

## **PATIENT PRIVACY NOTICE**

This notice describes how medical information about you may be used, disclosed and how you can get access to this information. Please review this information carefully.

- Health information will be used in the treatment of patients to obtain payment for that treatment and in the daily activities that keep Americare/Infusion operational.
- Americare/Infusion will take measures to ensure that the minimum necessary amount of health information is disclosed to accomplish this.
- Permission for this disclosure will be obtained on the "Client Agreement" form.
- Protected Health Information may be released without permission in the following circumstances:
  - When it is required by law
  - For communicable disease reporting
  - In a lawsuit, with proper court order or subpoena
  - When required by law enforcement agencies in instances of domestic violence, abuse or neglect cases
  - For workmen's compensation cases
  - As needed for military purposes
  - When required by correctional institutions
  - When required by a medical examiner or organ procurement
  - For research purposes, with permission
- Americare/Infusion may contact the patient/caregiver regarding appointments or health related benefits or services.
- Other uses and disclosures of Protected Health Information will be made with written authorization.
- Americare/Infusion is required by HIPAA laws to maintain the privacy of Protected Health Information.
- Americare/Infusion will abide by the terms of this notice.
- Americare/Infusion reserves the right to change its privacy practices and the terms of this notice and to make new practices and notice provisions for all Protected Health Information that it maintains.
- Patients/caregivers have the right to enter privacy complaints to Americare/Infusion by contacting either Charlene Valentino or Al Corrado (Americare/Infusion privacy officers) at
- Patients/caregivers also have the right to contact the Department of Health & Human Services hotline at 1-877-696-6775 if they are unsatisfied with the response from Americare/Infusion.

## **PATIENT'S RIGHTS AND RESPONSIBILITIES**

### **PATIENTS HAVE THE RIGHT TO:**

- Receive notice of AMERICARE/INFUSION privacy practices.
- Be treated by the physician of their choice, participate in the planning of care, and communicate with their physician and any individual responsible for the planning of their care.
- Healthcare that meets professional standards and is performed by personnel qualified through education and experience to carry out services for which they are responsible.
- Courteous, respectful, considerate, individualized and humane care that is without discrimination in regards to race, color, creed, sex, national origin, handicap, age, sexual orientation and marital status.
- Request to see and receive a copy of personal health information, prognosis and treatment, including an alternative plan of care, risks involved and billing information.
- See a list of disclosure of personal health information on request.
- Request AMERICARE/INFUSION give special treatment to their personal health information.
- Request that all communications regarding personal health be kept confidential
- Make decisions concerning medical care, the right to receive or refuse treatment and to be informed of the consequences of such decisions.
- Participate in the plan of care, discharge planning.
- Be advised of all treatment AMERICARE/INFUSION is to provide, how and when services will be provided, the name and function of all individuals and/or affiliated agencies providing services.
- Formulate advance directives. Be advised of AMERICARE/INFUSION policies regarding advance directives and receive a copy of the advance directives policy.
- Know that their medical record contains information as to whether he/she has signed an advance directive.
- Coordination and continuity of care.
- Receive appropriate instruction so they may achieve an optimal level of wellness and self-care.
- Privacy of all personal health information as required by law
- Correct personal health information for accuracy
- The availability of free or reduced cost care
- Be informed of all rights upon admission
- Be informed of provisions for off-hour emergency coverage.
- Be informed verbally and in writing of services available and related charges, as they apply to the primary insurance, other payers and self-pay coverage before care is initiated. To be informed of any changes in the sources of payment and your financial responsibility as soon as possible, but no later than thirty (30) calendar days after the agency becomes aware of the change.
- Receive a copy of his/her account statement upon request.
- Informed consent prior to treatment. This shall consist of information concerning specific procedures and/or treatment, the reasonably foreseeable risks involved and

alternatives for care or treatment so that an informed decision regarding treatment can be made.

