



Mercury Medical Home Care Division

**NOTICE OF PRIVACY PRACTICES FOR PROTECTION OF MEDICAL
INFORMATION**

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED
AND
DISCLOSED BY MERCURY MEDICAL HOME CARE AND HOW YOU CAN GET ACCESS
TO
THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

Effective Date: April 14, 2003

1. Purpose of this notice

- a) **Application of the Notice.** This Notice describes Mercury Medical Home Care Division ("MMHC")'s privacy practices for all of its locations, therapists, and physicians. Whenever the term "MMHC" is used in this Notice, unless specified otherwise, this term means any or all of MMHC's locations, therapists, and physicians who or which provide medical services to you.
- b) **Purpose of this Notice.** Any information that concerns your health, health care or payment for that care is considered confidential and protected by MMHC. This information includes your name, address, and other identifying data, and information about your health and the health services that have been or may be furnished to you. This Notice describes the privacy practices of MMHC and tells you how MMHC will use and disclose the information that MMHC will have about you if you receive medical care from MMHC. This Notice will also tell you what rights you have with respect to your medical information. MMHC requires all of its employees, staff, and independent contractors to comply with these privacy practices.
- c) **Acknowledgment of Receipt of this Notice.** We are required by federal law to obtain an acknowledgement from you that you received this Notice. Please sign MMHC's "General Consent" form as provided.
- d) **Additional Information.** If you have any questions regarding this Notice or would like to discuss any of MMHC's privacy practices of this Notice, please contact Rebecca Herrmann, Chief Privacy/Security Officer at 727-573-0088 or write to Mercury Medical, 11300 49th St. N, Clearwater, FL 33762

2. The Use and Disclosure of Medical Information for Treatment, Payment and Health Care Operations.

The law allows MMHC to use and disclose your medical information for purposes related to your medical treatment (“Treatment”), the payment of your medical treatment (“Payment”) and the healthcare operations of MMHC (“Operations”). This includes the sharing of information as necessary between the hospitals, clinics physicians, employees and independent contractors that are working in collaboration with MMHC.

- a) **Treatment** means the provision, coordination or management of health care and related services by or involving MMHC, such as the coordination of consultations and referrals. For example, as part of your treatment, The MMHC can take any of the following actions:
- Share medical information regarding your health condition with another health care provider as part of a consultation
 - Share medical information regarding your health condition with another health care provider who indirectly provides services to you, such as a radiologist or pathologist
 - Contact you to remind you to make or remind you of an appointment
 - Notify you regarding treatment alternatives or other health-related benefits and services that may be of interest to you.
- b) **Payment** means MMHC’s activities related to getting paid for the services MMHC provides to you. Payment includes determining your eligibility and coverage for services with your insurance company or the person who pays your medical bills, coordination of benefits with other insurers, billing claims management, collection, medical necessity review activities, utilization review activities, and disclosure to consumer reporting agencies. For example:
- MMHC can disclose to your health plan medical information that is required by the plan to determine whether the services that you request are covered by your health plan
 - MMHC can disclose to your health plan a list of the services that you obtained from MMHC so that MMHC can be paid by the health plan for providing the services to you
- c) **Operations** covers a wide range of activities in which MMHC engages to operate its business. These activities may be performed by MMHC or in some cases, by third-party contractors. For example, some of these activities include:
- Quality assessment and quality improvement activities
 - Credentialing, licensing and training programs
 - Legal and financial services, including engaging attorneys to defend MMHC in a legal action
 - Business planning and development
 - Management activities related to MMHC’s privacy practices
 - Customer services
 - Internal grievances
 - Creating de-identified information for data aggregation or other purposes

- Certain communications that describe a health related product or service (or payment for such product or service) that is provided by MMHC.

3. Authorizations for Other Uses and Disclosures of Your Medical Information.

Unless a use or disclosure is permitted for treatment, payment or operations purposes under Section 1, or is permitted or required under Section 4 or 5, MMHC must obtain a signed Authorization from you to use or disclose your medical information. MMHC may also require an Authorization when using or disclosing certain, highly protected information, such as substance abuse information. An Authorization is a written permission that specifically identifies the information that MMHC will use or disclose, and when and how MMHC will use or disclose it. You may revoke an Authorization at any time except when the MMHC has already used or disclosed information based on your Authorization.

4. Use and Disclosure of Medical Information Without Your Authorization If You Don't Object Verbally.

Under certain circumstances, MMHC may use or disclose your medical information without an Authorization or other written permission from you if MMHC allows you to agree or object verbally. These circumstances are as follows:

- To a Relative, Friend or Individual Involved in Your Care.** Health professionals, using their best judgment, may disclose to a family member, other relative or another personal friend or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care.
- For Disaster Relief Purposes.** MMHC may use or disclose your medical information to an entity that assists in disaster relief efforts.

