



New England
Life Care

Home Infusion Therapy Services

Notice of 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*****

I. Purpose

This notice describes the privacy practices of New England Life Care, Inc. and its employees.

II. Our Commitment to Your Privacy

We are required by federal and state law to maintain the privacy of medical and health information about you ("Protected Health Information"). We are also required to provide you with this Notice of our legal duties and privacy practices with respect to Protected Health Information. When we use or disclose Protected Health Information, we are required to abide by the terms of the Notice currently in effect.

III. Uses and Disclosures of Protected Health Information With Your Consent or Authorization

- A) **Use and Disclosure With Your Consent:** On admission to New England Life Care, we will ask you to read and sign a written consent for our use and disclosure of Protected Health Information for the purposes of providing treatment to you, obtaining payment for services provided to you and for our health care operations (e.g., internal administration, quality improvement and customer service) as detailed below
- **Treatment:** We use and disclose Protected Health Information to provide treatment and other services to you--for example, to diagnose and / or treat your illness or injury. In addition, we may contact you to schedule appointments for clinician visits and / or deliveries, or provide information about treatment alternatives or other health related benefits and services that may be of interest to you.
 - **Payment:** We may use and disclose Protected Health Information to obtain payment for services that we provide to you--for example, disclosures of Protected Health Information may be used to bill your health insurance company in order to obtain payment for services provided to you by New England Life Care.
 - **Health Care Operations:** We may use and disclose Protected Health Information for our health care operations, which include internal administration and planning as well as the various activities that improve the quality and cost effectiveness of the care and services we provide to you. For example, we may use Protected Health Information to evaluate the quality and competence of our clinical and customer service staff. We may disclose Protected Health Information to our Director of Quality Assurance in order to resolve any complaints you may have.

- B) **Use or Disclosure with Your Authorization:** As described previously, your Consent only permits us to use Protected Health Information for purposes of treatment, payment and our health care operations. We may use or disclose Protected Health Information for any reason other than treatment, payment or health care operations only when: 1) you give us your written Authorization to do so on our authorization form OR 2) there is an exception as outlined in Section IV of this Notice. Further, you may revoke your Authorization, except to the extent that we have taken action in reliance upon it, by delivering a written revocation statement to the Privacy Office address listed in this Notice.

Certain types of medical information have additional protection under state or federal law. For example, medical information about HIV/AIDS, mental health and alcohol and drug abuse treatment information has more protection in Maine and New Hampshire. For those types of information, we may be required to obtain your written authorization before disclosing that information to others in many circumstances.

IV. **Uses and Disclosures of Protected Health Information Without Your Consent or Authorization**

- A) **Disclosure to Relatives and Close Friends:** We may use or disclose Protected health Information to a family member, other relative, a close personal friend or any other person identified by you when you are present for, or otherwise available prior to, the disclosure, if we: 1) obtain your verbal agreement; 2) provide you with an opportunity to object to the disclosure and you do not object; or 3) reasonably infer that you do not object to the disclosure.

If you are not present, or the opportunity to agree or object to the use or disclosure cannot practicably be provided because of your incapacity or an emergency circumstance, we may exercise our professional judgment to determine whether a disclosure is in your best interest. If we disclose information to a family member, other relative or a close personal friend, we would disclose only information that is directly relevant to the person's involvement in your health care.

- B) **Marketing Communications:** We may use or disclose Protected Health Information to identify health-related services and products that may be beneficial to your health and then contact you about the services and products. If you do not want to receive these marketing communications in the future, you may contact our Privacy Office at 1-800-290-6558.
- C) **Public Health Activities:** We may disclose Protected Health Information for the following public health activities and purposes: 1) to report health information to public health authorities for the purpose of preventing or controlling disease, injury or disability; 2) to report child abuse and neglect to public health authorities or other government authorities authorized by law to receive such reports; 3) to report information about products under jurisdiction of the U.S. Food and Drug Administration; 4) to alert a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading as disease or condition; and 5) to report information to your employer as required under laws addressing work-related illnesses and injuries or workplace medical surveillance.
- D) **Victims of Abuse, Neglect or Domestic Violence:** We may disclose Protected Health Information without your Consent or your Authorization if we reasonably believe you are a victim of abuse, neglect or domestic violence to a government authority, including a social service or protective services agency, authorized by law to receive reports of such abuse, neglect or domestic violence.

