



# Life Long Care of New London, PLLC

## Notice of Privacy Practices

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

### **OUR PLEDGE REGARDING HEALTH INFORMATION**

We are committed to protecting your health information. We are required by law to make sure that health information that identifies you is kept private; to provide you this notice of our legal duties and privacy practices with respect to your health information; and to follow the terms of this notice. We reserve the right to change this notice. Any revision will affect how your current health information is treated as well as any information we receive in the future. We will post a copy of the current notice in various location throughout Life Long Care of New London.

### **WHO WILL FOLLOW THIS NOTICE**

Our healthcare providers covered by this notice includes the medical staff working at Life Long Care of New London. Also covered by this notice are all other non-clinical employees including managerial, administrative, and support staff employed by Life Long Care of New London.

### **HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION**

The following categories describe how we may use and disclose health information without your written authorization.

### **TREATMENT, PAYMENT, AND HEALTHCARE OPERATIONS**

**Treatment** We may use your health information to provide you with medical treatment or services. We may disclose health information about you to physicians, nurse practitioners, who are involved in your care. We may also disclose your health information to other healthcare providers and healthcare facilities that may be involved in your medical care.

Examples:

- We may use your health information to contact you to remind you of an appointment.
- We may call you after your visit to any emergency room to see how you are feeling and answer any questions you may have.
- We may use and disclose health information to tell you about or recommend possible treatment options or alternatives.
- We may disclose your health information to other providers to whom you have transferred your care.

**Payment** We may use and disclose health information about you so that the treatment and services you receive may be billed to and payment collected from you, an insurance company, or a third party.

Examples:

- We may tell your health plan about a treatment you are going to receive so that we may obtain prior approval or to determine whether your health plan will cover the treatment.

**Healthcare Operations** We may use health information for our own healthcare operations. We may disclose your health information to another healthcare provider, facility, or health plan if it is related to your care and is for quality review and improvement, healthcare provider credentialing, fraud and abuse detection, and compliance.



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### Examples:

- We may use your health information to review our treatment and services and to evaluate the performance of our staff in caring for you.
- We may disclose information to physicians, nurse practitioners, physician assistants, nurses, technicians, medical students, and other medical staff for review and learning purposes. We may remove information that identifies you from this set of health information so others may use it to study health care and healthcare delivery without learning who the specific patients are.
- We may use and disclose health information to tell you about health-related benefits or services that may be of interest to you.

### OTHER USES AND DISCLOSURES OF HEALTH INFORMATION

**Required by Law** We disclose your health information when required to do so by federal, state, or local law.

**Law Enforcement** We may respond to a court order, subpoena, warrant, or similar process. We may also disclose limited information in response to a law enforcement official's request for identification and location purposes. In certain cases, we may disclose your health information to a law enforcement official when it is related to the investigation of a crime.

#### Public Health and Safety

- We may use and disclose your health information when necessary to prevent a serious health or safety threat to you, another person, or the public.
- We may use and disclose health information while assisting in a disaster relief effort so that your family can be notified about your condition, status, and location.
- We may disclose your health information to report child abuse or neglect to authorized government authorities. Additionally, we may report other cases of neglect, abuse, or domestic violence to the extent allowed by law.
- We may disclose your health information for public health activities, such as to prevent or control disease, to report reactions to medications or problems with products, or to notify you of recalls.
- We may release your health information to authorized federal officials to provide protection to the President of the United States, other authorized persons or foreign heads of state or conduct special investigations for intelligence, counterintelligence, and other national security activities as authorized by law.

**Health Oversight Activities** We may release health information to a health oversight agency for activities required by law. These oversight activities include audits, investigations, inspections, and licensure.

**Deceased Individuals** We may release health information to a coroner or medical examiner. This may be necessary to identify a deceased person or determine the cause of death. We may also release health information to funeral directors as necessary to carry out their duties.

**Organ, Eye, and Tissue Donations** We may release health information to businesses that use your health information to assist us in performing essential healthcare operations, payments, and other functions. Contracts with these businesses must include specific provision governing the use and protection of your information as required by federal law.



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**Workers' Compensation** We may release health information about you to your employer for workers' compensation purposes.

**Prison Inmates** If you are an inmate or under the custody of a law enforcement official, we may release your health information to the correctional institution or a law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

**Other uses and disclosures of health information not covered above in this notice or by law that apply to use will be made only with your written authorization.** If you provide us authorization to use or disclose your health information, you may revoke that authorization, in writing, at any time. We are unable to take back any disclosures we have already made with your authorization, and that we are required to retain our records of the care that we provided to you.

### YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

**Right to Inspect and Copy** You have the right to inspect and to request copies of health information that may be used to make decision about your care. To request copies, you must sign and release form.

**Right to Amend** If you feel that your health information is incorrect or incomplete, you may ask us to amend the information. We may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment.
- Is not part of the health information kept by us to be used in providing healthcare services to you.
- Is not part of the information which you would be permitted by law to inspect and copy.
- Is accurate and complete.

**Right to an Accounting of Disclosures** You have the right to request an "accounting of disclosures" of your health information if any such disclosure was made for any purpose other than disclosures related to treatment, payment or healthcare operations, or in response to an authorization signed by you. To request this list or accounting of disclosures, you must submit your request in writing to Life Long Care of New London at 276 Newport Road Suite 107, New London, NH 03278.

Your request must state a time period, which may not be earlier than six years prior to the request date. We may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

**Right to Request Restrictions** You may request restrictions on certain uses and disclosures of your health information. You have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for your care, such as a family member or friend. We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. If we do not agree, we will notify you of the denial in writing. To request restrictions, you must submit your request in writing to Life Long Care of New London at 256 Newport Road Suite 107, New London, NH 03278. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure, or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.



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**Right to Request Confidential Communications** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, please notify Life Long Care of New London at (603) 526-4144. We will not ask you the reason for your request. We will accommodate all reasonable request.

**Right to a Paper Copy of This Notice** You have the right to a paper copy of this notice. To obtain a copy of this notice, please contact Life Long Care of New London at (603)526-4144.

### COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the Life Long Care of new london at 276 Newport Road Suite 107, New London, NH 03278.

You also have the right to file a complaint at the regional office of Civil Rights. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

**IF YOU HAVE ANY QUESTIONS ABOUT THIS NOTICE,  
PLEASE CONTACT LIFE LONG CARE OF NEW LONDON AT 603-526-4144**