- Refuse treatment to the extent permitted by law and to be fully informed of the medical consequences of such action.
- Refuse to participate in medical research.
- Revoke authorization in writing at any time.
- Recommend changes in policy and services to the agency, free from restraint.
- Effective pain assessment, management and education.
- Lodge complaints with AMERICARE/INFUSION. The patient may request a response in writing. The procedure for lodging a complaint will be listed on this page. The expression of such complaints by the client or client care partner shall be free from interference, coercion, discrimination or reprisal.
- Patients have the right to expect all complaints will be investigated completely and no retaliation to be taken against those individuals who enter a complaint.
- All questions and requests for individual information about privacy practices should be directed to the Privacy Officers at 1-800-560-7171.

**PATIENTS HAVE THE RESPONSIBILITY TO:**

- Participate in decisions concerning care and treatment.
- Cooperate with AMERICARE/INFUSION staff.
- See your physician and inform AMERICARE/INFUSION if any change in health status should occur.
- Follow all instructions given by RN or medical professional participating in your care/treatment.
- Share a complete and accurate current and past health information.
- Provide accurate billing information.
- Inform AMERICARE/INFUSION if you do not understand or cannot follow instructions given.
- Read all teaching material provided to you.
- Not discriminate against staff in regards to race, color, creed, sex, national origin, handicap, age, sexual orientation and marital status.
- Notify AMERICARE/INFUSION in advance whenever you will not be home at the time of your next scheduled delivery or visit.
- Notify AMERICARE/INFUSION if you are receiving services from any other agency or facility.
- Notify AMERICARE/INFUSION as soon as possible when you need to reorder supplies.
- Accept responsibility for your actions if you refuse treatment or do not follow AMERICARE/INFUSION instructions.
- Assure that the financial obligations of your health care are fulfilled as promptly as possible.

**WE APPRECIATE THE OPPORTUNITY TO PROVIDE OUR SERVICES TO YOU**

### **TO FILE A COMPLAINT:**

As a home care patient, you have the right to voice and submit complaints and dissatisfaction about the care and services provided or not provided by Americare Pharmaceutical Services and/or Infusion Healthcare (Americare/Infusion). The procedure for submitting complaints is as followed:

- Call the agency at the following telephone numbers:
  - If located in Long Island: 1-516-292-7948 OR 1-516-292-2961
  - If located in the five boroughs: 1-718-227-7016 OR 1-718-227-7829
- As for the Director of Patient Services
- Explain your concern
- Within five (5) calendar days of receiving a patient's complaint, Americare/Infusion will notify the patient verbally of receipt of the complaint, and within fourteen (14) calendar days of receiving the complaint, written notification of the results of the investigation and its response to those results will be sent. Also, if dissatisfied with the outcome, the patient/caregiver may submit an appeal to the agency's governing authority. All appeals will be reviewed within thirty (30) days of receipt of the appeal request.
- If satisfaction is not met, the patient or representative has the right to contact the New York State Department of Health by phone at 1-212-417-8888. The federally mandated Home Health Hotline is 1-800-628-5972 can be called 24 hours a day, 7 days a week. The hotline is manned by the Division of Home and Community Based Care Staff from 10 a.m. to 4 p.m. Monday through Friday. Complaints and incidents may also be submitted by fax to 1-518-408-1636 or by mail at:

Bureau of Home Care/Hospice Surveillance and Quality Indicators/Evaluation  
Division of Home & Community Based Services  
90 CHURCH ST  
NEW YORK, NY, 10001  
212-417-5888

Alternatively, a complaint may be sent by e-mail to [hmhscsurv@health.state.ny.us](mailto:hmhscsurv@health.state.ny.us) with the nature of the complaint. Please include your e-mail address, contact name and number so that they may contact you promptly regarding the complaint.

- If satisfaction is not met, the patient may also contact any outside representative of their choosing.
- Privacy complaints can be addressed to the Department of Health and Human Services at 1-800-368-1019
- The Joint Commission may be reached at 1-800-944-6610 from 8:30 am to 5:00 pm