

Notice of Privacy Practices

At Cornerstone VNA, your privacy is very important to us and we are in compliance with federal guidelines to maintain the confidentiality of your medical information.

The privacy practices described in this notice apply to Cornerstone VNA. Cornerstone VNA is required by the federal law known as the Health Insurance Portability and Accountability Act (referred to as the HIPAA Privacy Rule) to take reasonable steps to ensure the privacy of your personally identifiable health information (Protected Health Information) and to inform you about:

- Cornerstone VNA's uses and disclosures of Protected Health Information;
- Your privacy rights with respect to your Protected Health Information;
- Your right to file a complaint with the Company and to the Secretary of the U.S. Department of Health and Human Services; and
- The person or office to contact for further information about the Company's privacy practices.

To request more information about your privacy rights and to receive a full copy of our Notice of Privacy Practices, please contact our Privacy Officer. An electronic version can be downloaded from our website (www.cornerstonevna.org/resources/) or e-mailed to you upon request.

If you believe that your privacy rights have been violated, you may complain to Cornerstone VNA in care of the following Privacy Officer. If you have any questions regarding this notice or the subjects addressed in it, you may contact the Privacy Officer.

**Privacy Officer
Cornerstone VNA
178 Farmington Road
Rochester, NH 03867
603-332-1133**

You may also file a complaint with the U.S. Department of Health and Human Services. Cornerstone VNA will not retaliate against you for filing a complaint.

**Secretary of the U.S. Department of Health and Human Services
Hubert H. Humphrey Building
200 Independence Avenue S.W.
Washington, D.C. 20201**

Additional Information

The HIPAA Privacy Rule is set out at 45 Code of Federal Regulations Parts 160 and 164. These regulations and additional information about the HIPAA Privacy Rule are available at www.hhs.gov/ocr/hipaa/.

Special Protections for Certain Substance Use Disorder (SUD) Information

In limited circumstances, Cornerstone VNA may maintain health information related to Substance Use Disorder (SUD) diagnosis, treatment, or referral for treatment that is subject to additional federal privacy protections under 42 CFR Part 2. When applicable, this information generally may not be disclosed without your specific written consent, except as permitted by law. Federal law may also limit the redisclosure of this information after it has been shared.

OASIS – Statement of Patient Privacy Rights



Home Health Agency (HHA)
Outcome and Assessment Information Set (OASIS)

Statement of Patient Privacy Rights

As a home health patient, you have these privacy rights:

- **You have the right to know why we need to ask you questions.**

We're required by law to collect health information to make sure you get quality health care, and that payment for Medicare and Medicaid patients is correct.

- **You have the right to have your personal health care information kept confidential.**

We may ask you to tell us information about yourself so that we'll know which home health services will be best for you. We keep anything we learn about you confidential.

This means only those legally authorized or with a medical need to know will see your personal health information.

- **You have the right to refuse to answer questions.**

We may need your help to collect your health information.

If you choose not to answer, we'll fill in the information as best we can. You don't have to answer every question to get services.

- **You have the right to look at your personal health information.**

It's important that the information we collect about you is correct. If you think we made a mistake, ask us to correct it.

If you're not satisfied with our response, you can ask the Centers for Medicare & Medicaid Services (the federal Medicare and Medicaid agency) to see, review, copy or correct your personal health information.

See the Privacy Act Statement for more details about your privacy rights.

Need to correct your personal information?

To see, review, copy, or correct your personal health information in federal records call **1-800-MEDICARE (1-800-633-4227)** for help contacting the HHA OASIS System Manager. TTY users call 1-877-486-2048.

This is a Medicare & Medicaid Approved Notice.

OASIS – Privacy Act Statement

PRIVACY ACT STATEMENT - HEALTH CARE RECORDS

THIS STATEMENT GIVES YOU ADVICE REQUIRED BY LAW (the Privacy Act of 1974).
THIS STATEMENT IS NOT A CONSENT FORM. IT WILL NOT BE USED TO RELEASE OR TO USE YOUR HEALTH CARE INFORMATION.

I. AUTHORITY FOR COLLECTION OF YOUR INFORMATION, INCLUDING YOUR SOCIAL SECURITY NUMBER, AND WHETHER OR NOT YOU ARE REQUIRED TO PROVIDE INFORMATION FOR THIS ASSESSMENT Sections 1102(a), 1154, 1861(o), 1861(z), 1863, 1864, 1865, 1866, 1871, 1891(b) of the Social Security Act.

