



**Hamaspik Care, Inc.**

**HIPAA Notice of Privacy Practices**

**This Notice of Privacy Practices Describes How We Can Use Or Disclose Your Medical Information And How You Can Get Access To This Information. Please Review It Carefully.**

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the Health Information Technology for Economic and Clinical Health Act of 2009 (HITECH Act) place important restrictions on sharing your medical information and provide you with important privacy rights. This Notice of Privacy Practices (the "Notice") replaces all prior notices provided by Hamaspik Care, Inc. and is effective on the Date Distributed. This Notice describes the legal obligations of Hamaspik Care, Inc. and your legal rights regarding your "protected health information" ("PHI") held by Hamaspik Care, Inc. and Group Health Plan. This Notice describes how your PHI may be used or disclosed to carry out treatment, payment, or health care operations, or other purposes permitted by law.

Generally, PHI includes your personal information collected from you or created by your Group Health Plan, or Hamaspik Care, Inc. on behalf of a Group Health Plan, that relates to your past, present, or future physical or mental health or condition; the provision of health care; or the past, present, or future payment for the provision of health care, and includes your elections to enroll in the Plan. If you have any questions about this Notice or about our privacy practices, please contact your Privacy Officer identified below.

Hamaspik Care, Inc. may retain agents, service providers and third party administrators to administer all or part of your Group Health Plan such as claims payment and enrollment management. Hamaspik Care, Inc. and contracted service providers are required by law to follow the terms of this Notice.

Hamaspik Care, Inc. is required by law to maintain the privacy of your PHI, provide you with certain rights with respect to your PHI, provide you with a copy of this Notice, and follow the terms of this Notice. Hamaspik Care, Inc. reserves the right to change the terms of this Notice and its practices regarding your PHI. If there is any material change to this Notice, Hamaspik Care, Inc. will provide you with a copy of the revised Notice of Privacy Practices.

**Use and Disclosure**

Hamaspik Care, Inc. may use or disclose your PHI under certain circumstances without your permission. All of these certain circumstances will fall within one of the categories listed below.

- **For Treatment**, to facilitate medical treatment or services by providers including doctors, nurses, technicians, medical students, or other hospital personnel who are involved in taking care of you.
- **For Payment** to determine your eligibility for Plan benefits, to facilitate payment for the treatment or services you receive from health care providers, to determine benefit responsibility under the Plan, or to coordinate Plan coverage.
- **For Health Care Operations**, uses and disclosures necessary to run the Plan.
- **Treatment Alternatives or Health-Related Benefits and Services** that might be of interest to you.
- **To Business Associates** to perform various functions on our behalf or to provide certain types of services. A Business Associates will receive, create, maintain, transmit, use, and/or disclose your PHI, but only after they agree in writing with Hamaspik Care, Inc. to implement appropriate safeguards regarding your PHI.
- **As Required by Law** when required to do so by federal, state, or local law.
- **To Avert a Serious Threat to Health or Safety** to you, or the health and safety of the public, or another person, limited to someone able to help prevent the threat.



In addition, the following categories describe other ways that Hamaspik Care, Inc. may use and disclose your PHI without your specific authorization. All of the ways Hamaspik Care, Inc. is permitted to use and disclose information will fall within one of the categories.

