

# Notice of Privacy Practices

**THIS PRIVACY POLICY 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.**

Our Commitment and principal goal at Heaven Sent of North Carolina LLC Home Care is to keep you, or your loved one, healthy and safe and to offer you, or your loved one, services that will meet your needs. In order to perform these services, we collect, create, use and disclose information about you, or your loved one. We are dedicated to keeping your protected health information (“PHI”) private, in accordance with federal and state law. As required by the federal Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), we provide you with this notice of our legal duties with respect to health information. We are required to follow the terms of this notice currently or any revision to it that is in effect. We reserve the right to make changes to this notice as allowed by law. Changes to our privacy practices will apply to all protected health information we maintain.

If we change this notice, you can access the revised notice using one of these options:

- At our office.
- From Heaven Sent of North Carolina LLC administrative staff.
- From our website ([www.hsnchomecare.com](http://www.hsnchomecare.com)).

[The Health Insurance Portability and Accountability Act of 1996 \(HIPAA\)](#) is a federal program that requires that all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper or orally, are kept properly confidential. This Act gives you, the patient, significant new rights to understand and control how your health information is used. HIPAA provides penalties for covered entities that misuse Protected Health Information (PHI). This Notice of Privacy Practices describes how we may use and disclose your Protected Health Information (PHI) to carry out treatment, payment or health care operations (TPO) 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 and related health care services.

## **Uses and Disclosures of Protected Health Information**

Your Protected Health Information may be used and disclosed by your physician, our office staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you, to pay your health care bills, to support the operation of the company, and any other use required by law.

**Treatment:** We will use and disclose your Protected Health Information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party. For example, your protected health information may be provided to a physician to whom you have been referred to ensure that the health care professional has the necessary information to diagnose or treat you.

**Healthcare Operations:** We may use or disclose, as-needed, your protected health information in order to support the business activities any business associates. These activities include, but are not limited to, quality assessment activities, caregiver review activities, and conducting or arranging for other business activities. We may use or disclose, as needed, your protected health information to support the business activities of this company. We may call your home and leave a message (either on an answering machine or with the person answering the phone) to have you call our office.

We may use or disclose your protected health information in the following situations without your authorization. These situations include: as Required By Law, Public Health issues required by law, Communicable Diseases: Health Oversight: Abuse or Neglect: Food and Drug Administration requirements: Legal Proceedings: Law Enforcement: Coroners, Funeral Directors, and Organ Donation: Research: Criminal Activity: Military Activity and National Security: Required Uses and Disclosures: Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of HIPAA.

Other Permitted and Required Uses and Disclosures Will Be Made Only With Your Consent, Authorization or Opportunity to Object unless required by law.

You may revoke this authorization, at any time, in writing to Heaven Sent of North Carolina LLC.

### **Your Rights**

The Following is a statement of your rights with respect to your protected health information.

You have the right to inspect and copy your protected health information. Under federal law, however, you may not inspect or copy the following records; psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and protected health information that is subject to law that prohibits access to protected health information. You have the right to request a restriction of your health information. This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in you care or for notification purposes described in this Notice of Privacy Practices. Your request must state the specific restriction and to whom you want the restriction to apply.

You have the right to request to receive confidential communications from us by alternative means or at an alternative location. You have the right to obtain a paper copy of this Notice from us, upon request, even if you have agreed to accept this Notice alternatively (i.e. electronically).

You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information.

We reserve the right to change the terms of this Notice and will inform you of any changes. You then have the right to object or withdraw as provided in this Notice.

### **Changes to This Notice**

We reserve the right to change this notice, and to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. If this notice is revised or changed, we will post a summary of the current notice with its effective date in our office. An up-to-date copy of this notice is available electronically on our website at [www.hsnhomecare.com](http://www.hsnhomecare.com). You are entitled to a copy of the notice currently in effect.

## **Complaints**

If you believe your privacy rights have been violated, you may file a complaint with our office or with the Secretary of the U.S. Department of Health and Human Services. You will not be retaliated against for filing a complaint. To file a complaint with our office or the Secretary of the U.S. Department of Health and Human Services, contact:

Heaven Sent of North Carolina LLC  
102 Weatherly Square  
Ramseur, NC 27316  
336-338-8836

To report other concerns not addressed by the agency:  
Division of Health Service Regulation  
Hotline: 1-800-624-3004 or 919-855-4500  
Website: <https://info.ncdhhs.gov/dhsr/ciu/filecomplaint.html>

Division of Health Service Regulation

Acute and Home Care Licensure and Certification Section  
2712 Mail Service Center  
Raleigh, NC 27699-2712

Complaint Intake Unit  
2711 Mail Service Center  
Raleigh, NC 27699-2711

Complaints will be investigated within 72 hours of complaint being made to the agency by a home care client, or the client's family. Both the existence of the complaint and the resolution of the complaint will be documented.