

Privacy Assurances By Home Providers Employees

Though this protected health information may be in the possession of the Home Provider or its employees, it is not appropriate to share all the information with all the persons listed below. It is expected that the amount of information shared will be directly related to the purpose and the person you are disclosing information to. For further guidance, please contact **Lincoln Street, Inc.**

Health Information Possessed by Home Providers (may include but not be limited to):

Emergency Fact Sheet – consumer demographics, consumer physician names, diagnosis, medications & dosages, dates of immunizations and consent for emergency treatment, etc.

Specific data as requested by the physician

Copies of health care exams, PT, OT, ST evaluations, dental reports, etc.

Copy of current Individual Support Contract (ISA) which contains:

- Specific behavior protocols to be observed
- Modes of communication with the individual
- Individuals working on their team
- Components of IEP relevant to the ISA
- Social history (personal story)

Data book kept by the home provider where they:

- Make notations regarding the ISA
- Keep the medication tracking sheets
- Keep copies of records of health professionals, such as Home Health
- Keep copies of prescriptions
- Make notations regarding progress against goals

Copies of accident/incident reports they may generate

Disclosure of information to home providers (H522)

They May Share Information With/Or Receive Information From:

Home health providers

Guardians

Advocates selected to be a part of the support team

Client payee (private or state) who is notified of expenditures

Primary care physician

Specialists as indicated including PT, ST, OT, optometrist, etc.

Case Managers and other Agency personnel on a “need to know” basis

Quality Reviewers from the state & federal government & accreditation (CARF)

Psychiatrist, Psychologists

Schools

Respite and companion workers who are employees of the home provider

Family members of the home provider who provide care – on a “need to know” basis

Family members of the consumer; Employer of the consumer

Medicaid/PATH/Social Security

Auditors

Departments of the State – SRS, DAIL, VR

Transportation Providers

Privacy Assurances By Home Provider's Employees

Use and/or disclose the protected health information only as permitted or required by this Contract or as otherwise required by Law. *(See this Attachment for the list of permitted uses of the consumer's confidential health information)*

- b. Report to the designated privacy officer of the Agency in writing, any use and/or disclosure of the protected health information that is not permitted or required by this Agreement of which the Home Provider becomes aware, within fifteen (15) days of his/her discovery of such unauthorized use and or disclosure: *(If you learn that confidential information has been shared in a way that is not on the list below – contact the Agency to let them know.)*
- c. Use commercially reasonable efforts to maintain the security of the protected health information and prevent unauthorized use and/or disclosure of such protected health information. *(Please keep the health information listed in this Attachment in a file cabinet or drawer so that only the people who are allowed to have the information can get access to it.)*
- d. Require all of its employees, representatives, subcontractors or agents that receive or use or have access to protected health information under this Agreement to agree in writing to adhere to the same restrictions and conditions on the use and/or disclosure of protected health information that apply herein, including the obligation to return or destroy the protected health information as provided under (f) of this section. *(In the rare occasion that you would have permission from the home provider and have met all the necessary conditions – including a background check – to hire an employee – they would be expected to comply with all the conditions of these assurances regarding confidential information)*
- e. Upon written request, make available during normal business hours at the Home Provider's home or office all records, books, agreements, policies and procedures relating to the use and/or disclosure of protected health information to the Agency within thirty (30) days for purposes of enabling the Agency to determine the Home Provider's compliance with the terms of this Agreement; *(If the Agency asks in writing for the opportunity to examine your records to see if you are living up to this Agreement,, you are obligated to provide those records to us within 30 days.)*
- f. Return to the Agency as requested by the Agency, within five (5) days of the termination of this Agreement, the protected health information in the Home Provider's possession and retain no copies or backup tapes. *(When you are terminating your Care agreement with the Agency, you will agree to return all confidential health information as listed on this Attachment to the Agency within 5 days.)*

SIGNATURE: _____ DATE: _____