



## **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.**

### **What is this notice about and why is it important?**

HVA Care Connect, L.L.C. (HVA) is required by law to maintain the privacy of protected health information (PHI) and to provide you with this Notice describing its legal responsibilities and privacy practices regarding PHI. State and federal laws require HVA to:

1. Maintain the privacy of your health information;
2. Provide you with this notice about its legal duties and privacy practices and your legal rights pertaining to health information it collects and maintains about you;
3. Notify you following a breach of unsecured protected health information;
4. Follow the privacy practices described in this notice while it is in effect;
5. Notify you if it is unable to agree to a requested restriction pertaining to your health information; and
6. Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

HVA reserves the right to change its information practices and to make the changes effective for all PHI it maintains. Should its information practices change, HVA will change its Notice of Privacy Practices and make the new Notice available to you. When it changes this Notice, the Notice will be posted in HVA's offices, in its pharmacy, and on its website ([www.askhva.org](http://www.askhva.org)).

### **You have certain rights under the law regarding your PHI, including:**

1. The right to request restrictions (or limits) on certain uses and disclosures of PHI: You have the right to request a restriction or limitation on the PHI we use or disclose for treatment, payment, or health care operations and to others involved in your care. We are not required to agree to your request. If we do agree, we will comply with your request unless the use or disclosure is needed to provide emergency treatment or otherwise allowed or required by law. The request must be in writing and sent to HVA (to the Privacy Officer, whose contact information is provided at the end of this Notice). If you request, we must agree to restrict disclosures to health plans if you pay out of pocket in full for any service we provide.
2. The right to request that PHI be received by alternative methods: You may request to receive PHI in a specific way that is convenient for you, such as only at a work number or by mail. We will attempt to accommodate reasonable requests. The request must be in writing and sent to HVA.
3. The right to access your PHI: You have the right to look at or have a copy of your PHI. Exceptions include psychotherapy notes or related information; information that may be used in a civil, criminal or administrative action or proceeding; or where prohibited by law. The request must be in writing and sent to HVA at the address at the end of this Notice. We will charge a fee for the cost of copying, mailing, or other supplies associated with your request, and we may take a reasonable time to fulfill your request.
4. The right to amend your PHI: If you believe the PHI we have about you is incorrect or if important information is missing, you have the right to request that we correct the existing information or add



the missing information. The request must include the reason for the amendment, be in writing, and be sent to HVA.

5. Right to an accounting of disclosures: You have the right to receive a list of instances in which we have disclosed your PHI to others for reasons other than treatment, payment or health care operations, or as authorized by you. The request must be in writing and sent to HVA.
6. Right to obtain a paper copy of this Notice upon request: You may request a paper copy of the most recent version of this Notice at any time. It is also posted on our website at [www.askhva.org](http://www.askhva.org).

## **HVA may use or disclose your PHI in certain circumstances without your permission, including:**

1. *For treatment:* We are allowed to use or disclose your PHI to provide and coordinate the treatment, medications, and services you receive. For example, we may provide your PHI to doctors, nurses, technicians, medical students, or outside laboratories involved in your care.
2. *For payment:* We are allowed to use or disclose your PHI in order to bill for the services you receive. For example, information about your care or our services may be sent to your insurance company, a government insurance program, or another company that processes the information and submits it for payment. We may also provide information to your health plan about drugs or services you receive so they may approve or disapprove whether you are covered for that particular drug or service.
3. *For health care operations:* We are allowed to use or disclose your PHI in order to operate HVA's certified registered nurse practitioner program and ensure quality services. For example, we may use and disclose your health information in connection with our health care operations including quality assessment and improvement activities, reviewing the competence or qualifications of health care professionals, evaluating performance, investigating claims, conducting training programs, for compliance programs, or for licensing or credentialing activities.
4. *To contact you:* HVA may contact you to:
  - Schedule appointments;
  - Follow up with you after the provision of treatment;
  - Discuss your medications, equipment, and supplies;
  - Provide information about treatment alternatives or other health-related benefits and services that may be of interest to you;
  - Provide you with notice of any breach of unsecured PHI;
  - Inform you of compliance programs; or
  - Provide medication therapy management or disease state management services.
5. *For other purposes:* We may also use or disclose your PHI in certain other situations, including:
  - Law enforcement or as required by law, such as:
    - by court order;
    - to government authorities in cases of abuse, neglect, domestic violence, or other crimes;
    - to government agencies involved in health oversight activities;
  - To individuals involved in your care or payment for your care: During times of treatment, we disclose your PHI only to you, a family member, personal representative, or another person responsible for your care. We may use or disclose your PHI to notify or assist in notifying a family member, personal representative, or another person responsible for your care, regarding your location and general condition.
  - For public health activities, such as preventing or controlling disease, injury, or disability; for the quality, safety, or effectiveness of drugs or products regulated by the Food and Drug



Administration (FDA); to the FDA regarding PHI relative to adverse events with respect to drugs, foods, supplements, products and product defects, or post-marketing surveillance information to enable drug or product recalls, repairs, or replacement; and work-related illness, injury, or workplace medical surveillance;

- To coroners, medical examiners, and funeral directors to perform duties related to the deceased;
- For organ, eye, or tissue donation purposes, such as to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank to support the process;
- For certain research purposes, such as to researchers preparing to conduct an investigation to help them look for individuals with specific medical conditions, or to researchers when an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information has approved their research;
- To avoid a serious threat to health or safety, such as to prevent or lessen a serious threat to the health or safety of a person or the public; and,
- For other purposes, such as special government functions and workers compensation.

### **In other situations, we need to ask for your written permission (called an “authorization”) to use or disclose your PHI.**

For example, a specific authorization will be required for use or disclosure of your PHI: 1) if it involves certain psychotherapy notes; 2) for marketing (except if the communication is face-to-face or is for a promotional gift of nominal value) or for any marketing that involves financial remuneration; or 3) for any sale of your PHI.

In these situations, you may withdraw your authorization at any time and must do so in writing to HVA. Your withdrawal may not be effective in certain situations where we have already taken action in reliance on your authorization.

### **How to make a complaint:**

If you believe we have violated your privacy rights, you may file a complaint using one of the following methods: via phone by calling HVA’s compliance program manager, Symbria, Inc., at (800) 370-2920; via email to [compliance@symbria.com](mailto:compliance@symbria.com); or in writing to: Symbria, Inc. attn: HVA Compliance Officer , 28100 Torch Parkway, Warrenville, IL 60555. You also may send a complaint to the U.S. Department of Health and Human Services (DHHS). Further information may be found at: <http://www.hhs.gov/ocr/privacy/hipaa/complaints>. We support your right to protect the privacy of your medical information. We will not retaliate in any way if you choose to file a complaint with us or with DHHS.

Effective Date: January 21, 2020