

HIPAA Notice of Privacy Practices

Notice of Privacy Practices

Effective Date: [Insert Date]

Provider: Panoptic Home Health

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

This notice is provided in accordance with the requirements of the Health Insurance Portability and Accountability Act (HIPAA).

Our Responsibilities

Panoptic Home Health is required by law to:

- Maintain the privacy and security of your protected health information (PHI)
- Provide you with this notice of our legal duties and privacy practices
- Notify you if a breach occurs that may compromise your information
- Follow the duties and privacy practices described in this notice

How We May Use and Disclose Your Information

For Treatment

We may use and share your health information to provide, coordinate, or manage your healthcare and related services.

Example: A nurse may share care information with your physician or therapist.

For Payment

We may use and disclose your information to bill and receive payment for healthcare services.

Example: Sharing information with Medicare, Medicaid, or private insurance companies.

For Healthcare Operations

We may use and share your information for business operations such as:

- Quality improvement
- Staff training
- Licensing and accreditation
- Care coordination
- Internal audits

Other Permitted Uses and Disclosures

We may also share your information when required or permitted by law, including:

- Public health reporting
- Preventing serious threats to health or safety
- Health oversight activities
- Law enforcement requests
- Workers' compensation claims

Uses Requiring Your Written Authorization

We will obtain your written permission before:

- Sharing psychotherapy notes
- Using your information for marketing purposes
- Selling your health information

You may revoke authorization at any time in writing.

Your Rights

You have the right to:

Get a Copy of Your Records

Request to inspect or receive copies of your medical records.

Request Corrections

Ask us to correct inaccurate or incomplete information.

Request Confidential Communications

Ask that we contact you in a specific way (for example, only by phone or mail).

Request Restrictions

Ask us to limit certain uses or disclosures of your information.

Get a List of Disclosures

Request an accounting of certain disclosures we have made.

File a Complaint

If you believe your privacy rights have been violated, you may file a complaint with us or with:

U.S. Department of Health and Human Services Office for Civil Rights

You will not be penalized for filing a complaint.

Contact Information

Panoptic Home Health

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Morris, IL, 60450

815-513-3298

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