

HIPAA NOTICE OF PRIVACY PRACTICES

Best Friends Home Care Solutions

This notice of privacy practices describes how we may use and disclose your protected health information (PHI) to carry out treatment, payment, or healthcare operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" is information about you, including demographic information that may identify you and that relates to your past, present, or future physical or mental health or condition as well as related health care services.

We are required to abide by the terms of this Notice of Privacy Practices. We may change the terms of our notice at any time. The new notice will be effective for all protected health information that we maintain at the time of release. Upon your request, we will provide you with any revised Notice of Privacy Practices.

How your protected health information is used and/or disclosed:

Collection of payment

We may use and share your personal health information for billing purposes to collect payment for your healthcare services. We may disclose your personal health information to members of our staff and others outside of our organization involved in your healthcare services for the purpose stated above. For example, your personal health information may be disclosed to your health plan provider in order for us to obtain payment for healthcare services rendered to you.

For operations

We may use and share your personal health information for our healthcare and business operations including, but not limited to the following: quality improvement activities and accreditation activities. For example, we may use your personal health information to review the quality of care and services you receive. We may also provide your personal health information to an accrediting agency as part of an accreditation survey or auditing process.

For treatment

We may use and share your personal health information to enable the provision of our health services to you and to coordinate/manage our services along with any related services or treatment/care you may receive. We may share personal health information with other healthcare providers for diagnostic or treatment purposes.

We must give you access to your own personal health information. You have the following rights:

1. Request a restriction on certain uses and disclosures of your personal health information in writing. However, we are not required to agree to such requests.
2. Request to obtain and inspect a copy of your medical record unless access is legally restricted. This request must be made in writing.
3. Request any amendments to your personal health information. This request must be made in writing.
4. Revoke your authorization to use or share your personal health information except to the extent action has already been taken. This request must be made in writing.
5. Request a list of disclosures of your personal health information that we have made. This request must be made in writing.
6. Request to receive confidential communications involving your personal health information by alternative means or at alternative locations.

7. Receive a paper copy of this notice from us.

Any request for restriction(s) will not be excepted if we believe that granting the requested restriction(s) is/are not in your best interest or will result in a negative impact on our delivery of care and services to you.

To Business Associates

We may provide some services through contracts with outside business entities or individuals. These may include, but are not limited to the following: billing services, financial collection agencies, consultants, attorneys, accreditation agencies, and auditors. Whenever these services are contracted we may disclose necessary parts of your personal health information to the business entity or individual in question, so they may perform the services for which they have been contracted by us. In order to protect your personal health information, we require that the business entity or individual sign a contract that contains confidentiality safeguards that are compliant with HIPAA regulations.

To others

You may tell us in writing that it is acceptable for us to distribute your personal health information to someone else for any reason. Also, if you are present and tell us it is acceptable, we may give your personal health information to a family member, friend, or other person. We would do this if it has anything to do with your current services or payment for services rendered. If, however, you are not present, in the case of an emergency, or you are not able to verbally assent, we may give your personal health information to a family member, friend, or other person if we believe that sharing this information is in your best interest.

As allowed or required by law

We may also share your personal health information, without your permission, as allowed by federal law for various types of activities or functions. Personal health information can be shared for health oversight activities as well as for judicial or administrative proceedings, with public health officials/authorities, for law-enforcement purposes, and to coroners, funeral directors or medical examiners (about decedents). Personal health information can also be shared for certain purposes with organ procurement organizations, for research, and to avoid a serious threat to health or safety. Your personal health information can also be shared for special government functions, for Worker's Compensation, to respond to requests from the US Department of Health and Human Services, and to alert proper authorities if we reasonably believe that you may be a victim of abuse, neglect, domestic violence, or other crimes. Personal health information can also be shared as required by law.

Authorization

We will obtain authorization from you in writing before we use or share any of your personal health information for any other purpose not stated in this notice. You may take away this new authorization at any time, in writing. We will then stop using your personal health information for that purpose. However, if we have already used or shared your personal health information based on your assent, we cannot undo any actions undertaken before you advised us in writing to stop.

How we protect your personal health information

Best Friends Home Care Solutions is dedicated to protecting the personal health information of all of our clients. We have implemented a number of policies and practices to ensure your personal health information is kept secure. We keep your written, oral, and electronic personal health information safe by using a combination of the following: physical, electronic, and procedural means. These safeguards abide by federal and state laws. Many of the ways we keep your personal health information safe and secure include offices that are secured,

computers that require special access keys/passwords, and locked storage areas with locking filing cabinets. We require our employees to protect personal health information through written policies and procedures. These policies limit access to your personal health information to only those employees who need the data to do their job. Employees are also required to wear identification badges is at all times to help ensure only authorized personnel are present in areas where we store your personal health information. We are required by law, our affiliates and non-affiliates must protect the privacy and data we share in the normal course of business. They are not allowed to distribute personal health information to any other individuals or entities without your written consent, except as allowed by law.

Possible impact of other applicable laws and regulations

The Health Insurance Portability and Accountability Act (HIPAA) generally does not preempt, or override other laws that gives citizens greater privacy protections. As a result, if any state or federal privacy law requires us to provide you with more privacy protections, then we are required by law to provide those protections in addition to the protections afforded by HIPAA.

Complaints

If you have any questions about this notice or any related complaints, please contact:

Privacy Officer
Best Friends Home Care Solutions
9 North 14th St.
Fernandina Beach, FL 32034
904-277-0006

You may also contact the US Department of Health and Human Services Secretary. The privacy officer will provide you with this address upon request.

There will be no retaliation for filing a complaint with either the privacy officer or the Office for Civil Rights.