

VISITING NURSING ASSOCIATION OF WNY, INC
VNA HOME CARE SERVICES

effective 9/23/2013

NOTICE OF PRIVACY PRACTICES

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.

The Visiting Nursing Association of Western New York, Inc./ (VNA), VNA Home Care Services/(VNAHCS) is required by law to protect the privacy of health information that may reveal your identity, to provide you with this notice of our privacy practices, and to notify you if we become aware of a breach of your health information. You or your personal representative will also be able to obtain a copy by calling our office at 1-800-439-5444 or asking our staff for a copy.

If you have any questions about this notice or would like further information, please contact the Visiting Nursing Association of Western New York, Inc., /VNA Home Care Services Privacy Officer at 1-800-439-5444

WHO WILL FOLLOW THIS NOTICE?

The VNA/VNAHCS provides health care to patients along with physicians and other health care professionals and organizations. The privacy practices described in this notice will be followed by the following persons at the VNA/VNAHCS:

Any health care professional who treats you at any of these locations;

- All employees, students or volunteers at any of these locations;
- Any business associates of these facilities (which are described further below).

PERMISSIONS DESCRIBED IN THIS NOTICE

This notice will explain the different types of permission we will obtain from you before we use or disclose your health information for a variety of purposes. The three types of permissions referred to in this notice are:

- A “general written consent,” which VNA/VNAHCS must obtain from you in order to use and disclose your health information in order to treat you, obtain payment for that treatment, and conduct our business operations. The VNA/VNAHCS must obtain this general written consent the first time we provide you with treatment or services. This general written consent is a broad permission that does not have to be repeated each time we provide treatment or services to you.
- An “opportunity to object,” which VNA/VNAHCS must provide to you before we may use or disclose your health information for certain purposes. In these situations, you will have an opportunity to object to the use or disclosure of your health information in person, over the phone, or in writing.
- A “written authorization,” which will provide you with detailed information about the persons who may receive your health information and the specific purposes for which your health information may be used or disclosed. VNA/VNAHCS is only permitted to use and disclose your health information described on the written authorization in ways that are explained on the written authorization form you have signed. A written authorization will have an expiration date or will expire upon the occurrence of a particular event.

IMPORTANT SUMMARY INFORMATION

Requirement For Written Authorization. VNA/VNAHCS will generally obtain your written authorization before using your health information or sharing it with others outside the hospital. You may also initiate the transfer of your records to another person by completing a written authorization form. If you provide us with written authorization, you may revoke that written authorization at any time, except to the extent that we have already relied upon it. To revoke a written authorization, please write to the Visiting Nursing Association of Western New York, Inc., VNA Home Care Services Privacy Officer, 2100 Wehrle Drive, Williamsville, New York 14221 to revoke such authorization.

Exceptions To Written Authorization Requirement. There are some situations when we do not need your written authorization before using your health information or sharing it with others. They are:

- **Exception For Treatment, Payment, And Business Operations.** VNA/VNAHCS will only obtain your general written consent one time to use and disclose your health information to treat your condition, collect payment for that treatment, or run our business operations. In some cases, VNA/VNAHCS also may disclose your health information to another health care provider or payor for its payment activities and certain of its business operations. For more information, see page 2 of this notice.
- **Exception For Disclosure To Family And Friends Involved In Your Care.** VNA/VNAHCS will ask you whether you have any objection sharing information about your health with your friends and family involved in your care. It is the policy of VNA/VNA HCS to not disclose protected health information about Behavioral Health patients except as permitted or required by law.
- **Exception In Emergencies Or Public Need.** VNA/VNAHCS may use or disclose your health information in an emergency or for important public needs. For example, we may share your information with public health officials at the New York state or county health departments who are authorized to investigate and control the spread of diseases. For more examples, see pages 3-5 of this notice.
- **Exception If Information Is Completely Or Partially De-Identified.** VNA/VNAHCS may use or disclose your health information if we have removed any information that might identify you so that the health information is “completely de-identified, VNA/VNAHCS may also use and disclose “partially de-identified” information if the person who will receive the information agrees in writing to protect the privacy of the information. For more information, please see page 5 of this notice.

Other uses and disclosures of your health information not described in this Notice will be made only with your written authorization. For example, we will not sell your health information or market a party's services or products to you if we are paid by that party to do so, without your written authorization.

