

**NOTICE OF HOME HEALTH UNITED PRIVACY PRACTICES  
THIS NOTICE DESCRIBES HOW PERSONAL HEALTH INFORMATION ABOUT YOU MAY BE USED  
AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.**

**PLEASE REVIEW IT CAREFULLY**

If you have any questions or would like additional information about this notice or HHU Privacy Practices, you may contact the Privacy Officer at 2802 Walton Commons West, Madison, WI 53718.

**WHO WILL FOLLOW THIS NOTICE**

This notice describes the privacy practices of Home Health United entities including those of:

- Any health care professional authorized to enter information into your clinical record,
- All departments of Home Health United Visiting Nurse Service, Home Health United Hospice, Home Health United Home Medical Equipment, and Home Health United Community Health Services, and
- Any member of a volunteer group we allow to help you while he/she is providing care.

All of the above-identified entities, sites and locations will follow the terms of this notice. In addition, these entities, sites and locations may share personal health information with each other for treatment, payment or operations as described in this notice.

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**OUR PLEDGE REGARDING PERSONAL HEALTH INFORMATION**

Home Health United has a professional commitment and a legal duty to protect and maintain the privacy of your health information. This “protected health information”, sometimes called “personal health information” (PHI), is information that is about you and can be identified with you.

- We create, receive, and record personal health information about your past, present, or future health condition, medical care and/or services we provide to you, or payment for your care.
- When we release your health information, we must release only the information we need to achieve the purpose of the use or disclosure.

This notice will describe how we may use and disclose personal health information about you and gives examples. In addition, we may make other uses and disclosures which occur as a byproduct of the permitted uses and disclosures described in this notice. It also describes your right and our obligations regarding the use and disclosure of your personal health information. All of your personal health information that you designate will be available for release if you sign an authorization form, if you request the information for yourself, to a provider regarding your treatment, or due to a legal requirement. Your personal doctor or other health care providers may have different policies or notices regarding their use or disclosure of your personal health information created in that doctor’s office, clinic or other health care facility.

We must follow the privacy practices described in this notice. However, Home Health United reserves the right to change the privacy practices described in this notice, in accordance with State and Federal law. Any changes to our privacy practices would apply to all personal health information we maintain. If we change our privacy practices, Home Health United will:

- Post the revised notice in our locations;
- Make copies of the revised notice available upon request (either at our offices or through the contact person listed in this Notice); and
- Post the revised notice on our website.

**HOW HHU MAY USE AND DISCLOSE PERSONAL HEALTH INFORMATION ABOUT YOU.**

The following categories describe the ways we use and disclose personal health information. For each category of uses and disclosures, we will explain what we mean and give examples. All of the ways we are permitted to use and disclose information will fall within one of the categories. **Under these categories, we may use and disclose your personal health information without your written authorization:**

- **For Treatment.** We may use and disclose personal health information about you to provide, coordinate or manage your health care and related services. This may include communicating with other health care providers regarding your treatment and coordinating and managing your health care with others. We may disclose personal health information about you to doctors, nurses, technicians, residents, medical students, pharmacists, therapists, or other personnel who are involved in taking care of you. We may disclose personal health information about you to people and entities outside Home Health United who may be involved in your ongoing medical care. In addition, we may use and disclose personal health information about you when referring you to another health care provider. For example, a doctor may use the information in your medical record to determine if oxygen treatment is addressing your health needs. Home Health United will document changes in treatment in your clinical record so that other health care professionals can make informed decisions about your care.

- **For Payment.** We may use and disclose personal health information about you to obtain payment for services. We will disclose information to an insurance company that identifies you, your diagnosis, and the service received so that we may bill and collect payment for your services. We may also share portions of your personal health information with the following:

- Billing departments;
- Collection department or agencies;
- Insurance companies, health plans and their agents which provide you coverage;
- Consumer reporting agencies (e.g., credit bureau).

For example, your physician may prescribe home nursing services for you. Home Health United may provide information about your health status, medical needs, and/or your physician's orders to your insurance company to determine if coverage is available to you.

