

## YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

**Restriction of Use and Disclosure:** You have the right to request that Area IV Agency on Aging and Community Action Programs, Inc. (Area IV Agency) restrict the uses or disclosures of medical information about you to carry out treatment, payment, or health care operations. You also have the right to request that we restrict the uses or disclosures we make to: (a) a family member, other relative, a close personal friend or any other person identified by you; or, (b) for to public or private entities for disaster relief efforts. For example, you could ask that we not disclose medical information about you to your brother or sister.

To request a restriction, you may do so at any time. To request a restriction call Kat Foglesong at 1-800-382-7556 and tell us: (a) what information you want to limit; (b) whether you want to limit use or disclosure or both; and, (c) to whom you want the limits to apply (for example, disclosures to your spouse). With one exception, we are not required to agree to any requested restriction. The exception is that we will always agree to a request to restrict disclosures to a health plan if: (a) the disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law; and, (b) the information relates solely to a health care item or service for which you, or someone on your behalf (other than the health plan), has paid us in full.

If we agree to a restriction, we will follow that restriction unless the information is needed to provide emergency treatment. Even if we agree to a restriction, either you or we can later terminate the restriction. However, we will not terminate a restriction that falls into the exception stated in the previous paragraph.

**Confidential Communications:** You have the right to request that you receive communications of your protected health information from Area IV Agency in alternative means or at alternative locations. We will accommodate all reasonable requests. To request that Area IV Agency make communications of your protected health information by alternative means or at alternative locations, please send a written request to the Privacy Officer setting forth the alternative means by which you wish to receive communications or the alternative location at which you wish to receive such communications. We will not ask why you are making such a request. When appropriate, we may condition the provision of a reasonable accommodation upon receiving information relating to how payment, if any, will be received.

**Access to Protected Health Information:** You have the right to inspect and obtain a copy of your protected health information that Area IV Agency maintains in a designated record set, for so long as that protected health information is maintained in a designated record set. A "designated record set" is a group of records maintained by or for Area IV Agency which includes medical records, case management records, billing records and records used in whole or in part to make decisions about you. You do not have the right to inspect or copy psychotherapy notes, information compiled in reasonable anticipation of, or for use in, a civil, criminal or administrative action or proceeding, or information that Area IV Agency is otherwise prohibited by law from disclosing. If you wish to inspect or obtain a copy of your protected health information, please send a written request to the Privacy Officer. If you request a copy of your protected health information, we may charge a fee for the cost of copying and mailing the information.

We may, for certain limited reasons, deny your request to inspect or obtain a copy of your protected health information. If we deny your request, you may be entitled to a review of that denial. If you are entitled to a review and you wish to have Area IV Agency's decision reviewed, please contact the Privacy Officer. The Privacy Officer will designate a licensed health care professional to review your request. This reviewing health care professional will not have participated in the original decision to deny your request. We will comply with the decision of the reviewing health care professional.

**Amending Protected Health Information:** You have the right to ask us to amend medical information about you. You have this right for so long as the medical information is maintained by us. To request an amendment, you must submit your request in writing to Kat Foglesong (see address at end of Notice). Your request must state the amendment desired and provide a reason in support of that amendment. We will act on your request within sixty (60) calendar days after we receive your request. If we grant your request, in whole or in part, we will inform you of our acceptance of your request and provide access and copying.

If we grant the request, in whole or in part, we will seek your identification of and agreement to share the amendment with relevant other persons. We also will make the appropriate amendment to the medical information by appending or otherwise providing a link to the amendment.

We may deny your request to amend medical information about you. We may deny your request if it is not in writing and does not provide a reason in support of the amendment. In addition, we may deny your request to amend medical information if we determine that the information: Was not created by us, unless the person or entity that created the information is no longer available to act on the requested amendment; Is not part of the medical information maintained by us; Would not be available for you to inspect or copy; or, Is accurate and complete. If we deny your request, we will inform you of the basis for the denial. You will have the right to submit a statement of disagreeing with our denial. Your statement may not exceed 2 pages. We may prepare a rebuttal to that statement. Your request for amendment, our denial of the request, your statement of disagreement, if any, and our rebuttal, if any, will then be appended to the medical information involved or otherwise linked to it. All of that will then be included with any subsequent disclosure of the information, or, at our election, we may include a summary of any of that information. If you do not submit a statement of disagreement, you may ask that we include your request for amendment and our denial with any future disclosures of the information. We will include your request for amendment and our denial (or a summary of that information) with any subsequent disclosure of the medical information involved. You also will have the right to complain about our denial of your request.