How Someone May Act On Your Behalf. You have the right to name a personal representative who may act on your behalf to control the privacy of your health information. Parents and guardians will generally have the right to control the privacy of health information about minors unless the minors are permitted by law to act on their own behalf.

Protections For HIV, Alcohol and Substance Abuse, and Mental Health. Special privacy protections apply to HIV-related information and Behavioral Health Information (including alcohol and substance abuse treatment information, and mental health information). Some parts of this general Notice of Privacy Practices may not apply to these types of information.

How To Obtain A Copy Of This Notice. You have the right to a paper copy of this notice. You may request a paper copy at any time, even if you have previously agreed to receive this notice electronically. To do so, please call the VNA/VNAHCS Privacy Officer at 1-800-439-5444. You or your personal representative may also obtain a copy of this notice from our website at www.Kaleidahealth.org, or by requesting a copy from our home care staff.

How To Obtain A Copy Of Revised Notice. VNA/VNAHCS may change our privacy practices from time to time. If we do, we will revise this notice so you will have an accurate summary of our practices. The revised notice will apply to all of your health information. You will also be able to obtain your own copy of the revised notice by accessing our website at www.Kaleidahealth.org, calling our office at 1-800-439-5444 or asking for one from our home care staff. The effective date of the notice will always be noted in the top right corner of the first page. VNA/VNAHCS is required to abide by the terms of the notice that is currently in effect.

How To File A Complaint. If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the Department of Health and Human Services. To file a complaint with us, please contact the Visiting Nursing Association of Western New York, Inc. (VNA), VNA Home Care Services/ (VNAHCS) Privacy Officer at 1-800-439-5444. *In accordance with The Visiting Nursing Association of Western New York, Inc. (VNA), VNA Home Care Services/ (VNAHCS) corporate policy and federal law, no one will retaliate or take action against you for filing a complaint.*

WHAT HEALTH INFORMATION IS PROTECTED

VNA/VNAHCS is committed to protecting the privacy of information we gather about you while providing health-related services. Some examples of protected health information are:

- information indicating that you are a patient at the hospital or receiving treatment or other health-related services from VNA/VNAHCS;
- information about your health condition (such as a disease you may have);
- information about health care products or services you have received or may receive in the future (such as an operation); or
- information about your health care benefits under an insurance plan (such as whether a prescription is covered);

when combined with:

- demographic information (such as your name, address, or insurance status);
- unique numbers that may identify you (such as your social security number, your phone number, or your driver's license number); and
- Other types of information that may identify who you are.

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

1. Treatment, Payment And Business Operations

With your general written consent VNA/VNAHCS may use your health information or share it with others in order to treat your condition, obtain payment for that treatment, and run our business operations. In some cases, VNA/VNAHCSs may also disclose your health information for payment activities and certain business operations of another health care provider or payor. Below are further examples of how your information may be used and disclosed for these purposes.

Treatment. VNA/VNAHCS may share your health information with doctors, nurses or treating practitioners who are involved in taking care of you, and they may in turn use that information to diagnose or treat you. A treating practitioner may share your health information with another health care provider to determine how to diagnose or treat you. Your treating practitioner may also share your health information with another treating practitioner to whom you have been referred for further health care. We may share your health care information with any hospital, nursing home or other health care facility to which you may be admitted; any assisted living or personal care facility of which you are a resident; any physician providing you care; family members and other caregivers who are part of your home care plan for service.

Payment. The VNA/VNAHCS may use your health information or share it with others so that we may obtain payment for your health care services. These include your health insurance company, employer-sponsored self-funded group health plan, Medicare, Medicaid, and any other party that may be responsible for paying or processing for payment of any portion your bill for services. For example, the VNA/VNAHCS may share information about you with your health insurance company in order to obtain reimbursement after we have treated you, or to determine whether it will cover your treatment. The VNA/VNAHCS might also need to inform a payor about your health condition in order to obtain pre-approval for your treatment, such as admitting you to the hospital for a particular type of surgery. Finally, we may share your information with other health care providers and payors for their payment activities.

