

# health solutions services



## Notice of Privacy Practices

**This notice is effective on July 1, 2004.**

**Important: This notice describes how health information about you may be used and disclosed and how you can get access to this information. Please review it carefully.**

### **Your Privacy is Important to Us**

Health Solutions Services, Inc. (HSSI) is committed to respect participant/patient privacy and protect confidential participant/patient information. **This Notice of Privacy Practices (Notice) describes your privacy rights and explains the ways in which we may share your health information with others.**

If you do not understand the terms of this Notice, please ask for further explanation. This Notice is required under the new federal healthcare privacy law, the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

### **Who Will Follow This Notice**

This Notice applies to all records of your participation or care generated by HSSI. This Notice describes the practices of HSSI and its healthcare professionals authorized to enter information into your records, employees, medical staff (as under the Organized Health Care Arrangement, a health information sharing arrangement set forth in HIPAA), students, and other authorized individuals and companies.

### **Our Privacy Pledge to You**

We understand that health information about you is personal and must be properly safeguarded. HSSI pledges to use or disclose your health information as required or permitted by law. We promise to respect your privacy rights and comply with all applicable privacy laws.

### **Your Privacy Rights**

Although your medical record is the physical property of Health Solutions Services, Inc., the information belongs to you as the participant/patient.

At HSSI, you have the right to:

- Ask that we limit how we use and disclose your health information. You have the right to request in writing a restriction of your health information. You may not be able to limit the uses and disclosures required by law.
- Choose how we send your health information to you. You have the right to request in writing for your health information to be sent by different means or to different locations (i.e. only to home address, fax instead of mail). We must agree to your request if we can reasonably meet it.
- Right to see and receive copies of your health information. You have the right to request in writing to see and receive copies of your health information. There may be charges for the copies. Please allow 14 days to process your request. If we are not able to meet your request, we will send you our reason in writing and you can request a review.
- Receive a list of the instances in which we have disclosed your health information. There may be restrictions that apply.
- Amend your health information. You have the right to request in writing that we amend your health information if you feel the information is incomplete or incorrect. You must also provide the reason. If we are not able to meet your request, we will send you our reason in writing and you can request a review.
- Request a paper copy of this Notice at any time. You have the right to request a paper copy of this Notice at any time. You can also check the HSSI web site <http://www.healthsolutions.com>.
- Revoke your authorization to use or disclose your health information. You have the right to revoke or take away your authorization in writing, except to the extent that action has already been taken on it.

Please let us know how we can help. To make a written request to exercise these rights, forms are available in our Corporate Office at 11408 Cronridge Drive, Suite L, Owings Mills, MD 21117.

### **Examples of How We Will Use and Disclose Your Health Information**

**Treatment:** We will use and disclose your health information recorded by a technician, nurse, physician, or other member of your healthcare team to determine the best course of treatment. This will also enable your healthcare team to coordinate care and review the treatment you have received and how you are responding. Information may also be faxed, auto-faxed, and e-mailed to you and the healthcare team as appropriate.

**Payment:** We will use and disclose your health information for payment purposes, such as sending a bill to you or your insurance company with information that identifies you.

**Healthcare Operations:** We will use and disclose your health information to assess care during your visit and to carry out routine business functions, such as accreditation reviews and improving healthcare services.

### **Examples of How We May Use and Disclose Your Health Information**

**Appointment Reminders and Call Backs:** We may use and disclose your health information to contact you for your appointment reminder or to follow-up after a visit.

**Treatment Options and Health-Related Benefits:** We may use and disclose your health information while discussing with you possible treatment options, alternatives and health-related benefits for you.

**As Required or Permitted by Law:** We may use and disclose your health information when required or permitted by federal, state, or local law, specific government functions, or other specialized situations.

**Business Associates:** We may use and disclose your health information to our Business Associates/Partners to enable them to perform the job we ask them to do. They must appropriately safeguard your health information.

**For Public Health and Safety:** We may use and disclose your health information as appropriate to a health oversight agency or individual charged with controlling disease, injury, or disability or preventing a risk to public health and safety. This may include the U.S. Food and Drug Administration or the state Health Department.

**Law Enforcement and Litigation:** We may use and disclose your health information for law enforcement purposes or litigation as required by law, in response to a valid subpoena, or other court order.

**Registration and Waiting Area:** We may disclose your health information on registration/sign-in sheets, by calling out to facilitate services in a waiting area, and during the overhead paging process.

**Whiteboards:** We may disclose your health information on whiteboards to facilitate patient care.

### **When You Will Have the Opportunity to Object:**

**Notification:** We may use or disclose health information to notify a family member, personal representative, or another person responsible for your care.

### **Other Important Considerations:**

**Complaints:** If you believe your privacy rights have been violated, please contact your HSSI representative. A HSSI Privacy Officer will respond to your complaint. You can also file a complaint with the Secretary of the U.S. Department of Health and Human Services. Please call our Corporate Office to obtain the correct address for the Secretary. Your care will never be adversely affected for filing a complaint.

**Changes in Notice:** We reserve the right to change this Notice and privacy practices and to make the new changes effective for all your health information we currently have and any we receive in the future. If you privacy practices change, we will post a copy of the revised Notice. It will also be available on the HSSI web site. This Notice is effective immediately.

**Other Uses of Your Health Information:** We will not use or disclose your health information, without your permission/authorization, except as described in this Notice or as required by law. You may authorize disclosure for other purposes by completing a written authorization that meets the requirements of the law. You may revoke such authorization in writing at any time.

**For more information: Please contact the HSSI HIPAA Officer, 800-711-8656.**

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### NOTICE OF PRIVACY PRACTICES:

#### ACKNOWLEDGEMENT OF RECEIPT

By signing this form, you acknowledge receipt of the Notice of Privacy Practices. Our Notice of Privacy provides information about how we may use and disclose your medical information. We encourage you to read it in full.

Our Notice of Privacy Practices is subject to change. If we change our notice, you may obtain a copy of the revised notice by contacting the designated Privacy Officer or by accessing the revised copy on our website at [www.healthsolutions.com](http://www.healthsolutions.com).

Health Solutions Services, Inc.  
11408 Cronridge Drive, Suite L  
Owings Mills, MD 21117  
800-711-8656  
[www.healthsolutions.com](http://www.healthsolutions.com)

I acknowledge receipt of the Notice of Privacy Practices:

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_