- **Organ and Tissue Donation**, after your death to an organization that handles organ procurement or organ, eye, or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.
- **Military**, if you are a member of the armed forces, as required by military command authorities. Hamaspik Care, Inc. may also release PHI about foreign military personnel to the appropriate foreign military authority.
- **Workers' Compensation** or similar programs, but only as authorized by, and to the extent necessary to comply with, laws relating to workers' compensation and similar programs that provide benefits for work-related injuries or illness.
- **Public Health Risks** for public health activities. These activities generally include the following:
  - to prevent or control disease, injury, or disability;
  - to report births and deaths;
  - to report child abuse or neglect;
  - 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;
  - to notify the appropriate government authority if Hamaspik Care, Inc. believes that a patient/consumer has been the victim of abuse, neglect, or domestic violence. Hamaspik Care, Inc. will only make this disclosure if you agree, or when required or authorized by law.
- **Health Oversight Activities** for activities authorized by law. For example, audits, investigations, inspections, and licensure.
- **Lawsuits and Disputes** in response to a court or administrative order, including a response to a lawful subpoena, discovery request, or other process by someone involved in a legal dispute, but only if efforts have been made to tell you about the request or to obtain a court or administrative order protecting the information requested.
- **Law Enforcement** if asked to do so by a law-enforcement official—
  - in response to a court order, subpoena, warrant, summons, or similar process;
  - to identify or locate a suspect, fugitive, material witness, or missing person;
  - about the victim of a crime if, under certain limited circumstances, Hamaspik Care, Inc. is unable to obtain the victim's agreement;
  - about a death that Hamaspik Care, Inc. believes may be the result of criminal conduct; and
  - about criminal conduct.
- **Coroners, Medical Examiners, and Funeral Directors**, for example, to identify a deceased person or determine the cause of death. Hamaspik Care, Inc. may also release medical information about patients/consumers to funeral directors, as necessary to carry out their duties.
- **National Security and Intelligence Activities** to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.



- **Inmates** of a correctional institution or in the custody of a law-enforcement official, to the correctional institution or law enforcement official if necessary for the institution to provide you with health care; to protect your health and safety or the health and safety of others; or for the safety and security of the correctional institution.
- **Research**, to researchers when the individual identifiers have been removed; or when an institutional review board or privacy board has reviewed the research proposal and established protocols to ensure the privacy of the requested information, and approves the research.

## Required Disclosures

Hamaspik Care, Inc. is required to disclose your PHI to:

- **Government Audits** to the Secretary of the United States Department of Health and Human Services when the Secretary is investigating or determining our compliance with the HIPAA privacy rule.
- **Disclosures to You** on your request, the portion of your PHI that contains medical records, billing records, and any other records used to make decisions regarding your health care benefits.

## Other Disclosures

Hamaspik Care, Inc. may disclose your PHI to:

- **Personal Representatives** authorized by you, or to an individual designated as your personal representative, or attorney-in-fact. You must provide a written notice/authorization and supporting documents such as a power of attorney. Hamaspik Care, Inc. does not have to disclose information to a personal representative if Hamaspik Care, Inc. has a reasonable belief that you have been, or may be, subjected to domestic violence, abuse, or neglect by such person; or treating such person as your personal representative could endanger you; or in the exercise of professional judgment, it is not in your best interest to treat the person as your personal representative.
- **Comply with your Authorization.** Other uses or disclosures of your PHI not described above will only be made with your written authorization. Hamaspik Care, Inc. may deny a request to disclose your psychiatric notes. Hamaspik Care, Inc. will not use or disclose your PHI for marketing; or sell your PHI, unless you provide written authorization. You may revoke written authorizations at any time, so long as the revocation is in writing. Once Hamaspik Care, Inc. receives your written revocation, it will only be effective for future uses and disclosures. It will not be effective for any information that may have been used or disclosed in reliance upon the written authorization and prior to receiving your written revocation.

## Privacy Rights

- **Right to Inspect and Copy.** You have the right to inspect and copy certain PHI that may be used to make decisions about your Plan benefits. If the information you request is maintained electronically, and you request an electronic copy, Hamaspik Care, Inc. will provide a copy in the electronic form and format you request, if the information can be readily produced in that form and format; if the information cannot be readily produced in that form and format, Hamaspik Care, Inc. will work with you to come to an agreement on form and format or provide you with a paper copy. To inspect and copy your PHI, you must submit your request in writing to the Privacy Officer identified below. Hamaspik Care, Inc. may charge a reasonable fee for the costs of copying, mailing, or other supplies associated with your request. Hamaspik Care, Inc. may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to your medical information, you may request that the denial be reviewed by submitting a written request to the Privacy Officer identified below.
- **Right to Amend.** If you feel that your PHI is incorrect or incomplete, you may ask Hamaspik Care, Inc. to amend the information. You have the right to request an amendment for as long as the information is kept by or for the Plan. To request an amendment, your request must be made in writing and submitted to the Privacy Officer identified below. In addition, you must provide a reason that supports your request.



