



# NOTICE OF PRIVACY PRACTICES

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

## **USE AND DISCLOSURE OF HEALTH INFORMATION**

The **Area Agency on Aging 10B Inc. (AAoA)** has a limited right to use and/or disclose your Protected Health Information (PHI) for the purposes of providing you treatment, obtaining payment for your care and conducting health care operations. The **Area Agency on Aging 10B Inc. (AAoA)** has established policies to guard against unnecessary disclosure of your health information.

When Applicable, AAoA will comply with state and federal laws that are more stringent than the privacy regulations created under the Health Insurance Portability and Accountability Act of 1996, as they are amended from time to time, regarding AAoA's use or sharing of your protected health information.

### **THE FOLLOWING IS A SUMMARY OF WHEN AND WHY YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED:**

**To Provide Treatment.** The AAoA may use your health information to coordinate or manage your care within the AAoA and with other individuals outside of the Agency involved in your care, such as your attending physician and other health care professionals. For example, certain service providers involved in your care need information about your medical condition in order to deliver appropriate services.

**To Obtain Payment.** The AAoA may include your health information in invoices to collect payment from third parties for the care you receive through the AAoA. For example, some health information is transmitted to the Ohio Department of Aging and the Ohio Department of Job and Family Services when billing transactions are conducted.

**To Conduct Health Care Operations.** The AAoA may use and disclose health information for its own operations and as necessary to provide quality care to all of the AAoA's service recipients. Health care operations includes such activities as:

- Quality assessment and improvement activities.
- Activities designed to improve health or reduce health care costs.
- Protocol development, case management and care coordination.
- Contacting health care providers and clients with information about treatment alternatives and other related functions that do not include treatment.



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- Professional review and performance evaluation.
- Review and auditing, including compliance reviews, medical reviews, legal services and compliance programs.
- Business planning and development including cost management and planning related analyses and formulary development.
- Business management and general administrative activities of the AAoA.
- Fundraising for the benefit of the AAoA if the recipient is not enrolled in Medicaid. The information about you that may be used or disclosed for fundraising is limited to your demographic information and the dates you were provided health care.

As an example, the Agency may use your health information to evaluate its staff performance, or combine your health information with other AAoA consumers in evaluating how to more effectively serve all Agency consumers. Your health information may be disclosed to Agency staff and contracted personnel for training purposes, or used to contact you as a reminder regarding a visit to you, or to contact you as part of general fundraising and community information mailings (unless you tell us you do not want to be contacted regarding fundraising).

**For Appointment Reminders.** The AAoA may use and disclose your health information to contact you as a reminder that you have an appointment for a home visit.

**For Treatment Alternatives.** The AAoA may use and disclose your health information to tell you about or recommend possible service options or alternatives that maybe of interest to you.

**When Legally Required.** The AAoA will disclose your health information when it is required to do so by any Federal, State or local law.

**When There Are Risks to Public Health.** The AAoA may disclose your health information for public activities and purposes in order to:

- Prevent or control disease, injury or disability, report disease, injury, vital events such as birth or death and the conduct of public health surveillance, investigations and interventions.
- Notify a person who has been exposed to a communicable disease or who may be at risk of contracting or spreading a disease.



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**To Report Abuse, Neglect Or Domestic Violence.** The AAoA is allowed to notify government authorities if the AAoA believes a patient is the victim of abuse, neglect or domestic violence. The AAoA will make this disclosure only when specifically required or authorized by law or when the patient agrees to the disclosure.

**To Conduct Health Oversight Activities** The AAoA may disclose your health information to a health oversight agency for activities including audits, civil administrative or criminal investigations, inspections, licensure or disciplinary action. The AAoA, however, may not disclose your health information if you are the subject of an investigation and your health information is not directly related to your receipt of health care or public benefits.

**In Connection With Judicial And Administrative Proceedings.** The AAoA may disclose your health information in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal as expressly authorized by such order or in response to a subpoena, discovery request or other lawful process, but only when the AAoA makes reasonable efforts to either notify you about the request or to obtain an order protecting your health information.

**For Law Enforcement Purposes.** As permitted or required by State law, the AAoA may disclose your health information to a law enforcement official for certain law enforcement purposes as follows:

- As required by law for reporting of certain types of wounds or other physical injuries pursuant to the court order, warrant, subpoena or summons or similar process.
- For the purpose of identifying or locating a suspect, fugitive, material witness or missing person.
- Under certain limited circumstances, when you are the victim of a crime.
- To a law enforcement official if the AAoA has a suspicion that your death was the result of criminal conduct including criminal conduct at the AAoA.
- In an emergency in order to report a crime.

**For Research Purposes.** The AAoA may, under very select circumstances, use your health information for research. Before the AAoA discloses any of your health information for such research purposes, the project will be subject to an extensive approval process. **(This does not pertain to Medicaid recipients)**

**In the Event of A Serious Threat To Health Or Safety.** The AAoA may, consistent with applicable law and ethical standards of conduct, disclose your health information if the AAoA, in good faith, believes that such disclosure is necessary to



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prevent or lessen a serious and imminent threat to your health or safety or to the health and safety of the public.