5. Use and Disclosure of Medical Information Without Your Consent, Authorization or Opportunity to Agree or Object Verbally.

Under certain circumstances, MMHC may use or disclose your medical information without an Authorization or other permission from you. These circumstances are as follows:

- As Required by Law.** Numerous federal, state, and local laws require certain uses and disclosures of medical information. MMHC will use or disclose your medical information as required by these laws.
- To Business Associates.** MMHC may disclose your medical information to its business associates, who perform functions on behalf of MMHC, if MMHC first receives satisfactory assurance that the business associate will safeguard your medical information.
- Public Health Activities.** MMHC may provide medical information for public health activities under the following circumstances:
 - To a public health authority to:
 - Prevent or control disease, injury or disability
 - To report a birth, death, disease or injury
 - As part of a public health surveillance, investigation or interventions.
 - To a person subject to the jurisdiction of the Food and Drug Administration to report adverse events, such as product defects, adverse reactions to medications, to track products or assist in product recalls or repairs or replacements, or to conduct post-marketing surveillance

- iii. To notify a person about exposure or risk of spreading a possible communicable disease
- d) To your employer, if your employer provides health care to you to conduct an evaluation relating to medical surveillance of the workplace or to evaluate whether you have a work related illness or injury
- e) **Abuse, Neglect, Domestic Violence.** MMHC may disclose to a governmental authority, social service or protective services agency to report possible abuse, neglect or domestic violence, if the disclosure is required by law, if MMHC believes the disclosure is necessary to prevent serious harm to you or other persons, or if you are unable to respond. If MMHC makes such a disclosure, you will be notified promptly unless notification to you would place you at a risk of serious harm or not otherwise be in your best interest.
- f) **For Health Oversight Activities.** MMHC may disclose your medical information to a health oversight agency for oversight of the health care system, and related government and private programs for:
- Audits
 - Civil, administrative, or criminal investigations and proceedings
 - Licensure actions
 - Government investigations
 - Inspections
 - Disciplinary proceedings
- g) **For Judicial and Administrative Proceedings.** If you are in a lawsuit, MMHC may disclose medical information as required by a court or administrative order, subpoena, discovery request or other legal process, if MMHC receives satisfactory assurance from the party seeking the information that you have been given notice of the request or that reasonable efforts have been made to obtain a qualified protective order.
- h) **To Law Enforcement.** MMHC may disclose medical information to police and other law enforcement officers, pursuant to a court order, warrant, subpoena, summons, administrative request, or similar legal process to assist in locating or identifying a suspect, fugitive, victim, witness, missing person, or stopping a possible crime or notifying of deaths that may have been caused by criminal conduct.
- i) **To Coroners, Medical Examiners and Funeral Directors.** MMHC may disclose information regarding a person who has died as authorized by law or in order to identify the deceased, determine a cause of death, or other duties authorized by law. MMHC will also disclose medical information to funeral directors to facilitate funerary activities.
- j) **For Organ, Eye, and Tissue Donation.** MMHC may disclose medical information to organ and tissue procurement organizations and similar entities in order to facilitate organ, eye and tissue donation and transplantation.

- k) **For Research Purposes**. MMHC does not currently participate in medical research (such as new medications and procedures). However, should MMHC decide to participate in such activities, we may disclose your protected health information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information.
- l) **To Avert a Serious Threat to Health and Safety**. MMHC may use or disclose your medical information to avert a serious and imminent threat to the health and safety of an individual or the public.

m) For Specialized Government Functions.

- ii. **Armed Forces**. MMHC may disclose your medical information if you are a member of the Armed Forces, as required by military command authorities.
 - iii. **National Security and Intelligence**. MMHC may disclose your medical information to authorized federal officials for lawful intelligence, counterintelligence, and other national security activities, and for protective services to the President and other heads of state or authorized persons.
 - iv. **Correctional Institutions**. If you are an inmate at a correctional facility or are in the custody of a law enforcement agent, we may release your protected health information to that facility or agent. This information would be shared with those mentioned above if 1) the correctional institution needed to provide you with health care services 2) to protect the health and safety of you or others or 3) for the safety and security of the correctional facility.
 - v. **Other Government Agencies**. MMHC may disclose your medical information to other government entities that administer public benefits to populations similar to the population, which MMHC serves, if necessary to coordinate the functions of the programs.
- n) **For Workers' Compensation**. MMHC may share information as authorized by workers compensation and similar laws that provide benefits for work-related illness and injuries.
 - o) **Other Permitted Disclosures**. MMHC may use or disclose your medical information as required or permitted by the privacy regulations in the Health Insurance Portability and Accountability Act (HIPPA),

6. Individual Rights.

You have the following rights with respect to your medical information:

- a) **Restrictions** You may ask MMHC 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 your care or for notification purposes as described in this Notice. Your request must state the specific restriction requested and to whom you want the restriction to apply.