Hamaspik Care, Inc. 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, Hamaspik Care, Inc. may deny your request if it:

- o is not part of the medical information kept by or for the Plan;
- o was not created by the Plan, unless the person or entity that created the information is no longer available to make the amendment;
- o is not part of the information that you would be permitted to inspect and copy; or
- o is already accurate and complete.

If your request is denied, you have the right to file a statement of disagreement with v and any future disclosures of the disputed information will include your statement.

- **Right to an Accounting of Disclosures.** You have the right to request an “accounting” of certain disclosures of your PHI. The accounting will not include (1) disclosures for purposes of treatment, payment, or health care operations; (2) disclosures made to you; (3) disclosures made pursuant to your authorization; (4) disclosures made to friends or family in your presence or because of an emergency; (5) disclosures for national security purposes; and (6) disclosures incidental to otherwise permissible disclosures. To request this list or accounting of disclosures, you must submit your request in writing to the Privacy Officer identified below. Your request must state the time period you want the accounting to cover, which may not be longer than six years before the date of the request. Your request should indicate in what form you want the list (for example, paper or electronic). The first list you request within a 12-month period will be provided free of charge. For additional lists, Hamaspik Care, Inc. may charge you for the costs of providing the list. Hamaspik Care, Inc. will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.
- **Right to Request Restrictions or limitation on your PHI** that Hamaspik Care, Inc. uses or discloses for treatment, payment, or health care operations. You also have the right to request a limit on your PHI that is disclosed to someone who is involved in your care or the payment for your care, such as a family member or friend. Except as provided in the next paragraph, Hamaspik Care, Inc. is not required to agree to your request. However, Hamaspik Care, Inc. will comply with any restriction request if (1) except as otherwise required by law, the disclosure is to a health plan for purposes of carrying out payment or health care operations (and is not for purposes of carrying out treatment); and (2) the PHI pertains solely to a health care item or service for which the health care provider involved has been paid in full by you or another person. To request restrictions, you must make your request in writing to the Privacy Officer identified below. In your request, you must state (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—for example, disclosures to your spouse. If Hamaspik Care, Inc. honors the request, it will stay in place until you revoke it or Hamaspik Care, Inc. notifies you.
- **Right to Request Confidential Communications** about medical matters in a certain way or at a certain location. For example, you can ask that Hamaspik Care, Inc. only contact you at work or by mail. Your request must be made in writing to the Privacy Officer identified below and specify how or where you wish to be contacted. Hamaspik Care, Inc. will accommodate all reasonable requests.
- **Right to be notified of a Breach** in the event that Hamaspik Care, Inc. (or a Business Associate) discovers a breach of unsecured PHI.
- **Right to a Paper Copy of This Notice.** You may request a paper copy of this notice at any time from the Privacy Officer identified below, even if you have agreed to receive this notice electronically

## Complaints

If you believe that your privacy rights have been violated, you may file a complaint with the Plan or with the Office for Civil Rights of the United States Department of Health and Human Services. To file a complaint with the Plan, contact:



# Hamaspik HomeCare

*Legendary Support, Extraordinary Care*

855.HAMASPIK (426.2774)

MAIN FAX: 855.526.2775

WWW.HAMASPIKCARE.ORG

INFO@HAMASPIKCARE.ORG

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5 PERLMAN DRIVE / SPRING VALLEY, NY 10977 • 1105 McDONALD AVENUE / BROOKLYN, NY 11230

Hamaspik Care, Inc.  
Privacy Officer  
5 Perlman Drive  
Spring Valley, NY 10977  
855-426-2774

All complaints must be submitted in writing. You will not be penalized, or in any other way retaliated against, for filing a complaint with the Office for Civil Rights or with us.

## **Effective Date**

This Notice of Privacy Practices is effective as of March 11, 2018.