



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

In accordance with the requirements of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), HemaCare Plus is required to inform you of its practices in relation to the protected health information that it maintains about you. HIPAA requires minimum standards that a covered entity, such as HemaCare Plus, must maintain in relation to your protected health information. This Notice of Privacy Practices is being given to you to help you understand how HemaCare Plus meets those standards. It is also meant to inform you of ways that HemaCare Plus may use the personal information it collects about you and how it may disclose it.

### Understanding Your Protected Health Information

When you receive care from a health care provider, a record of that treatment is made. This record will typically contain information on your diagnosis, treatment, and future plan of treatment and is often collectively referred to as your "medical record". This medical record includes protected health information, and is the foundation for deciding on your plan of care and treatment and allows for a successful communication between all the healthcare professionals and contributes to your care.

HIPAA protects information found in your medical record from disclosure (being made available to other persons or organizations) without your authorization. The information protected by HIPAA includes:

- any information related to your past, present, or future physical or mental health;
- the past, present, or future payment for health services you have received;
- the specific care that you have received, are receiving or will receive;
- any information that identifies you as the individual receiving the care; and
- any information that someone could reasonably use to identify you as receiving the care.

### TREATMENT, PAYMENT, AND HEALTHCARE OPERATIONS

As a covered entity, HemaCare Plus is required to inform you of how it may use your protected health information. In providing treatment to you, HemaCare Plus will use your protected health information for the purposes of treatment, payment, and healthcare operations.

Treatment—As it pertains to HemaCare Plus, treatment means providing you medication, supplies, and durable equipment as ordered by your physician. Treatment also includes coordination and consultation with your physician and other healthcare providers. Treatment also includes clinical assessment by nurses and pharmacists on our staff. As HemaCare Plus provides these services to you, information obtained during this process will be recorded in your medical record. For example, a nurse may refer to records from a recent hospital stay to better plan your drug

administration or catheter care. HemaCare Plus will use this type of information, in coordination with your physician, to determine the best course of treatment for you.

**Payment**—Payment purposes consist of activities required to obtain reimbursement from your insurance carrier for the services ordered by your physician and provided to you by HemaCare Plus. This includes, but is not limited to, eligibility determination, pre-certification, billing and collection activities, obtaining documentation required by your insurer, and when applicable, disclosure of limited information to consumer reporting agencies. For example, our billing office may need to send the insurance company information about your diagnosis and prescriptions in order for them to process the claims and pay us for the services you receive.

**Healthcare Operations**—Operations can include, but are not limited to, review of your protected health information by members of HemaCare Plus' professional healthcare staff to ensure compliance with all federal and state regulations. This information will then be used to continually improve the quality and effectiveness of the services provided to you by HemaCare Plus. Healthcare operations also include HemaCare Plus' business management and general administrative activities. For example, staff members at HemaCare Plus may need to review your medical record to assure that we maintain a high standard of quality in our clinical services.

## OTHER USES AND DISCLOSURES

In order to release information contained in your medical record for purposes other than treatment, payment or healthcare operations, HemaCare Plus must obtain a specific signed authorization from you. You may revoke such authorization at any time, except to the extent HemaCare Plus has taken action in reliance on the authorization.

There are a limited number of other uses and disclosures of protected health information that do not require a specific authorization from you. HemaCare Plus may, in the following circumstances, disclose your protected health information.

- HemaCare Plus may disclose to a member of your family, other relative, or a close personal friend, or any other person identified by you, the protected health information directly relevant to that person's involvement with your care or payment related to your health care.
- HemaCare Plus may disclose protected health information to others as required by law.
- HemaCare Plus may disclose protected health information for certain public activities and purposes.
- HemaCare Plus may disclose protected health information to a legally authorized government authority, such as a social service or protective services agency, if we reasonably believe you are a victim of abuse, neglect or domestic violence.
- HemaCare Plus may disclose protected health information for law enforcement purposes and in response to court orders or subpoenas.
- HemaCare Plus may disclose protected health information to agencies authorized by law to conduct health oversight activities, including audits, investigations, licensing and similar activities.

- HemaCare Plus may disclose protected health information to attorneys, accountants, and others acting on behalf of HemaCare Plus, provided they have signed written contracts agreeing to safeguard the confidentiality of the information.

## YOUR RIGHTS AS A PATIENT OF HEMACARE PLUS

In accordance with HIPAA, you have the following rights in relation to your protected health information:

- You may request, in writing, additional restrictions to the use or disclosure of your protected health information; however, HemaCare Plus is not required to agree to the requested restrictions.
- You have the right to request amendments to your medical record.
- You have the right to obtain a copy of this Notice of Privacy Practices.
- You have the right of access to inspect and obtain a copy of your medical record, subject to certain limitations. You will be required by our pharmacy to request access to your health information in writing.
- You have the right to obtain an accounting of disclosures of your medical record for purposes other than treatment, payment and healthcare operations.
- You have the right to request communications of your medical record by alternative means (i. e. electronically) or at alternative locations.
- You have the right to revoke authorization to use or disclose your protected health information except to the extent that action has already occurred.

## RESPONSIBILITIES OF HEMACARE PLUS

In accordance with HIPAA, HemaCare Plus is required to:

- maintain the confidentiality of your protected health information. Your state laws may provide more protection than the federal laws. In that case, HemaCare Plus will abide by the more restrictive statute;
- provide you with notice of its legal obligations and privacy practices regarding information it may accumulate about you and is obligated to abide by the terms of this notice; and
- notify you if it is unable to agree to a requested restriction, and make every effort to accommodate reasonable requests for communication of health information by alternative means.

Please be advised that in addition to these responsibilities, HemaCare Plus, Inc. reserves the right to change the terms of its Notice of Privacy Practices and make those changes applicable to all protected health information maintained at that time. If there is a change to its Notice of Privacy Practices, it will provide you with a revised notice at the most recent address you have supplied to

HemaCare Plus. HemaCare Plus, Inc. will not use or disclose your protected health information without your authorization, except as described in this notice.

### FOR MORE INFORMATION OR TO REPORT A PROBLEM

If you have questions, would like additional information, or, if you suspect misuse of your protected health information and believe that your rights have been violated, you may, without fear of retaliation, contact:

The Office of Civil Rights  
U.S. Department of Health and Human  
Services 200 Independence Avenue SW  
Room 509F HHH Building  
Washington, D.C. 20201  
1-800-368-1019