

## **NOTICE OF PRIVACY PRACTICES**

### **THE FOLLOWING NOTICE DESCRIBES COMPREHENSIVE NURSING SERVICES, INC./COMPREHENSIVE HOME HEALTH SERVICES HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA) PRIVACY PRACTICES, HOW YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THE INFORMATION CAREFULLY.**

At CNS/CHHS, we are committed to treating and using protected health information about you responsibly. This Notice of Privacy Practices describes how we use and/or disclose your protected health information.

Each time you are visited by CNS/CHHS staff, a record of your visit is made. Typically, this record contains your assessment, examination, test results, diagnoses, treatments, interventions, plan for future care or treatment, etc. This information serves as a:

- Basis for planning your care and treatment
- Means of communication among the many health professionals who contribute to your care.
- Legal document describing the care you received.
- Means by which you or a third-party payer can verify services billed were actually provided.
- A tool in the education of health professionals.
- A source of information for public health officials charged with improving the health of this state and nation
- A tool with which we can assess and continually work to improve the care we render and the outcomes we achieve.

#### **How We May Use/Disclose this Information**

- Your confidential healthcare information may be released to other healthcare professionals within the organization for the purpose of providing you with quality healthcare.
- Your confidential healthcare information may be released to your insurance provider for the purpose of the organization receiving payment for providing you with needed healthcare services.
- Your confidential healthcare information may be released to public or law enforcement officials in the event of an investigation in which you are a victim of abuse, a crime or domestic violence.
- Your confidential healthcare information may be released to other healthcare providers in the event you need emergency care.
- Your confidential healthcare information may be released to a public health organization or federal organization in the event of a communicable disease or to report a defective device or untoward event to a biological product (food or medication).
- Your confidential healthcare information may not be released for any other purpose than that which is identified in this notice.
- Disclosure of the following PHI requires your written authorization: use of psychotherapy notes, disclosure of PHI for marketing, and disclosures that constitute a sale of PHI. You may revoke your permission to release confidential healthcare information at any time.
- You may be contacted by the organization to remind you of any appointments, healthcare treatment options or other health services that may be of interest to you.

- You may be contacted by the organization for the purpose of raising funds to support the organization's operations. You may opt out of receiving such communications by following the directions provided on the fundraising materials.
- You have the right to restrict the use of your confidential healthcare information; however, the organization may choose to refuse your restriction if it is in conflict of providing you with quality healthcare or in the event of an emergency situation.
- You have the right to receive confidential communication about your health status.
- You have the right to review and photocopy any/all portions of your healthcare information.
- You have the right to make changes to your healthcare information.
- You have the right to know who has accessed your confidential healthcare information and for what purpose.
- You have the right to restrict disclosure to your health plan of any PHI created from a service that you have paid for out of pocket.
- You have the right to possess a copy of this Privacy Notice upon request. This copy can be in the form of an electronic transmission or on paper.

The organization is required by law to protect the privacy of its patients. It will keep confidential any and all patient healthcare information and will provide patients with a list of duties or practices that protect confidential healthcare information.

- The organization shall notify patient(s) when a reportable breach is discovered. Notification shall be made to the patient(s) as soon as possible and no later than 60 days from when the breach is discovered. The notification shall include a brief description of the how breach occurred, a description of the PHI involved, and steps patient(s) should take to protect themselves from harm. The notification shall also include contact information for the individual to ask questions.
- This healthcare organization shall abide by the terms of this notice. The organization reserves the right to make changes to this notice and continue to maintain the confidentiality of all healthcare information. Patients will receive a mailed copy of any changes to this notice within 60 days of making the changes.
- Health plans are prohibited from using or disclosing genetic information of an individual for underwriting purposes.
- You have the right to complain to the organization if you believe your rights to privacy have been violated. If you feel your privacy rights have been violated, please mail your complaint to the organization: ATTN: Jocelyn Buchanan, MSN-Ed, RN, Administrator, Comprehensive Nursing Services, Inc. 8817 Belair Rd., Suite 203, Nottingham, MD, 21236.
- All complaints will be investigated. No personal issue will be raised for filing a complaint with the organization.
- For further information about this Privacy Notice, please contact:
- Jocelyn Buchanan, MSN-Ed, RN, Administrator. (410) 529-0078
- This notice is effective as of June 1<sup>st</sup>, 2024. This date must not be earlier than the date on which the notice is printed or published.