

AREA AGENCY ON AGING 1-B NOTICE OF PRIVACY PRACTICES

Effective Date: April 14, 2003

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

If you have any questions or concerns regarding your privacy rights or the information in this notice, or to obtain any of the forms referenced, please contact your Care Manager, the AAA 1-B Regional Supervisor, or the AAA 1-B HIPAA Contact Person at 1-800-852-7795.

Section 1. Our Commitment For Your Protected Health Information

The Area Agency on Aging 1-B (AAA 1-B) is required to follow the terms of this Notice of Privacy Practices, describing our legal duties and your rights with respect to the use and disclosure of your Protected Health Information. Protected Health Information (**PHI**) is information about you that can reasonably be used to identify you, is created or received by the AAA 1-B, and relates to your health conditions, treatment, or payment for treatment. Typically, your PHI at the AAA 1-B includes screening and assessment information gathered by our care managers, and case notes summarizing contacts made while providing care management to you. Examples of PHI are your social security number, Medicaid number, address, medical diagnosis, AAA 1-B care plan, billing records, etc.

In this Notice, we explain how we protect the privacy of your PHI, and how we will allow it to be used and given out ("disclosed"). In general, we limit disclosures of your PHI to the information we believe is necessary for purposes of treatment, payment or health care operations. We will disclose a complete set of your PHI to a third party only if: 1) a complete set is necessary for treatment; 2) you have requested us to supply a complete set; or 3) we are required by law to provide a complete set. You also have the personal right, within certain limits, to have access to a full set of your PHI.

We reserve the right to change the privacy practices described in this Notice. Changes to our privacy practices would apply to all PHI we maintain, including yours. If we adopt a change, you will be given a copy of the revisions at your next appointment after the change becomes effective. We will provide you with a copy of our current Notice at any time upon your request.

Section 2. How We May Use and Disclose Health Information About You

The AAA 1-B may use or disclose your PHI for the purposes of treatment, payment, or health care operations.

Treatment - The AAA 1-B may use and disclose your PHI within the AAA 1-B and to health care providers outside the AAA 1-B in order to provide, coordinate or manage your health care and related services. Examples: The AAA 1-B may disclose your PHI to a provider of personal care in the home, so that they may provide that service for you; or, the AAA 1-B may disclose your PHI to your physician in order to get equipment or supplies needed for your treatment.

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Payment - The AAA 1-B may use and disclose your PHI in order to receive payment for the services we provide to you. For example, if you are a Medicaid beneficiary, the AAA 1-B may be required to disclose your PHI to the Michigan Department of Community Health in order to ensure that Medicaid pays for your in-home services.

Health Care Operations - The AAA 1-B may use or disclose your PHI in order to improve the quality and efficiency of our services, and be accountable to funders. For example:

- Reviewing our treatment and services for quality assurance activities
- Evaluating the performance of our staff and provider agency staff in caring for you
- Performing outcome assessments
- Preventing, detecting, and investigating fraud and abuse
- Communicating with you about helpful information such as program benefit updates and consumer protection information
- Reporting to the state and federal government or other funders about the amount and types of services we have provided to you with their funding
- Performing business management and other general administrative activities, including audits.

Individuals Involved in Your Care - The AAA 1-B may release health information about you to a family member or friend who is involved in your medical care. We may also give information to someone who helps pay for your care. We may advise family members or friends of your conditions and that you are involved with AAA 1-B programs.

Government Entities Providing Benefits - The AAA 1-B may use or disclose your PHI to public entities, such as the Michigan Family Independence Agency, as necessary for you to receive additional benefits and services.

Health Oversight Activities - The AAA 1-B may disclose your PHI to governmental entities for activities to monitor the health care system, government programs, and compliance with civil rights laws, including, for example, audits, investigations, inspections, and licensures.

When Required by Law - The AAA 1-B will use and disclose your PHI if required to do so by law, for example, as directed by subpoenas and court orders. We may also provide PHI to law enforcement personnel investigating a crime or suspected crime, but only if such disclosure complies with Michigan law.

Public Health - The AAA 1-B may disclose PHI to governmental entities for public health activities such as disease control and prevention, problems with medical products or medications, and reporting adult abuse, exploitation, neglect, or domestic violence.

Natural Disaster or Other Serious Threat to Health or Safety - The AAA 1-B may disclose PHI to prevent a serious threat to the health and safety of an individual or the public, including in preparation

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to respond to a natural disaster or other emergency situations which may result in a loss of essential services or home evacuation.

Specialized Government Functions - The AAA 1-B may disclose PHI for national security, intelligence and/or protective services for the President and, if you are or have been a member of the armed services, to the appropriate military authorities.

Research - Under certain circumstances, and only after a special approval process, the AAA 1-B may use and disclose your PHI to help conduct research.

Section 3. Your Rights to Privacy

NOTE: EXCEPT AS DESCRIBED IN THIS NOTICE OF PRIVACY PRACTICES, YOUR PHI WILL NOT BE USED OR DISCLOSED WITHOUT YOUR PERMISSION OR AS REQUIRED BY LAW.