- E) **Health Oversight Activities:** We may disclose Protected Health Information to a health oversight agency that oversees the health care system and ensures compliance with rules of government health programs such as Medicare or Medicaid.
- F) **Judicial and Administrative Proceedings:** We may disclose Protected Health Information in the course of a judicial or administrative hearing in response to a legal order or other lawful process.
- G) **Law Enforcement Officials:** We may disclose Protected Health Information to the police or other law enforcement officials as required by law or in compliance with a court order.
- H) **Decedents:** We may disclose Protected Health Information to a coroner or medical examiner as authorized by law.
- I) **Organ and Tissue Procurement:** We may disclose Protected Health Information to organizations that facilitate organ, eye or tissue procurement. Banking or transplantation.
- J) **Health or Safety:** We may disclose Protected Health Information to prevent or lessen serious and imminent threat to a person's or the public's health or safety.
- M) **Specialized Government Functions:** We may use and disclose Protected Health Information to units of the government with special functions, such as the U.S. military or the U.S. Department of State under certain circumstances.
- N) **Workers' Compensation:** We may disclose Protected Health Information as authorized by and to the extent necessary to comply with laws relating to workers' compensation or other similar programs.

V. Your Individual Rights

- A) **For Further Information or Complaints:** If you desire further information about your privacy rights, are concerned that we have violated your privacy rights or disagree with a decision that we made about access to Protected Health Information, you may contact our Privacy Office. You may also file a written complaint with the Director, Office of Civil Rights of the U.S. Department of Health and Human Services. Upon request, the Privacy Office will provide you with the correct address for the Director. We will not retaliate against you if choose to file a complaint with us or the Director of the Office of Civil Rights.
- B) **Right to Request Additional Restrictions:** You may request restrictions on our use and disclosure of Protected Health Information: 1) for treatment, payment and health care operations; 2) to individuals (such as a family member, other relative, close personal friend or any other person identified by you) involved in your care or with payment related to your care, or 3) to notify or assist in the notification of such individuals regarding your location and general condition. While we will consider all requests for additional restrictions carefully, we are not required to agree to a requested restriction. If you wish to request additional restrictions, please obtain a request form from our Privacy Office and submit the completed form to the Privacy Office. We will respond to your request in writing.
- C) **Right to Receive Confidential Communications:** You may request, and we will accommodate, any reasonable (written) request for you to receive Protected Health Information by alternative means of communication or at alternative locations.

- D) **Right to Inspect and copy Your Health Information:** You may request access to your medical record file and billing records maintained by us in order to inspect and request copies of records. Under limited circumstances, we may deny you access to a portion of your record, however, we will provide a copy of your record(s) to a person of your choice. If you desire access to your records, please obtain record request form from our Privacy Office and submit the completed form to the Privacy Office. If you request copies, we will charge you \$.10 per page copied
- E) **Right to Amend Your Records:** You have the right to request that we amend Protected Health Information maintained in your medical record file or billing records. If you wish to amend your records, please obtain an amendment request form from our Privacy Office. We will add your amendment to our record and we reserve the right to add a response, a copy of which you will be provided.
- F) **Right to Receive an Accounting of Disclosures:** Upon request, you may obtain an accounting of certain disclosures of Protected health Information made by us during any period of time prior to the date of your request provided such period does not exceed six years and does not apply to disclosures that occurred prior to April 14, 2003. If you request an accounting more than once during a twelve month period, we will charge you \$1.00 per page of the disclosure accounting statement.
- G) **Right to Receive a Paper Copy of this Notice:** This document is to be considered your copy of NELC's Notice of Privacy Practices. You may request additional copies of this Notice of Privacy Practices by contacting our Privacy Office.

VI. **Effective Date and Duration of this Notice**

- A) **Effective Date:** This Notice is effective on April 1, 2003.
- B) **Right to Change Terms of This Notice:** We may change the terms of this Notice at any time. If we change this Notice, we may make the new Notice terms effective for all Protected Health Information that we maintain, including any information created or received prior to issuing the new Notice. If we change this Notice, we will post the Notice on our Internet site at www.nelifecare.org. You may also obtain a paper copy of any new notice by contacting our Privacy Office.

VII. **Privacy Office Contact**

You may contact our Privacy Office at:

**Privacy Office
New England Life Care, Inc.
110 Main Street, Suite 1515
Saco, Maine 04072
Tel. #: 1-800-290-6558**

Fax #: 207-282-0410