

SOCIETY'S ASSETS AND SAI HOME HEALTH CARE, INC. (SAI)
NOTICE OF PRIVACY PRACTICES
Effective April 14, 2003, Revised April 16, 2013

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

Society's Assets and SAI Home Health Care, Inc. (SAI) is required by law to maintain the privacy of protected health information and to provide you with notice of its legal duties and privacy practices. SAI must abide by the terms of the notice currently in effect, but SAI reserves the right to change the terms. If there is a change, SAI will post a revised copy on www.societysassets.org and may provide you with a written, revised notice as soon as practicable by mail or hand delivery.

As a consumer/client of SAI, information about you may be used and disclosed without consent for the purposes of **treatment, payment, and health care operations**. For example:

Treatment disclosures include, however are not limited to, communication with your doctor to obtain treatment orders or information received from any hospital, or other health care facility you may be admitted to or discharged from.

Payment disclosures include, however are not limited to, your insurance company, self – funded or third party health plan, Medicare, Medicaid, or any other person or entity that may be responsible for paying or processing any portion of your bill for payment of services;

Health care operations include, however are not limited to, any person or entity affiliated with or representing SAI for purposes of administration, billing and quality and risk management.

In addition, SAI is permitted to use or disclose protected health information about you without consent or authorization in the following circumstances;

1. In emergency treatment situations, if SAI attempts to obtain consent as soon as practicable after treatment;
2. Where substantial barriers to communication with you exist and SAI determines that the consent is clearly inferred from the circumstances;
3. Where SAI is required by law to provide treatment and we are unable to obtain consent;
4. Where the use or disclosure is required by law;
5. For certain public health activities;
6. Where SAI reasonably believes you are a victim of abuse, neglect, or domestic violence;
7. Health care oversight activities;
8. Certain judicial administrative proceedings;
9. Certain law enforcement purposes;
10. To coroners, medical examiners and funeral directors, in certain circumstances;
11. For cadaveric organ, eye or tissue donation purposes;
12. For certain research purposes;
13. To avert a serious threat to health and safety;

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14. For specialized government functions, including military and veterans' activities, national security and intelligence activities, protective services for the President and others, medical suitability determinations, correctional institution and custodial situations;
15. For Workers' Compensation purposes.

SAI is permitted to use or disclose information about you without consent or authorization, provided you are informed of the use for:

1. An internal directory of individuals served by SAI.
2. Informing appropriate agencies during disaster relief.
3. Contacting you to provide Information about treatment alternatives or other health –related benefits and services that may be of interest to you.

If you do not want your information disclosed in these situations please notify SAI.

Uses and disclosures which require and are permitted only with your written consent/authorization, include, but are not limited to, other uses and disclosures not described in the notice, information concerning communicable disease such as Human Immune Deficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS) [Wis. Stat. Ann. § 252.15(5)], drug/alcohol abuse, psychiatric diagnosis and treatment records and/or any other related information. [Wis. Stat. Ann. § 51.30(2).]

YOUR RIGHTS:

You have the right, subject to certain conditions, to:

1. Request restrictions on certain uses and disclosures of information about you. However, SAI is not required to agree to the requested restriction;
2. Receive confidential communication of protected health information;
3. Inspect and copy protected health information;
4. Amend protected health information;
5. Request an accounting of disclosures of protected health information used for any other reason than for treatment, payment and operations;
6. Obtain a paper copy of this notice, if you had agreed to receive this notice electronically.
7. Revoke any prior authorizations.

COMPLAINTS

You may complain to SAI and the Secretary of the U.S. Department of Health and Human Services, if you believe that your privacy rights have been violated. There will be no retaliation against you for filing a complaint. The complaint should be filed per the SAI grievance procedure provided you on admission. A complaint to the Secretary must comply with the standards set out in 45 CFR 160.306.

For further information regarding filing a complaint with SAI contact Director of Home Care, phone number: 1-800-260-7704.