

## NOTICE OF PRIVACY PRACTICES SUMMARY

**EFFECTIVE DATE: April 14, 2003**

**REVISED DATE: January 1, 2008**

This brief summary of the Notice of Privacy Practices for South Shore Visiting Nurse Association, Hospice of the South Shore, and Home and Health Resources (herein referred to as "the Home Care Division") lists the various ways the Home Care Division may use or disclose medical information about you in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA). It also provides a brief summary of your rights and the Home Care Division's obligations to you regarding the use and disclosure of your medical information. Attached is the complete Privacy Notice. We encourage you to read this. You may also access a copy on our website ([www.southshorehospital.org](http://www.southshorehospital.org)) or by contacting our Privacy Officer (see below).

### How We May Use & Disclose Your Health Information

The Home Care Division is permitted to use and disclose information about you without your authorization for the following reasons:

- **Treatment:** To provide medical treatment, services or to discuss treatment alternatives, benefits and available services.
- **Payment:** To provide and receive information from a payer (e.g. insurance co.) for billing & payment of services.
- **Operations:** To run the Agency (e.g. quality assurance, appointment reminders, internal audits).
- **As Otherwise Required By Law**

### When You May Disagree or Object to a Use or Disclosure

Unless you disagree or object, limited personal health information about you may be used or disclosed to family or friends that you designate to be involved in your care and treatment. In the event of an emergency, the Home Care Division may determine that it is in your best interest to disclose limited information.

### Special Situations:

- To avert a serious threat to public health or safety.
- Organ and tissue donation.
- Members of the military and veterans.
- Workers' Compensation.
- Reporting and handling of public health risks.
- Health oversight activities.
- In response to a court order or appropriate subpoena in a lawsuit or legal proceeding.
- Law enforcement.
- Coroners, medical examiners and funeral directors.
- National security and intelligence activities.
- Protective services for the President and designated others.
- Inmates of a correctional facility or those under the custody of law enforcement.

### Uses & Disclosures That Require Your Written Permission

Unless the use or disclosure of your information is permitted for one of the reasons listed above, your written authorization is required before the Hospital can use or disclose your protected health information. Your authorization is required before using or disclosing your personal information for:

- Marketing.
- Research (with some limited exceptions).
- Reports to life insurance companies or employers.

### Your Rights Regarding Your Health Information

Under HIPAA, you have the right to:

- Inspect and have copied medical information about you.
- Request an amendment of medical information you feel is incorrect or incomplete.
- Request an accounting of any disclosures made by the Home Care Division that were not for treatment, payment or operations.
- Request restrictions on disclosures made by the Home Care Division.
- Request an alternative method of communication (e.g. calling only a cell phone or work number).
- Receive a copy of the complete Notice of Privacy Practices.

### Changes To This Notice

The Home Care Division reserves the right to change this summary and the entire Notice of Privacy Practices without notification. The effective date of this summary is located in the heading at the top of this summary.

### Complaints

If you believe your privacy rights have been violated, you may file a complaint with either the Home Care Division or with the Office of Civil Rights. The contact info is:

South Shore Visiting Nurse Association  
c/o South Shore Hospital  
**Privacy Officer**  
55 Fogg Road, Mailbox #82  
South Weymouth, MA 02190-2455  
Phone: (781) 340-8828  
Fax: (781) 682-5140  
Email: [compliance@sshosp.org](mailto:compliance@sshosp.org)

Office of Civil Rights  
Regional Manager, Government Center  
JFK Federal Building, Room 1875  
Boston, MA 02203-0002  
Phone: (617) 565-1340  
Fax: (617) 565-3809  
TDD: (617) 565-1343

**All complaints must be in writing.**

**You will not be penalized in any way for filing a complaint, nor will your home care be compromised in any way.**