Business Operations. The VNA/VNAHCS may use your health information or share it with others in order to conduct our business operations. For example, we may use your health information to evaluate the performance of our staff in caring for you, or to educate our staff on how to improve the care they provide for you. As the VNA/VNAHCS is a teaching facility, we may disclose your health information for training and educational purposes to faculty physicians, residents and medical, dental, nursing, pharmacy or other students in health-related professions from local colleges or universities affiliated with VNA/VNAHCS. Finally, VNA/VNAHCS may share your health information with other health care providers and payors for certain of their business operations if the information is related to a relationship the provider or payor currently has or previously had with you, and if the provider or payor is required by federal law to protect the privacy of your health information. We may share your health information with accreditation organizations, including the information contained in the OASIS data set to the state agency acting as a representative of the Medicare/Medicaid program.

Appointment Reminders, Treatment Alternatives, Benefits And Services. In the course of providing treatment to you, VNA/VNAHCS may use your health information to contact you with a reminder that you have an in home visit scheduled. VNA/VNAHCS may also use your health information in order to recommend possible treatment alternatives or health-related benefits and services that may be of interest to you.

Fundraising. To support our business operations, VNA/VNAHCS may use demographic information about you, including information about your age and gender, where you live or work, and the dates that you received treatment, in order to contact you to raise money to help us operate. VNA/VNAHCS may also share this information with a VNA/VNAHCS charitable foundation that will contact you to raise money on our behalf. You may opt out of receiving such fundraising communications at any time.

Business Associates. VNA/VNAHCS may disclose your health information to contractors, agents and other business associates who need the information in order to assist us with obtaining payment or carrying out our business operations. For example, VNA/VNAHCS may share your health information with a billing company that helps us to obtain payment from your insurance company. Another example is that we may share your health information with an accounting firm or law firm that provides professional advice to us about how to improve our health care services and comply with the law. If VNA/VNAHCS does disclose your health information to a business associate, we will have a written contract to ensure that our business associate also protects the privacy of your health information.

VNA/VNAHCS can do all of these things if you have signed a general written consent form. Once you sign this general written consent form, it will be in effect indefinitely unless you revoke your general written consent. You may revoke your general written consent at any time, except to the extent that we have already relied upon it. For example, if we provide you with treatment before you revoke your general written consent, we may still share your health information with your insurance company in order to obtain payment for that treatment. To revoke your general written consent, please write to the VNA/VNAHCS Privacy Officer, 2100 Wehrle Drive, Williamsville, New York 14221

2. Family and Friends

The VNA/VNAHCS may share your health information with family and friends involved in your care, without your written authorization. VNA/VNAHCS will always give you an opportunity to object unless there is insufficient time because of a medical emergency (in which case we will discuss your preferences with you as soon as the emergency is over). VNA/VNAHCS will follow your wishes unless we are required by law to do otherwise.

Family and Friends Involved In Your Care. If you do not object, VNA/VNAHCS may share your health information with a family member, relative, or close personal friend who is involved in your care or payment for that care. We may also notify a family member, personal representative or another person responsible for your care about your general condition, or about the unfortunate event of your death. In some cases, VNA/VNAHCS may need to share your information with a disaster relief organization that will help us notify these persons. Behavioral Health patients will be given the opportunity to object each time before information about them is released to family and friends. This will apply whether or not consent was authorized at time of admission in VNA/VNAHCS Patient Agreement.

3. Emergencies Or Public Need

The VNA/VNAHCS may use your health information, and share it with others, in order to treat you in an emergency or to meet important public needs. The VNA/VNAHCS(VNAHCS) will not be required to obtain your general written consent before using or disclosing your information for these reasons. VNA/VNAHCS will, however, obtain your written authorization for, or provide you with an opportunity to object to, the use and disclosure of your health information in these situations when state law specifically requires that we do so.

Emergencies. VNA/VNAHCS may use or disclose your health information if you need emergency treatment or if we are required by law to treat you but are unable to obtain your general written consent. If this happens, VNA/VNAHCS will try to obtain your general written consent as soon as we reasonably can after we treat you.

Communication Barriers. VNA/VNAHCS may use and disclose your health information if we are unable to obtain your general written consent because of substantial communication barriers, and we believe you would want us to treat you if we could communicate with you.

As Required By Law. VNA/VNAHCS may use or disclose your health information if we are required by law to do so, VNA/VNAHCS also will notify you of these uses and disclosures if notice is required by law.