Your physician is not required to agree to a restriction that you may request. If the physician believes it is in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted. If your physician does agree to the requested restriction, we may not use or disclose your protected health information in violation of that restriction unless it is needed to provide emergency treatment. With this in mind, please discuss any restrictions you may want with your physician or contact the MMHC Privacy Officer or designee at 727-573-0088.

- b) **Confidential Communications.** You have the right to request in writing MMHC to restrict the way in which MMHC communicates information regarding your health, health care services, or payment. For instance, you may ask that MMHC communicate with you only at your home, not at your workplace. MMHC will use reasonable efforts to accommodate your request. Please contact The Privacy Officer or designee at 727-573-0088 to obtain a form to use to request such a restriction.
- c) **Inspection/Copying.** You have the right to inspect and copy your medical information maintained by MMHC. The MMHC will make every reasonable attempt to provide you with access to your medical information within thirty (30) days of your request if the records are stored on site. MMHC may charge a reasonable copying fee. In certain limited instances, MMHC may deny you access, such as when the information may contain psychotherapy notes. If MMHC denies your access, you have a right to appeal the denial. Any request to inspect and copy medical information should be made to Director of Operations or designee, the Site Manager of the Ambulatory Site or the Physician Office Manager.
- d) **Amendment.** If you feel that the medical information we have about you is incorrect or inaccurate, you may ask us to amend that information. You have the right to request this amendment as long as we keep the medical information.

To request an amendment, your request must be made in writing and submitted to our Privacy Officer or designee.

- e) **Accounting.** You have the right to request that MMHC provide you with an accounting of certain disclosures made by MMHC of your medical information during the six (6) years prior to your request, but no earlier than April 14, 2003. MMHC will generally provide you with your accounting within sixty (60) days of your request. Your request will be filled at no cost to you once every twelve (12) months. For additional accountings, MMHC will notify you in advance of the cost and give you an opportunity to continue or withdraw your request. These disclosures do not include those made for purposes of Treatment, Payment or Operations, for the facility directory, and for other limited purposes. Please contact The Medical Record Department Manager to request an accounting.
- f) **Paper Notice.** If you have obtained this Notice electronically, you may obtain a paper copy by contacting The MMHC's Privacy Officer at 727-573-0088.
- g) **Complaints.** If you believe that any of your rights with respect to your medical information have been violated by MMHC, you may file a complaint with MMHC and/or **directly in writing to the Department of Health and Human Services Office of**

Civil Rights (OCR) if desired within 180 days of the date that the alleged privacy violation had occurred. MMHC will not retaliate against you for filing a complaint.

The OCR has created a Health Information Privacy Complaint form that can be submitted from their website at <http://www.hhs.gov/ocr/privacyhowtofile.htm>. Complete instructions incorporating how to fill out and submit this form are included in the website link listed above.

Any patient can file written complaints with OCR by **mail, fax, or email**. If you need help filing a complaint or have a question about the complaint form, please call this OCR toll free number: 1-800-368-1019. OCR has ten regional offices, and each regional office covers certain states. You should file your complaint with the appropriate OCR Regional Office, **based on the region where the alleged violation took place**. Use the [OCR Regions list](#) at the end of the Fact Sheet, or you can look at the [regional office map](#) to help you determine where to send your complaint. Complaints should be sent to the attention of the appropriate OCR Regional Manager.

Patients that submit a complaint in writing to Mercury Medical Home Care Division are required to address his or her concerns to:

Mercury Medical Home Care Division
ATTN: [Name of Privacy Officer]
11300 - 49th St. N.
Clearwater, FL 33762

7. MMHC's Duties.

MMHC is required by law to maintain the privacy of your medical information and to provide you with this Notice of Privacy Practices, MMHC's legal duties and privacy practices with respect to your medical information. MMHC must comply with the terms of the Notice currently in effect. MMHC reserves the right to change its privacy practices retroactively with respect to medical information previously created or received. MMHC will revise the Notice if it materially changes any use, disclosure, individual right or legal duty or other privacy practice stated in this Notice and will highlight in the Notice the changes from the prior Notice. Please contact The MMHC Privacy Officer at 727-573-0088 to obtain a copy of a revised Notice.