- **For Health Care Operations.** We may use and disclose personal health information about you for business activities or "health care operations". These uses and disclosures are necessary to operate Home Health United and improve quality and lower the costs of health care. We may use your personal health information to review our care and services and to evaluate the performance of our staff. We may also combine personal health information about many patients to decide what additional services we should offer, what services are needed, and what treatments are effective. For example, Home Health United may review personal health information about deliveries of oxygen to develop greater efficiency in our delivery services and improve service to patients.

- **Business Associates.** We may disclose personal health information to other persons or organizations who provide services on our behalf under contract. These entities are also known as "business associates". To protect your personal health information, we require our business associates to safeguard the information we disclose to them. For example, Home Health United may work with a software vendor to electronically submit claims to your insurance company. If this vendor assists us with submission of a claim that includes your personal health information, that vendor must also maintain the privacy of your personal health information.

- **Appointment Reminders.** We may use and disclose personal health information to contact you as a reminder that you have an appointment to receive services from us. For example, Home Health United may call you prior to your service date to confirm the date, time, and services you are expecting to receive.

- **Treatment Alternatives:** We may use and disclose personal health information to tell you about or recommend products or services of interest. We may also use and/or disclose personal health information to give you gifts of a small value. For example, if you have diabetes and use equipment to monitor your diabetes, we may tell you about new monitoring products that may be of interest to you.

- **Health-Related Benefits and Services.** We may use and disclose personal health information to tell you about health-related benefits or services of interest. For example, if you use a continuous positive airway pressure (CPAP) machine, we may tell you about a support group for patients who use this equipment.

- **Organ and Tissue Donation.** If you are an organ donor, we may release personal information to people that handle organ procurement or organ, eye or tissue storage or transplantation, as necessary to facilitate organ or tissue donation and transplantation.

- **Fundraising Activities.** We may disclose personal health information about you to our foundation so the foundation may contact you in raising money for charitable and noncharitable operations. We will only release contact information, such as your name, address and phone number, and treatment dates. If you do not want to be contacted for fundraising efforts, you must notify the contact person listed on the first page of this notice in writing. For example, if Home Health United wanted to provide more charity nursing care in your community, we may want to raise additional money and we may contact you for a donation.

- **Individuals Involved in Your Care or Payment for Your Care.** We may release personal health information about you to a friend, family member or any other person identified by you as being involved in your personal health care. The information released to these people also may include your location, your general condition, or death.

We may allow you to agree or disagree to such release, and we will only release this information if you agree to the disclosure. We may give you the opportunity to object to such a disclosure, unless there is an emergency or if in our professional judgment, it is common practice that it is in your best interest to allow a person to act on your behalf as in the case of picking up a filled prescription or medical supplies. In addition, we may disclose personal health information about you to an entity or organization assisting in disaster relief efforts so that your caregiver can be notified about your condition, health status, and location. It is our duty to give you enough information so you can decide whether or not to object to the release of your health information to others involved with your care. For example, if your family member pays your medical bills and wants to make sure you were not overcharged for services you received, we may provide personal health information to your family member about the services you received.

- **Research.** Under certain circumstances, we may use and disclose personal health information about you for research purposes. Before we use or disclose personal health information for research, any research project will be approved through our research approval process. This process evaluates a proposed research project and tries to balance the use of personal health information for research with the need for privacy of your health information. We may disclose personal health information about you to people preparing to conduct a research project so long as the personal health information they review does not leave our organization. We will almost always ask your specific permission if the researcher will have access to you name, address or other information that reveals the identity of you, or will be involved in your care. For example, a research project may involve comparing the health outcome of patients who received home blood pressure monitoring from Home Health United to those patients who did not receive home blood pressure monitoring. Private pay patients may exempt themselves from disclosures to researchers by annually submitting a signed, written request to Home Health United.

- **As Required by Law.** We will disclose personal health information about you when required to do so by federal, state or local law.

- **To Avert a Serious Threat to Health or Safety.** As required by law and standards of ethical conduct, we may release your health information to the proper authorities if we believe, in good faith, that such release is necessary to prevent or minimize a serious threat to you or the public's health or safety. Any disclosures would only be to someone able to help prevent the threat. For example, if you are using life-sustaining equipment that is electrically powered and the power in your community goes out, we may notify your local utility company of your medical condition and your medical need for electricity.