Public Health Activities. VNA/VNAHCS may disclose your health information to authorized public health officials (or a foreign government agency collaborating with such officials) so they may carry out their public health activities. For example, we may share your health information with government officials who are responsible for controlling disease, injury or disability. VNA/VNAHCS may also disclose your health information to a person who may have been exposed to a communicable disease or be at risk for contracting or spreading the disease if a law permits us to do so. And finally, VNA/VNAHCS may release some health information about you to your employer if your employer hires us to provide you with a physical exam and we discover that you have a work-related injury or disease that your employer must know about in order to comply with employment laws.

Victims Of Abuse, Neglect Or Domestic Violence. VNA/VNAHCS may release your health information to a public health authority that is authorized to receive reports of abuse, neglect or domestic violence. For example, we may report your information to government officials if we reasonably believe that you have been a victim of such abuse, neglect or domestic violence. VNA/VNAHCS will make every effort to obtain your permission before releasing this information, but in some cases we may be required or authorized to act without your permission.

Health Oversight Activities. VNA/VNAHCS may release your health information to government agencies authorized to conduct audits, investigations, and inspections of our agency. These government agencies monitor the operation of the health care system, government benefit programs such as Medicare and Medicaid, and compliance with government regulatory programs and civil rights laws.

Product Monitoring, Repair And Recall. VNA/VNAHCS may disclose your health information to a person or company that is regulated by the Food and Drug Administration for the purpose of: (1) reporting or tracking product defects or problems; (2) repairing, replacing, or recalling defective or dangerous products; or (3) monitoring the performance of a product after it has been approved for use by the general public.

Lawsuits And Disputes. VNA/VNAHCS may disclose your health information if we are ordered to do so by a court or administrative tribunal that is handling a lawsuit or other dispute.

Law Enforcement. VNA/VNAHCS may disclose your health information to law enforcement officials for the following reasons:

- To comply with court orders or laws that VNA/VNAHCS is required to follow;
- To assist law enforcement officers with identifying or locating a suspect, fugitive, witness, or missing person;
- If you have been the victim of a crime and VNA/VNAHCS determines that: (1) we have been unable to obtain your general written consent because of an emergency or your incapacity; (2) law enforcement officials need this information immediately to carry out their law enforcement duties; and (3) in our professional judgment disclosure to these officers is in your best interests;
- If VNA/VNAHCS suspects that your death resulted from criminal conduct;
- If necessary to report a crime that occurred on our property; or
- If necessary to report a crime discovered during an offsite medical emergency (for example, by emergency medical technicians at the scene of a crime).

To Avert A Serious And Imminent Threat To Health Or Safety. VNA/VNAHCS may use your health information or share it with others when necessary to prevent a serious and imminent threat to your health or safety, or the health or safety of another person or the public. In such cases, we will only share your information with someone able to help prevent the threat. VNA/VNAHCS may also disclose your health information to law enforcement officers if you tell us that you participated in a violent crime that may have caused serious physical harm to another person (unless you admitted that fact while in counseling), or if we determine that you escaped from lawful custody.

National Security And Intelligence Activities Or Protective Services. VNA/VNAHCS may disclose your health information to authorized federal officials who are conducting national security and intelligence activities or providing protective services to the President of the United States or other important officials.

Military And Veterans. If you are in the Armed Forces, VNA/VNAHCS may disclose health information about you to appropriate military command authorities for activities they deem necessary to carry out their military mission. We may also release health information about foreign military personnel to the appropriate foreign military authority.

Inmates And Correctional Institutions. If you are an inmate or you are detained by a law enforcement officer, VNA/VNAHCS may disclose your health information to the prison officers or law enforcement officers if necessary to provide you with health care, or to maintain safety, security and good order at the place where you are confined. This includes sharing information that is necessary to protect the health and safety of other inmates or persons involved in supervising or transporting inmates.

Workers' Compensation. VNA/VNAHCS may disclose your health information for workers' compensation or similar programs that provide benefits for work-related injuries.

Coroners, Medical Examiners And Funeral Directors. In the unfortunate event of your death, VNA/VNAHCS may disclose your health information to a coroner or medical examiner. This may be necessary, for example, to determine the cause of death. VNA/VNAHCS may also release this information to funeral directors as necessary to carry out their duties.