### Accounting of Disclosures of Your Protected Health Information:

You have the right to receive an accounting of disclosures of medical information about you. The accounting may be for up to six (6) years prior to the date on which you request the accounting but not before April 14, 2003. Certain types of disclosures are not included in such an accounting: Disclosures to carry out treatment, payment and health care operations; Disclosures of your medical information made to you; Disclosures that are incident to another use or disclosure; Disclosures that you have authorized; Disclosures for disaster relief purposes; Disclosures for national security or intelligence purposes; Disclosures to correctional institutions or law enforcement officials having custody of you; Disclosures that are part of a limited data set for purposes of research, public health, or health care operations (a limited data set is where things that would directly identify you have been removed). Disclosures made prior to April 14, 2003. Under certain circumstances your right to an accounting of disclosures to a law enforcement official or a health oversight agency may be suspended. Should you request an accounting during the period of time your right is suspended, the accounting would not include the disclosure or disclosures to a law enforcement official to a health oversight agency.

To request an accounting of disclosures, you must submit your request in writing to Kat Foglesong (see address at end of Notice). Your request must state a time period for the disclosures. It may not be longer than six (6) years from the date we receive your request and may not include dates before April 14, 2003. Usually, we will act on your request within sixty (60) calendar days after we receive your request. Within that time, we will either provide the accounting of disclosures to you or give you a written statement of when we will provide the accounting and why the delay is necessary. There is no charge for the first accounting we provide to you in any twelve (12) month period. For additional accountings, we may charge you for the cost of providing the list. If there will be a charge, we will notify you of the cost involved and give you an opportunity to withdraw or modify your request to avoid or reduce the fee.

**Obtaining a Copy of this Notice:** You have the right to request and receive a paper copy of this Notice of Privacy Practices from Area IV Agency at any time. You may obtain a copy of our Notice of Privacy Practices over the Internet at our web site, [www.areaivagency.org](http://www.areaivagency.org). To obtain a paper copy of this notice, contact Kat Foglesong at 1-800-382-7556

### COMPLAINTS

You may complain to us and to the United States Secretary of Health and Human Services if you believe your privacy rights have been violated by us. **To file a complaint with us contact Kat Foglesong at 1-800-382-7556. All complaints should be submitted in writing to Area IV Agency on Aging and Community Action Programs, Inc., 660 N. 36th Street, PO Box 4727, Lafayette, IN 47905-4727.**

To file a complaint with the United States Secretary of Health and Human Services, send your complaint to him or her in care of: Office for Civil Rights, U.S. Department of Health and Human Services, 200 Independence Avenue SW, Washington, D.C. 20201. Complaints also may be filed online. Go to: <http://www.hhs.gov/ocr>  
**You will not be retaliated against for filing a complaint.**

# NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION

**Effective Date: September 23, 2013**

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.



**AREA IV AGENCY**

On Aging and Community Action Programs, Inc.

660 N. 36th Street

PO Box 4727

Lafayette, IN 47905-4727

1-800-382-7556

1-765-447-7683

[www.areaivagency.org](http://www.areaivagency.org)

If you have any questions or wish to receive additional information about the matters covered by this Notice of Privacy Practices, please contact Kat Foglesong at 1-800-382-7556. Area IV Agency on Aging and Community Action Programs, Inc. (Area IV Agency) is required to abide by the terms of this Notice of Privacy Practices (this "Notice") reserves the right to change the terms of this Notice at any time. The revised Notice will apply to all protected health information Area IV Agency received or created in the past as well as all protected health information Area IV Agency receives or creates in the future. A current copy of the Notice will be posted in our central office and over our web site at [www.areaivagency.org](http://www.areaivagency.org). The effective date of this Notice of Privacy Procedures is set forth on the first page of this Notice. If this Notice has been changed since your last appointment, Area IV Agency will provide a copy of the current Notice when our staff visits you. Additionally, you may obtain a copy of the current Notice by calling Kat Foglesong, our Privacy Officer, at 1-800-382-7556 and requesting that one be sent to you in the mail or by asking for one when you are in the office.

Your "protected health information" consists of all individually identifiable information which is created or received by Area IV Agency and which relates to your past, present or future physical or mental health condition, the provision of health care to you or the past, present or future payment for health care provided to you.