Right to Review and Copy Your PHI - With a few exceptions, you have the right to look at and/or receive a copy of your PHI contained in the group of records used by or for the AAA 1-B to make decisions about your care, including care management and billing records dating from April 14, 2003. In order to request to review and/or copy PHI, you must complete the AAA 1-B form *Request to Review and/or Copy PHI*, and submit it to the AAA 1-B HIPAA Contact Person. We reserve the right to charge a reasonable cost-based fee for copying and postage. You do not have the right to review or copy PHI compiled in reasonable anticipation of, or for use in, judicial or administrative proceedings. For certain limited reasons, the AAA 1-B may deny your request to review or obtain a copy of your PHI. If you are denied the right to review or copy, you may be entitled to limited review of that denial. If you wish to have a denial reviewed, please contact the AAA 1-B Privacy Officer. The Privacy Officer will designate an agency supervisor or director (not involved in the original denial) to review your request. The AAA 1-B will abide by the decision of the reviewing party.

Right to an Accounting of your PHI Disclosures - You have the right to ask for a list of certain disclosures of your PHI, such as disclosures required by law. This accounting applies to disclosures we make beginning and after April 14, 2003. The list of disclosures will not include disclosures made to you, or disclosures for purposes of treatment, payment, health care operations, national security, law enforcement/corrections, and certain health oversight activities. To obtain an accounting of disclosures, you must complete the AAA 1-B form, *Request for Accounting of Disclosures*, and submit it to the AAA 1-B HIPAA Contact Person.

Right to Request to an Amendment to your PHI - You have the right to request that we amend your PHI in the group of records we described above in "Right to Review and Copy". To request an amendment of your PHI, you must complete the AAA 1-B form, *Request for PHI Amendment*, and submit it to the AAA 1-B HIPAA Contact Person. The request must state the reason you believe an amendment is necessary. We may deny your request if: 1) the AAA 1-B did not create the health information that you believe is incorrect; 2) the information is not part of the group of records kept by the AAA 1-B; 3) the information is not available for your inspection; or 4) the information is accurate

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and complete. While we may agree to make corrections or additions to the information in the record set, under no circumstances will the AAA 1-B make a change in the original of the documents in that record set.

Right to Request Restrictions - You have the right to request that the AAA 1-B place restrictions on the way we use or disclosure your PHI for treatment, payment, or health care operations. You also have the right to request that the AAA 1-B restrict the PHI disclosed to specified family members or other persons involved in your treatment or in payment for your treatment. To request restrictions on disclosure, you must complete the AAA 1-B form, *Request for Restrictions on Disclosure of PHI*, and submit it to the AAA 1-B HIPAA Contact Person. You are not required to disclose the reasons you are seeking to restrict disclosure. NOTE: *The AAA 1-B is not required by law to agree to any restrictions whatsoever.* You will be notified in writing by the Contact Person if your request for restrictions has been denied or granted in whole or in part.

Right to Request Alternate Means of Confidential Communications - You have the right to request that the AAA 1-B communicate with you about your PHI in a certain way or at a certain location. For example, you may want us to contact you only by mail, or at a post office box. For any request for communications using alternate means or location, you must complete the AAA 1-B form, *Request for Alternate Means of Confidential Communication*, and submit it to the AAA1-B HIPAA Contact Person.

Right to Authorize Other Disclosures - You may authorize the AAA 1-B to disclose your PHI to another party for any purpose. To do so, you must complete the AAA 1-B form, *Authorization to Release Protected Health Information*, and submit it to the AAA 1-B HIPAA Contact Person.

Right to Revoke your Authorization - You have the right to revoke or “take back” your authorization at any time, except to the extent that the AAA 1-B has already used or disclosed your PHI under your authorization. To revoke your authorization, you must complete the form, *Revocation of Authorization to Use or Disclose PHI*, and submit it to the AAA 1-B HIPAA Contact Person.

Right to Complain - If you believe your privacy rights have been violated, you may submit your complaint in writing to the AAA 1-B HIPAA Contact Person using the AAA 1-B form, *Privacy Violation Complaint*. **Call the Contact Person at 1-800-852-7795** for a copy of the form. You may also file a complaint with the federal Department of Health and Human Services. The contact Information for DHHS is:

Secretary of Health and Human Services
Office of Civil Rights
200 Independence Ave.
SW, Washington, D.C. 20201
Phone: (877) 696-6775

We support your right to protect the privacy of your PHI. We will not take action against you if you file a complaint with us or with the U.S. Dept. of Health and Human Services.



**ACKNOWLEDGEMENT OF RECEIPT OF
AREA AGENCY ON AGING 1-B
NOTICE OF PRIVACY PRACTICES**

Section A. To be completed by AAA 1-B client or proxy.

Please Check:

[] I have received a copy of the AAA 1-B Notice of Privacy Practices.

Participant's or Proxy's Signature

Date

Participant's Name

Proxy's Name/Relationship (if applicable)

Section B. To be completed by AAA 1-B Staff.

1. Was the participant given a copy of the Privacy Notice?

[] Yes [] No

2. If the participant did not sign an acknowledgement, please explain why.

Signature of Staff

Date

Staff Name

Staff Title