Organ And Tissue Donation. In the unfortunate event of your death, VNA/VNAHCS may disclose your health information to organizations that procure or store organs, eyes or other tissues so that these organizations may investigate whether donation or transplantation is possible under applicable laws.

Research. As appropriate, VNA/VNAHCS will ask for your written authorization before using your health information or sharing it with others in order to conduct research. However, under some circumstances, VNA/VNAHCS may use and disclose your health information without your written authorization if we obtain approval through a special process to ensure that research without your written authorization poses minimal risk to your privacy. VNA/VNAHCS may also release your health information without your written authorization to people who are preparing a future research project. In the unfortunate event of your death, we may share your health information with people who are conducting research using the information of deceased persons.

4. Completely De-identified Or Partially De-identified Information.

VNA/VNAHCS may use and disclose your health information if we have removed any information that has the potential to identify you so that the health information is "completely de-identified." VNA/VNAHCS may also use and disclose "partially de-identified" health information about you if the person who will receive the information signs an agreement to protect the privacy of the information as required by federal and state law. Partially de-identified health information will *not* contain any information that would directly identify you (such as your name, street address, social security number, phone number, fax number, electronic mail address, website address, or license number).

5. Incidental Disclosures

While VNA/VNAHCS will take reasonable steps to safeguard the privacy of your health information, certain disclosures of your health information may occur during or as an unavoidable result of our otherwise permissible uses or disclosures of your health information. For example, during the course of a visit, other people in your home may see, or overhear discussion of, your health information.

YOUR RIGHTS TO ACCESS AND CONTROL YOUR HEALTH INFORMATION

VNA/VNAHCS wants you to know that you have the following rights to access and control your health information. These rights are important because they will help you make sure that the health information we have about you is accurate. They may also help you control the way VNA/VNAHCS uses your information and share it with others, or the way we communicate with you about your medical matters.

1. Right To Inspect And Copy Records

You have the right to inspect and obtain a copy of any of your health information that may be used to make decisions about you and your treatment for as long as we maintain this information in our records. This includes medical and billing records. To inspect or obtain a copy of your health information, please submit your request in writing to the VNA/VNAHCS hospital or clinic at which you received your care. If you request a copy of the information, VNA/VNAHCS may charge a fee for the costs of copying, mailing or other supplies we use to fulfill your request. The standard fee is \$0.75 per page and must generally be paid before or at the time we give the copies to you.

The VNA/VNAHCS will respond to your request for inspection of records within 10 days. VNA/VNAHCS ordinarily will respond to requests for copies within 30 days if the information is located in our facility and within 60 days if it is located off-site at another facility. If we need additional time to respond to a request for copies, we will notify you in writing within the time frame above to explain the reason for the delay and when you can expect to have a final answer to your request.

Under certain very limited circumstances, VNA/VNAHCS may deny your request to inspect or obtain a copy of your information. If we do, VNA/VNAHCS will provide you with a summary of the information instead. VNA/VNAHCS will also provide a written notice that explains our reasons for providing only a summary, and a complete description of your rights to have that decision reviewed and how you can exercise those rights. The notice will also include information on how to file a complaint about these issues with us or with the Secretary of the Department of Health and Human Services. If we have reason to deny only part of your request, VNA/VNAHCS will provide complete access to the remaining parts after excluding the information we cannot let you inspect or copy.

2. Right To Amend Records

If you believe that the health information we have about you is incorrect or incomplete, you may ask VNA/VNAHCS to amend the information. You have the right to request an amendment for as long as the information is kept in our records. To request an amendment, please write to the VNA/VNAHCS Privacy Officer, 2100 Wehrle Drive, Williamsville, New York 14221. Your request should include the reasons why you think VNA/VNAHCS should make the amendment. Ordinarily VNA/VNAHCS will respond to your request within 60 days. If VNA/VNAHCS needs additional time to respond, we will notify you in writing within 60 days to explain the reason for the delay and when you can expect to have a final answer to your request.