#### **USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION FOR WHICH YOUR CONSENT OR AUTHORIZATION IS NOT REQUIRED**

**Treatment:** We will use and disclose your protected health information to provide, coordinate or manage your health care and related services by Area IV Agency and other health care providers, including consulting with other health care providers about your health care or referring you to another health care provider for treatment. For example, we will disclose your protected health information to a home health agency to ensure that the agency has the necessary information needed to serve you.

**Payment:** We will use and disclose your protected health information, as needed, to obtain payment for the health care we provide to you. When we perform an assessment of your needs for in-home services such as home health aide service, the assessment process is considered a health care service. We bill Medicaid and other funding sources for health care services provided to you. In order to receive payment we will disclose protected health information.

**Health Care Operations:** We may use or disclose your protected health information in order to support the business activities of Area IV Agency. These activities include, but are not limited to, quality assessment and improvement activities, reviewing the competence or qualification of health care professionals, conducting training programs in which students provide assessment under the supervision of one of Area IV Agency skilled case managers, business planning and development and business management and general administrative activities. For example, we may use Protected Health Information to track trends in clients' conditions and care. Additionally, we may use your protected health information to help ensure that all in-home service providers provide the highest quality health care.

**Appointment Reminders:** We may use or disclose your protected health information in order to contact you and remind you of a scheduled appointment. **Treatment Alternatives:** We may use or disclose your protected health information to inform you about treatment alternatives.

**Health Related Benefits and Services:** We may use and disclose your protected health information to inform you about health-related benefits and services that may be of interest to you.

**Fundraising Activities:** We may use or disclose your protected health information to raise funds for Area IV Agency. **If you do not wish to be contacted for fund raising purposes, please contact Kat Foglesong at 1-800-382-7556**

#### **Others Involved in Your Health Care and Disaster Relief:**

Unless you object, we may disclose to a family member, other relative, close personal friend or any other person identified by you protected health information related to that person's involvement in your health care or payment related to your health care. We may also use or disclose to a person responsible for your care your protected health information that relates to your location, general condition or death. If the opportunity for you to agree or object to any such disclosure cannot be provided due to

emergency circumstances, we will make these disclosures if they are in your best interests. If there is a family member, other relative, or close personal friend that you do not want us to disclose medical information about you to, please notify our Privacy Officer, Kat Foglesong or tell our staff member who is providing care to you.

Additionally, we may disclose protected health information relating to your location, general condition or death to any public or private entity authorized to assist in disaster relief efforts.

**Public Health:** We may use or disclose medical information about you for public health activities and purposes. This includes reporting medical information to a public health authority that is authorized by law to collect or receive the information for purposes of preventing or controlling disease. Or, one that is authorized to receive reports of child abuse and neglect. It also includes reporting for purposes of activities related to the quality, safety or effectiveness of a United States Food and Drug Administration regulated product or activity.

**Employer:** In certain circumstances we may disclose your protected health information to your employer if Area IV Agency is providing health care to you at the request of your employer.

**Abuse, Victims of Abuse, Neglect or Domestic Violence:** We may disclose medical information about you to a government authority authorized by law to receive reports of abuse, neglect, or domestic violence, if we believe you are a victim of abuse, neglect, or domestic violence. This will occur to the extent the disclosure is: (a) required by law; (b) agreed to by you; or, (c) authorized by law and we believe the disclosure is necessary to prevent serious harm to you or to other potential victims, or, if you are incapacitated and certain other conditions are met, a law enforcement or other public official represents that immediate enforcement activity depends on the disclosure.

**Health Oversight Activities:** We may disclose your protected health information to a health oversight agency for any oversight activities authorized by law, including audits; investigations; inspections; licensure or disciplinary actions; civil, criminal or administrative actions or proceedings; or other activities necessary for the oversight of the health care system, government benefit programs, compliance with government regulatory program standards or compliance with applicable civil rights laws.

**Judicial and Administrative Proceedings:** We may, upon certain conditions, disclose your protected health information in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal, a subpoena, discovery request, or other lawful process.

**Law Enforcement Purposes:** We may disclose medical information about you to a law enforcement official for law enforcement purposes: As required by law; In response to a court, grand jury or administrative order, warrant or subpoena; To identify or locate a suspect, fugitive, material witness or missing person; About an actual or suspected victim of a crime and that person agrees to the disclosure.

If we are unable to obtain that person's agreement, in limited circumstances, the information may still be disclosed; To alert law enforcement officials to a death if we suspect the death may have resulted from criminal conduct; About crimes that occur at our facility; To report a crime in emergency circumstances.

