



Policy Title: Privacy Policy

Policy Number: 318

Effective Date: January 2025

Approved By: Committee

POLICY

Upscale Home Care is committed to keeping private and confidential all consumer information it gathers or receives via referral from other individuals or organizations.

PROCEDURES

1. The Agency shall respect the privacy and keep confidential all information and records of its consumers. Consumers will receive a copy of a Privacy Notice.
2. Consumer information shall be protected from loss or destruction.
3. Access to consumer records and Agency data shall be accessible only to:
 - a. The Manager/Administrator;
 - b. The Supervisor; and,
 - c. Employees or contracted individuals directly involved in the case.
4. Caution must be taken to ensure printed information about a consumer is not used without authorization.
5. No mobile opt-in information will be sold or shared to third parties without the written consent of the consumer except when:
 - a. It is a requirement of law;
 - b. Staff or contracted individuals require the information to provide services to the consumer;
 - c. The consumer has authorized certain individuals or organizations to be given information; and,
 - d. certain representatives have been authorized to investigate the Agency.
6. Individually identifiable personal information shall be handled in the same confidential manner whether it is in written, electronic, or verbal form.

7. All active and inactive consumer records shall be stored in a secure location in the Agency office.

8. Personal information shall not be left on a consumer's voicemail unless the consumer has permitted us to do so. If permission is not given, a message shall be left for the consumer to return the call.

9. Any consumer information that is being transmitted by fax, mail, or other means shall be done in a secure manner.

10. Confidential consumer information shall be destroyed through shredding at the time of disposal.

11. Employees shall report any potential, suspected, or actual breaches of consumer confidentiality to the Supervisor.

12. Should any suspected or actual breaches in consumer confidentiality occur:

- a. The details shall be fully documented;
- b. The incident shall be investigated by the Administrator/Manager or Supervisor;
- c. The employee involved shall be interviewed; and,
- d. If there is just cause, the employee involved shall be subjected to disciplinary action.



Consumer Notice of Privacy Practices (HIPAA)

Your Information. Your Rights. Our Responsibilities.

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.

We are required by law to protect the privacy of health information that may reveal your identity, and to provide you with a copy of this notice which describes the health information privacy practices of our employees that provide home care services at your home. A copy of our current notice will always be posted in the reception areas of our business offices and will also be provided to you upon admission. You or your personal representative may also obtain a copy of this notice by contacting us. We are required to abide by the terms of this notice. If you have any questions about this notice or would like further information, please contact Upscale Home Care (Upscale Home Care) at the address and phone number at the end of this notice.

Who will follow this notice?

UPSCALE HOME CARE provides non-medical/personal services to Consumers with caregiver staff and supervisors in our agency. The privacy practices described in this notice will be followed by all Upscale Home Care staff, trainees, and volunteers who provide services to you through Upscale Home Care.

Your Rights

You have the right to:

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated
- Opt-out from messages: You have the right to opt-out from messages about the caregiver and their care.

Your Choices

You have some choices in the way that we use and share information as we:

- Tell family and friends about your condition
- Provide disaster relief
- Include you in an agency directory
- Market our services
- Raise funds

Our Uses and Disclosures

We may use and share your information as we:

- Provide services

- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say "no" to your request, but we'll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say "yes" to all reasonable requests.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say "yes" unless a law requires us to share that information.

Get a list of those with whom we've shared information

- You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.