ***Public Health and Safety -*** We can share health information about you for certain situations such as:
    • Reporting suspected abuse, neglect, or domestic violence
    • Preventing or reducing a serious threat to anyone’s health or safety
2. ***Research -*** We can use or share your information for health research.
3. ***Comply with the Law -*** We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we’re complying with federal privacy law. We may disclose confidential information related to communicable diseases only as permitted or required by federal, state, or local law.
4. ***Organ and Tissue Donation Requests -*** We can share health information about you with organ procurement organizations.
5. ***Medical Examiner or Funeral Director*** ***-*** We can share health information with a coroner, medical examiner, or funeral director when an individual dies.
6. ***Workers’ Compensation, Law Enforcement, and Other Government Requests -*** We can use or share health information about you:
    • For workers’ compensation claims
    • For law enforcement purposes or with a law enforcement official
    • With health oversight agencies for activities authorized by law
    • For special government functions such as military, national security, and presidential protective services
7. ***Lawsuits and Legal Actions -*** We can share health information about you in response to a court or administrative order, or in response to a subpoena.

**Your Rights**

***Get a copy of your personal records***

1. You can ask to see or get a copy of your paper or electronic medical records and other PHI We have about you. Ask Us how to do this.
2. We will review your request and generally provide a copy or a summary of your PHI within 30 days. We may charge a reasonable, cost-based fee.

***Ask Us to correct your personal records***

1. You can ask Us to correct your paper or electronic medical records if you think they are incorrect or incomplete. Ask Us how to do this.
2. In certain cases, We may deny your request, but We’ll tell you why in writing within 60 days. For example, We may deny your request if the information you want to amend is not maintained by Us, but by another entity.

***Request confidential communications***

1. If you believe that a disclosure of all or part of your PHI may endanger you, you can ask Us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
2. We will consider all reasonable requests, and must say “yes” if you tell Us you would be in danger.

***Ask Us to limit what We use or share***

1. You can ask Us not to use or share certain PHI for treatment, payment, or Our operations. We are not required to agree to your request, and We may say “no” if it would affect your care.
2. If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer.  We will say “yes” unless a law requires us to share that information.

***Get a list of those with whom We’ve shared information***

1. You can ask for a list (accounting) of the times We’ve shared your PHI for six years prior to the date you ask, who We shared it with, and why.
2. We will include all the disclosures except for those about treatment, payment, and personal care operations, and certain other disclosures (such as any you asked Us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

***Choose someone to act for you***

1. You may give someone the right to act on your behalf, you must submit a written notice and documentation supporting that person’s right to act on your behalf.
2. If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your PHI.
We will make sure the person has this authority and can act for you before We take any action.

**Your Choices**

***To tell Us whether to share information:***

1. with your family, close friends, or others involved in payment for your care
(2) in a disaster relief situation
2. If you are not able to tell Us your preference, for example if you are unconscious, We may go ahead and share your information if We believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

***To give us written permission*** before We ever share your information, unless specifically permitted by law, in the following ways:

1. Marketing purposes
2. Sale of your information
3. Most sharing of psychotherapy notes or mental health records
4. Any sharing of HIV/AIDS information

While We have no intent to contact you for fundraising purposes, if We should decide to contact you for that purpose, We will inform you of our intentions and provide you an opportunity to opt-out.

**Our Responsibilities**

We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.  If it is determined that a breach of unsecured PHI has occurred, We will notify you of the information involved, steps you may take, and a summary of actions being taken to investigate the breach, reduce harm to you, and protect against future breaches.

We are must provide you with a copy of this Notice and abide by the terms of this Notice.  This notice has been drafted to be consistent with what is known as the “HIPAA Privacy Rule”, and any of the terms not defined in this Notice should have the same meaning as they have in the HIPAA Privacy Rule.

We will not sell or share your information other than as described here unless you tell us we can in writing.  If you tell us we can, you may change your mind at any time.  Let us know if writing if you change your mind.

We reserve the right to change the provisions of the Notice and the changes will apply to all information We have about you. The new notice will be available upon request, on our web site, or We will mail a copy to you.

**For more information** see:  www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

**Additional Laws**

If state privacy laws or other laws that provide individuals greater privacy protections, generally they will apply over HIPAA.  Where such laws apply, We will follow the more stringent privacy laws.

Certain states have requirements that relate to uses and disclosures of PHI concerning HIV/ AIDS status, STDs and communicable diseases, reproductive health, mental health, alcohol and drug abuse, genetic information, or abuse and neglect.  Unless state or federal law allows or requires Us to make the specific type of use or disclosure without your authorization, We will not release any such information without the specific authorization required by law.

**Company & Contact**

If you have questions about the general privacy practices of 1st Nurse Registry, send inquiries to office@1stNurseRegistry.com.