**For Specified Government Functions.** In certain circumstances, the Federal regulations authorize the AAoA to use or disclose your health information to facilitate specified government functions relating to military and veterans, national security and intelligence activities, protective services for the President and others, medical suitability determinations and inmates and law enforcement custody.

**For Worker's Compensation.** The AAoA may release your health information for worker's compensation or similar programs.

### **AUTHORIZATION TO USE OR DISCLOSE HEALTH INFORMATION**

Other than as stated above, the AAoA will not disclose your health information other than with your written authorization. If you or your representative authorizes the AAoA to use or disclose your health information, you may revoke that authorization in writing at any time, except to the extent AAoA has taken action in reliance on the Authorization.

### **YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION**

You have the following rights regarding your health information that the AAoA maintains:

- **Right to request restrictions.** You or your personal representative may request restrictions on certain uses and disclosures of your health information. You have the right to request a limit on the AAoA 's disclosure of your health information to someone who is involved in your care or the payment of your care. However, the AAoA is not required to agree to your request. If you wish to make a request for restrictions, please contact the Privacy Official at 1-800-421-7277.

- **Right to receive confidential communications.** You or your personal representative have the right to request that the AAoA communicate with you in a certain way. For example, you may ask that the AAoA only conduct communications pertaining to your health information with you privately with no other family members present or that you receive communications only at a specific address or telephone number. If you wish to receive confidential communications, please contact the Privacy Official at 1-800-421-7277. The AAoA will not request that you provide any reasons for your request and will attempt to honor your reasonable requests for confidential communications.

- **Right to inspect and copy your health information.** You or your personal representative have a right to see your protected health information upon your request. You have the right to inspect and copy your health information, including billing records.



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A request to inspect and copy records containing your health information may be made to the Privacy Official at 1-800-421-7277. If you request a copy of your health information, the AAoA may charge a reasonable fee for copying and assembling costs associated with your request.

- **Right to amend health care information.** You or your personal representative have the right to request that the AAoA amend your records, if you believe that your health information is incorrect or incomplete. That request may be made as long as the information is maintained by the AAoA. A request for an amendment of records must be made in writing to the Privacy Official at 1550 Corporate Woods Pkwy., Suite 100, Uniontown, OH 44685. The AAoA may deny the request if it is not in writing or does not include a reason for the amendment. The request also may be denied if your health information records were not created by the AAoA, if the records you are requesting are not part of the AAoA's records, if the health information you wish to amend is not part of the health information you or your personal representative are permitted to inspect and copy, or if, in the opinion of the AAoA, the records containing your health information are accurate and complete.

- **Right to know what disclosures have been made.** You or your personal representative have the right to request an accounting of disclosures of your health information made by the AAoA for certain reasons, including reasons related to public purposes authorized by law and certain research. The request for an accounting must be made in writing to the Privacy Official at 1550 Corporate Woods Pkwy. Suite 100, Uniontown, OH 44685. The request should specify the time period for the accounting starting on or after April 14, 2003. Accounting requests may not be made for periods of time in excess of six (6) years. The AAoA would provide the first accounting you request during any 12-month period without charge. Subsequent accounting requests within the same 12-month period may be subject to a reasonable cost-based fee.

- **Right to a paper copy of this notice.** You or your personal representative have a right to a separate paper copy of this Notice at any time even if you or your representative have received this Notice previously. To obtain a separate paper copy, please contact the Privacy Official at 1-800-421-7277.

### - DUTIES OF THE AAoA

The AAoA is required by law to maintain the privacy of your health information and to provide to you and your personal representative this Notice of its duties and privacy practices. The AAoA is required to abide by the terms of this Notice as may be amended from time to time. The AAoA reserves the right to change the terms of its Notice and to make the new Notice provisions effective for all health information that it maintains. If the Agency changes its Notice, the AAoA will provide a copy of the revised Notice to you or your appointed representative.

### Where to file a complaint



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You or your personal representative have the right to express complaints to the AAoA and to the Secretary of the U.S. Department of Health and Human Services if you or your personal representative believe that your privacy rights have been violated. Any complaints to the AAoA should be made in writing to the Planning & Quality Improvement Division Director. The AAoA encourages you to express any concerns you may have regarding the privacy of your information. You will not be retaliated against in any way for filing a complaint. You may also file a written complaint with the Secretary of the U.S. Department of Health and Human Services, 200 Independence Avenue SW, Washington, D.C., 2201 or call 1-877-696-6775.

### **CONTACT PERSON**

The AAoA has designated the Privacy Official as its contact person for all issues regarding patient privacy and your rights under the Federal privacy standards. You may contact this person at Area Agency on Aging, 10B, Inc, 1550 Corporate Woods Pkwy, Suite 100, Uniontown, OH 44685 or at 1-800-421-7277.

### **EFFECTIVE DATE**

This Notice is effective April 14, 2003.

### **IF YOU HAVE ANY QUESTIONS REGARDING THIS NOTICE, PLEASE CONTACT:**

**Privacy Official  
Area Agency on Aging 10B, Inc.  
1550 Corporate Woods Pkwy, Suite 100  
Uniontown, OH 44685  
1-800-421-7277**