- **Workers' Compensation.** We may release personal health information about you as legally required for workers' compensation or similar program that provide benefits or work-related injuries or illness. For example, if you are receiving home health care services to care for a severe wound you received at work, your employer may request information about your treatment and progress to determine any benefits you may receive.

- **Health Oversight Activities.** We may disclose personal health information to a health oversight agency for activities authorized by law. Oversight activities that are necessary for the government to monitor the health care system, government programs and compliance with civil rights laws including audits, investigation and inspections. Oversight activities may also include monitoring, investigation, inspection, disciplining or licensing of those who work in the health care system or for government benefit programs. For example, if the State of Wisconsin conducts a survey of our medical recording procedures to ensure compliance with regulations, your personal health information may be selected to be included in the audit.

- **Public Health Activities.** We may disclose personal health information about you for public health activities. These activities generally may include the following:
  - To prevent or control disease, injury or disability;
  - To report births or deaths;
  - To report reactions to medications 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 contracting or spreading a disease or condition; and
  - To notify the appropriate government authority if we suspect a patient has been the victim of abuse, neglect or domestic violence. We will make this disclosure if you agree or when required or authorized by law.
  
- **Lawsuits and Disputes.** If you are involved in a lawsuit or dispute, we may disclose personal health information about you in response to a court or administrative order. We may also disclose personal health information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made by Home Health United to tell you about the request or to obtain a court or administrative order protecting the personal health information requested.
  - Respond to a court order, subpoena, warrant, summons or similar process;
  - Identify or locate a suspect, fugitive, material witness, or missing person;
  - Inquiries as to the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
  - Inquiries as to a death we believe may be the result of criminal conduct;
  - Inquiries as to criminal conduct at the hospital; and
  - 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.
  
- **Law Enforcement.** We may release personal health information if asked to do so by a law enforcement official such as:
  
- **Coroners, Medical Examiners and Funeral Directors.** We may disclose your health information to coroners, medical examiners and funeral directors so they can carry out their duties related to your death, such as identifying a deceased person or determining cause of death. In the case of funeral directors, we may disclose personal health information to carry out funeral preparation activities.
  
- **National Security and Intelligence Activities.** We may release personal health information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law. If you are involved with the military, national security or intelligence activities, or you are in the custody of law enforcement officials or an inmate in a correctional institution, we may release both your health information to the proper authorities so they may carry out their duties under the law.
  
- **Protective Services for the President and Others.** We may disclose personal health information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or to conduct special investigations.
  
- **Inmates.** We may release personal health information about you to a correctional institution or law enforcement official if you are an inmate of a correctional institution or under the custody of a law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

## **OTHER USES OF PERSONAL HEALTH INFORMATION**

Except for the categories above, we must obtain your specific written valid authorization for any other release of your health information. Under any circumstances other than those listed, we will ask for your written authorization before we use or disclose personal health information about you. If you sign a written authorization allowing us to disclose personal health information about you in a specific situation, you can later cancel your authorization in writing. You understand that we are unable to take back any disclosures we have already made with your authorization and that we are required to retain records of the care provided. If you cancel your authorization in writing, we will not disclose personal health information about you after we receive your cancellation, except for disclosures that were being processed before we received your cancellation. If you would like to object to our use or disclosure of personal health information about you in the above circumstances, please contact our Privacy Officer.

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## **YOUR RIGHTS REGARDING PERSONAL HEALTH INFORMATION ABOUT YOU**

You have the following rights regarding personal health information we maintain about you:

- **Right to Inspect and Copy.** You have the right to inspect and copy personal health information that may be used to make decisions about your care. Usually, this includes clinical and billing records. This does not include psychotherapy records. You must submit your request to inspect and copy personal health information that may be used to make decisions about you in writing to the Privacy Officer. Your written request must be signed by you or persons authorized by law, and must specify your name, the type of information to be disclosed, the types of health care providers making the disclosure, to whom the information will be disclosed, the purpose of the disclosure, and the time period during which the consent is effective. Instead of providing you with a full copy of the personal health information, we may give you a summary or explanation of the personal health information about you, if you agree in advance to the form and the cost of the summary or explanation. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request. For each request you provide to inspect your clinical records, Home Health United must note the time and date of the request, the name of the inspecting person, the time and date of inspection and identify the records released for inspection.