Medicare and Medicaid participating home health agencies must do a complete assessment that accurately reflects your current health and includes information that can be used to demonstrate progress toward your health goals. The home health agency (HHA) must use the Outcome and Assessment Information Set (OASIS) when evaluating your health. To do this, the agency must collect information from every patient. This information is used by the Centers for Medicare & Medicaid Services (CMS, the federal Medicare & Medicaid agency) to be sure that the home health agency meets quality standards and gives appropriate health care to its patients. You have the right to refuse to provide information for the assessment to the home health agency. If your information is included in an assessment, it is protected under the Privacy Act of 1974 (5 U.S.C. 552a), as amended. You have the right to see, copy, review, and request correction of your information. Instructions on how to access information collected about you is included in the HHA OASIS system of records notice, located at <https://www.hhs.gov/foia/privacy/sorns/09700522/index.html>.

II. PRINCIPAL PURPOSES FOR WHICH YOUR INFORMATION IS INTENDED TO BE USED

The information collected will be entered into HHA OASIS System No. 09-70-0522. Your health care information will be used for the following purposes. To:

- study and help ensure the quality of care provided by home health agencies (HHA)
- aid in administration of the survey and certification of Medicare/Medicaid HHAs
- enable regulators to provide HHAs with data for their internal quality improvement activities
- support agencies of the state government to determine, evaluate and assess overall effectiveness and quality of HHA services provided in that state
- provide for the validation, and refinements of the Medicare Prospective Payment System
- aid in the administration of Federal and state HHA programs within the state; and
- monitor the continuity of care for patients who reside temporarily outside of the state.

III. ROUTINE USES

These routine uses specify the circumstances when the Centers for Medicare & Medicaid Services may disclose your information from HHA OASIS without your consent, in accordance with 5 U.S.C. 552a(b)(3). Each prospective recipient of a routine use disclosure must agree in writing to ensure the continuing confidentiality and security of your information. Disclosures of the information may be to:

- support agency contractors, consultants, or grantees, to assist in the performance of a service related to this collection and who need to have access to the records.
- To assist another Federal or state agency in contributing to the accuracy of CMS's proper payment of Medicare benefits, enable such agency to administer a Federal health benefits program, fulfill a requirement of a Federal statute or regulation and/or evaluate and monitor the quality of home health care and contribute to the accuracy of health insurance operations.
- assist an individual or organization for research, evaluation or epidemiological projects related to the prevention of disease or disability, or the restoration or maintenance of health, and for payment related projects.
- support Quality Improvement Organizations (QIO) in order to assist the QIO to perform Title XI and Title XVIII functions relating to assessing and improving HHA quality of care.
- support national accrediting organizations with approval for deeming authority for Medicare requirements for home health services.
- support the Department of Justice (DOJ), court or adjudicatory body when the agency is a party to litigation
- assist a CMS contractor that assists in the administration of a CMS-administered health benefits program, or to a grantee of a CMS-administered grant program, when disclosure is deemed reasonably necessary by CMS to prevent, deter, discover, detect, investigate, examine, prosecute, sue with respect to, defend against, correct, remedy, or otherwise combat fraud, waste, or abuse in such program.
- assist another Federal agency or to an instrumentality of any governmental jurisdiction that administers, or that has the authority to investigate potential fraud, waste, or abuse in, a health benefits program funded in whole or in part by Federal funds.

IV. EFFECT ON YOU, IF YOU DO NOT PROVIDE INFORMATION

The home health agency needs the information contained in the Outcome and Assessment Information Set in order to give you quality care. It is important that the information be correct. Incorrect information could result in payment errors. Incorrect information also could make it hard to be sure that the agency is giving you quality services. If you choose not to provide information, there is no federal requirement for the home health agency to refuse you services.

NOTE: This statement may be included in the admission packet for all new home health agency admissions. Home health agencies may **request** you or your representative to sign this statement to document that this statement was given to you. **Your signature is NOT required.** If you or your representative sign the statement, the signature merely indicates that you received this statement. You or your representative must be supplied with a copy of this statement.

CONTACT INFORMATION

If you want to ask the Centers for Medicare & Medicaid Services to see, review, copy, or correct your personal health information that the Federal agency maintains in its HHA OASIS System of Records: Call 1-800-MEDICARE, toll free, for assistance in contacting the HHA OASIS System Manager. TTY for the hearing and speech impaired: 1-877-486-2048.