If VNA/VNAHCS denies part or all of your request, we will provide a written notice that explains our reasons for doing so. You will have the right to have certain information related to your requested amendment included in your records. For example, if you disagree with our decision, you will have an opportunity to submit a statement explaining your disagreement which we will include in your records. VNA/VNAHCS will also include information on how to file a complaint with us or with the Secretary of the Department of Health and Human Services. These procedures will be explained in more detail in any written denial notice we send you.

3. Right To An Accounting Of Disclosures

You have a right to request an “accounting of disclosures” which identifies certain other persons or organizations to whom we have disclosed your health information in accordance with applicable law and the protections afforded in this Notice of Privacy Practices. An accounting of disclosures does not describe the ways that your health information has been shared within and between the hospital and the facilities listed at the beginning of this notice, as long as all other protections described in this Notice of Privacy Practices have been followed (such as obtaining the required approvals before sharing your health information with our doctors for research purposes).

An accounting of disclosures also does not include information about the following disclosures:

- Disclosures we made to you or your personal representative;
- Disclosures we made pursuant to your written authorization;
- Disclosures we made for treatment, payment or business operations;
- Disclosures made from the patient directory;
- Disclosures made to your friends and family involved in your care or payment for your care;
- Disclosures that were incidental to permissible uses and disclosures of your health information (for example, when information is overheard by another patient passing by);
- Disclosures for purposes of research, public health or our business operations of limited portions of your health information that do not directly identify you;
- Disclosures made to federal officials for national security and intelligence activities;
- Disclosures about inmates to correctional institutions or law enforcement officers;
- Disclosures made prior to six years from the date of your request.

To request an accounting of disclosures, please write to the VNA/VNAHCS Privacy Officer, 726 Exchange Street Suite 200, Buffalo, NY 14210. Your request must state a time period within the past six years for the disclosures you want us to include. For example, you may request a list of the disclosures that we made the previous year between January 1 and June 1. You have a right to receive one accounting within every 12 month period for free. However, we may charge you for the cost of providing any additional accounting in that same 12 month period. VNA/VNAHCS will always notify you of any cost involved so that you may choose to withdraw or modify your request before any costs are incurred.

Ordinarily VNA/VNAHCS will respond to your request for an accounting within 60 days. If we need additional time to prepare the accounting you have requested, we will notify you in writing about the reason for the delay and the date when you can expect to receive the accounting. In rare cases, VNA/VNAHCS may have to delay providing you with the accounting without notifying you because a law enforcement official or government agency has asked us to do so.

4. Right To Request Additional Privacy Protections

You have the right to request that we further restrict the way VNA/VNAHCS uses and discloses your health information to treat your condition, collect payment for that treatment, or run our business operations. If your restriction applies to disclosure of information to a health plan where you paid in full out of pocket for items or services, and the disclosure is not otherwise required by law, we are required to honor that request. You may also request that we limit how we disclose information about you to family or friends involved in your care. For example, you could request that we not disclose information about a surgery you had or your medical condition. To request restrictions, please write to Privacy Officer, VNA/VNAHCS, 2100 Wehrle Drive, Williamsville, New York 14221. Your request should include (1) what information you want to limit; (2) whether you want to limit how we use the information, how we share it with others, or both; and (3) to whom you want the limits to apply.

Except as noted above, VNA/VNAHCS is not required to agree to your request for a restriction, and in some cases the restriction you request may not be permitted under law. However, if VNA/VNAHCS does agree, we will be bound by our agreement unless the information is needed to provide you with emergency treatment or comply with the law. Once the VNA/VNAHCS has agreed to a restriction, you have the right to revoke the restriction at any time. Under some circumstances, VNA/VNAHCS will also have the right to revoke the restriction as long as we notify you before doing so; in other cases, we will need your permission before we can revoke the restriction.

5. Right To Request Confidential Communications

You have the right to request that we communicate with you about your medical matters in a more confidential way by requesting that the VNA/VNAHCS communicates with you by alternative means or at alternative locations. For example, you may ask that we contact you at home instead of at work. To request more confidential communications, please write to the Privacy Officer, VNA/VNAHCS, 2100 Wehrle Drive, Williamsville, New York 14221. *The VNA/VNAHCS will not ask you the reason for your request, and we will try to accommodate all reasonable requests.* Please specify in your request how or where you or your personal representative wish to be contacted, and how payment for your health care will be handled if the VNA/VNAHVS communicates with you through this alternative method or location.