**Coroners, Medical Examiners, Funeral Directors and Organ, Eye or Tissue Donation:** We may disclose medical information about you to a coroner or medical examiner for purposes such as identifying a deceased person and determining cause of death. We may disclose medical information about you to funeral directors as necessary for them to carry out their duties. To facilitate organ, eye or tissue donation and transplantation, we may disclose medical information about you to organ procurement organizations or other entities engaged in the procurement, banking or transplantation of organs, eyes or tissue.

**Medical Research:** Under certain circumstances, we may use or disclose medical information about you for research. Before we disclose medical information for research, the research will have been approved through an approval process that evaluates the needs of the research project with your needs for privacy of your medical information. We may, however, disclose medical information about you to a person who is preparing to conduct research to permit them to prepare for the project, but no medical information will leave Area IV Agency during that person's review of the information.

**Serious Threat to Health or Safety:** We may disclose your protected health information, in a manner which is consistent with applicable laws, if the disclosure is necessary to prevent or lessen a serious threat to health or safety or the information is necessary to apprehend an individual.

#### **National Security and Protection of the President and Others:**

We may disclose your protected health information to authorized federal officials for the conduct of lawful intelligence, counter-intelligence and other national security activities authorized by law. Additionally, we may disclose your protected health information to authorized federal officials for the provision of protective services to the President, foreign heads of state, or other people authorized by law and to conduct investigations authorized by law.

**Inmates; Persons in Custody:** We may disclose medical information about an inmate or other individual to a correctional institution or law enforcement official having custody of the inmate or other individual. The disclosure will be made if the disclosure is necessary: (a) to provide health care to such individuals; (b) for the health and safety of such individual or other inmates; (c) the health and safety of the officers or employees of or others at the correctional institution; (d) the health and safety of such individuals and officers or other persons responsible for the transporting of inmates or their transfer from one institution, facility, or setting to another; (e) law enforcement on the premises of the correctional institution; or, (f) the administration and maintenance of the safety, security, and good order of the correctional institution.

**Military:** If you are a member of the Armed Forces, we may use and disclose medical information about you for activities deemed necessary by the appropriate military command authorities to assure the proper execution of the military mission. We may also release information about foreign military personnel to the appropriate foreign military authority for the same purposes.

**Workers' Compensation:** We may disclose your protected health information as authorized by, and in compliance with, laws relating to workers' compensation and other similar programs established by law that provide benefits for work-related illnesses and injuries without regard to fault.

#### **OTHER USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION**

Any use or disclosure of your protected health information that is not listed above will be made only with your written authorization. You have the right to revoke your authorization at any time, except to the extent that Area IV Agency has already used or disclosed your protected health information in reliance on the authorization.

#### **CERTAIN USES AND DISCLOSURES THAT REQUIRE YOUR WRITTEN AUTHORIZATION**

**Psychotherapy Notes:** Your authorization is required before we may use or disclose psychotherapy notes unless the use or disclosure is: (a) by the originator of the psychotherapy notes for treatment; (b) for our own training programs for students, trainees, or practitioners in mental health; (c) to defend ourselves in a legal action or other proceeding brought by you; (d) when required by law; or, (e) permitted by law for oversight of the originator of the psychotherapy notes.

**Marketing:** We may use and disclose medical information about you to communicate with you about a product or service to encourage you to purchase the product or service. Generally, this may occur without your authorization. However, your authorization is required if: (a) the communication is to provide refill reminders or otherwise communicate about a drug or biologic that is, at the time, being prescribed for you and we receive any financial remuneration in exchange for making the communication which is not reasonably related to our cost in making the communication; or, (b) except as stated in (a), we use or disclose your medical information for marketing purposes and we receive direct or indirect financial remuneration from a third party for doing so. When an authorization is required to communicate with you about a product or service to encourage you to purchase the product or service, the authorization will state that financial remuneration to Aging & In-Home Services is involved.

**Sale of Information:** Your authorization is required for any disclosure of your medical information when the disclosure is in exchange for direct or indirect remuneration from or on behalf of the recipient of the medical information. However, your authorization may not be required under certain conditions if the disclosure is: (a) for public health purposes; (b) for research purposes; (c) for treatment and payment; (d) if we are being sold, transferred, merged or consolidated; (e) to a business associate of ours for activities undertaken on our behalf; (f) to you when requested by you; (g) required by law; (h) when permitted by applicable law where the only remuneration received by us is a fee permitted by law.