We may deny your request to inspect and copy personal health information in certain circumstances. Under these circumstances, we will respond to you in writing, stating why we will not grant your request and describing any rights you may have to request a review of our denial. A licensed health care professional at Home Health United 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 personal health information we have about you is incorrect or incomplete, 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 Home Health United.

To request an amendment, your request must be in legible handwriting or typed, on one page, and submitted to the Privacy Officer. In addition, you must provide a reason that supports your request for amendment. 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 us to amend information:

- **Right to an Accounting of Disclosures.** You have the right to request an accounting of disclosures, which is a list of personal health information disclosures made about you. To request an accounting of disclosures, you must submit a request in writing to the Privacy Officer. You may ask for disclosures made up to six (6) years before your request (not including disclosures made prior to April 14, 2003). Your request should indicate in what form you want the list. The first list of disclosures you request within a 12-month period will be free. For additional lists, we may charge and we will notify you of the cost involved. You may choose to withdraw or modify your request before any costs are incurred.

We will mail you a list of disclosures in paper form within thirty (30) days of your request, or notify you if we are unable to supply the list within that time period and by what date we can supply the list; but this date will not exceed a total of sixty (60) days from the date you made the request. The list of disclosures will include the date of the disclosure, the name (and address, if available) of the person or organization receiving the information, a brief description of the information disclosed, and the purpose of the disclosure. If, under permitted circumstances, personal health information about you has been disclosed for certain types of research projects, the list may include different types of information.

- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the personal health information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the personal health information we disclose about you to someone who is involved in your care or the payment for care, like a family member or friend. We are not required to agree to your requested restrictions if it is not feasible for us to ensure our compliance or we believe it will negatively impact the care we may provide you. If we do agree to a requested restriction, we will comply with your request unless the information is needed to provide emergency treatment. To request restrictions, you must make your request in writing to the Privacy Officer. 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.
- **Right to Request Confidential Communications.** You have the right to request that we communicate with you about your medical matters in a certain way or at a certain location. To request confidential communications, you must make your request in writing to the Privacy Officer. We will not ask you the reason for your request. We will accommodate all reasonable requests but, when appropriate, may condition the accommodation on your providing us with information regarding how payment, if any, will be handled and your specification of an alternative address or other method of contact. Your request must specify how or where you wish to be contacted. You may request alternative communications by contacting the Privacy Officer in writing.
- **Right to a Paper Copy of This Notice.** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. You may obtain a copy of this notice at our website, [www.homehealthunited.org](http://www.homehealthunited.org). To obtain a paper copy of this notice, you may request a copy from any Home Health United employee.

We will provide a copy of this Notice no later than the date you first receive service from us (except for emergency services, and then we will provide the Notice to you as soon as possible).

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### CHANGES TO THIS NOTICE

We reserve the right to or may be required by law to change our privacy practices which may result in changes to this notice. We further reserve the right to make the revised or changed privacy practices notice effective for personal health information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in each Home Health United location and on our website. The notice will contain on the first page, in the top right-hand corner, the version number and effective date. In addition, each time you are admitted to receive services from Home Health United, we will offer you a copy of the current notice in effect.

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### COMPLAINTS

If you believe your privacy rights have been violated or you want to complain to us about our privacy practices, you may file a complaint with the Privacy Officer or with the Secretary of Department of Health and Human Services. To file a complaint with either entity, contact information has been provided for you below.

If you file a complaint, we will not penalize or take any action against you or change our treatment of you in any way.

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### CONTACTS

Home Health Privacy Officer  
2802 Walton Commons West  
Madison, WI 53718

Secretary of Health and Human Services  
The U.S. Department of Health and Human Services  
200 Independence Avenue, S.W.  
Washington, D.C. 20201  
Telephone: 202-619-0257  
Toll Free: 1-877-696-6775