

REGION VII AREA AGENCY ON AGING

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.

If you have any questions or concerns regarding your privacy rights or the information in this Notice, please contact the Compliance Privacy Officer at Region VII Area Agency on Aging at (989) 893-4506 or 1615 S. Euclid Avenue, Bay City, MI 48706.

OUR COMMITMENT

Region VII Area Agency on Aging is committed to maintaining the privacy of health information that identifies you, called "protected health information." We create records of the care and services you receive from Region VII Area Agency on Aging, which may include protected health information. We need this information to provide you with quality care and to comply with certain legal requirements. This Notice describes how we may use and disclose your health information, as well as your rights and certain obligations we have regarding the use and disclosure of protected health information. We are required by law to:

- Maintain the privacy of protected health information;
- Give you this Notice of Privacy Practices that describes our legal duties and privacy practices concerning your health information;
- Follow the terms of our Notice of Privacy Practices that is currently in effect; and
- Notify you following a breach of unsecured protected health information.

WHO WILL FOLLOW THIS NOTICE

This Notice describes the health information privacy practices of Region VII Area Agency on Aging, its directors, employees, contractors, and volunteers while providing services to you at any location, office, facility, or site. The words "we" or "our" used in this Notice refer to Region VII Area Agency on Aging and its directors, employees, contractors, and volunteers providing services.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

Below are some examples of different ways that we are permitted to use and disclose your health information. Michigan law may require that we obtain your specific permission to use and disclose certain information; for example, when behavioral health, substance abuse, or HIV/AIDS information is used or disclosed.

1. Treatment. We may use and disclose your health information to provide you with medical treatment, products or services. For example, we may disclose medical information about you to providers, doctors, technicians, or other personnel who are involved in your care at Region VII Area Agency on Aging. We may also share health information about you to coordinate the services you need, such as home care, durable medical equipment, etc. We may disclose information about you to people outside of Region VII Area Agency on Aging who are involved in your care.

2. Payment. We may use and disclose medical information about you in order to bill and receive payment for the services you receive. For example, in order to receive payment from your insurance company, we might need to provide specific health information to your health insurance plan about your diagnosis or health services you received from Region VII Area Agency on Aging. We may tell your health insurance plan about a treatment or service you are going to receive and your diagnosis in order to obtain pre-authorization or to determine whether your plan covers the treatment or service.

3. Operations. We may use and disclose your health information for our operational purposes. These uses and disclosures are necessary to run Region VII Area Agency on Aging and help to assure that we provide quality services to all of our clients. For example, we may review your medical record to evaluate the performance of the staff in caring for you and to assist us in making improvements in the care and services we offer. We may also disclose information to health care providers and personnel for educational purposes.

4. Individuals Involved in Your Care or Payment for Your Care. When appropriate, we may share health information with a person who is involved in your care or payment for your care, such as your family or a close friend. We also may notify your family about your location or general condition or disclose such information to an entity assisting in a disaster relief effort.

SPECIAL SITUATIONS

1. **As Required or Permitted by Law.** Under certain circumstances, we are required to report specific health information to legal authorities, such as law enforcement officials, court officials, or government agencies. For example, we may disclose your health information in relation to cases of abuse, neglect, domestic violence or certain physical injuries, or to respond to a subpoena or court order.
2. **For Public Health Activities.** We are, at times, required to report your health information to authorities for public health purposes. For example, we may be required to disclose information to help prevent or control disease, injury, or disability, report birth or death information to the Health Department, report information of concern to the Food and Drug Administration, or report information related to child or vulnerable adult abuse or neglect.
3. **For Health Oversight Activities.** We may disclose your health information to a health oversight agency for monitoring and oversight activities authorized by law. This will also include the release of information to organizations responsible for government benefit programs such as Medicare or Medicaid.
4. **To Avoid a Serious Threat to Health or Safety.** As required by law and standards of ethical conduct, we are permitted to release your health information, if we believe, in good faith, that such release is necessary to prevent or minimize a serious and approaching threat to your, the public's, or another individual's health or safety.
5. **For Special Government Functions.** If you are involved with the military, national security or intelligence activities, we are permitted to release your health information to the proper authorities so they may carry out their duties under the law. We are permitted to release medical information about you to authorized federal officials so that they may provide protection to the President of the United States of America, other authorized persons or foreign heads of state or conduct special investigations.
6. **For Workers' Compensation.** We may disclose your health information to the appropriate persons in order to comply with the laws related to workers' compensation or other similar programs.
7. **Law Enforcement.** We may release certain health information if asked by a law enforcement official if the information is (a) in response to a court order, subpoena, warrant, summons or similar process, (b) limited information to identify or locate a suspect, fugitive, material witness or missing person, (c) about the victim of a crime, (d) about a death resulting from criminal conduct, (e) about criminal conduct on the premises of a CMU facility or (f) in an emergency to report a crime.
8. **Business Associates.** We may disclose health information to our business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. For example, we may use another company to perform billing services on our behalf.
9. **Fundraising.** We may use certain health information about you to contact you in an effort to raise money for Region VII Area Agency on Aging. You have the right to opt out of receiving fundraising communications.

OTHER USES AND DISCLOSURES

Except for the situations described in this notice, we must obtain your specific written authorization for any other release of your protected health information. For example, we must get your prior written authorization before marketing a product or service to you if we will receive payment for the marketing communication. Likewise, we must obtain your written authorization if we will receive payment or other remuneration in exchange for your health information. Additionally, most uses of psychotherapy notes require your written authorization. If you provide us with authorization to use or disclose health information about you, you may cancel that authorization, in writing, at any time. If you cancel your authorization, we will no longer use or disclose health information about you for the reasons covered by your written authorization.

YOUR HEALTH INFORMATION RIGHTS

You have several rights with regard to your health information. To exercise these rights, you must submit a request in writing to Region VII Area Agency on Aging's Compliance Privacy Officer, 1615 S. Euclid Avenue, Bay City, MI 48706. Specifically, you have the right to:

1. **Right to Inspect and Copy Your Health Information.** With a few exceptions, you have the right to inspect and obtain an electronic or paper copy of your protected health information. This includes medical and billing records but, this right does not apply to psychotherapy notes or information gathered for judicial proceedings. We may charge you a reasonable fee, as permitted by law for certain costs associated with producing the copy. We have 30 days to make your protected health information available to you and may deny your request in certain limited circumstances. If your request is denied, you have the right to have the denial reviewed by a licensed healthcare professional who was not directly involved in the denial of your request and we will comply with the outcome of the review.

2. Right to Request an Amendment to Your Health Information. If you believe the health information we have about you is incorrect, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for Region VII Area Agency on Aging. We are not required to honor your request if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that (a) we did not create, unless the person or entity that created the information is no longer available to make the amendment, (b) is not part of the health information kept by us, (c) is not part of the information which you would be permitted to inspect and copy or (d) we determine that the information is accurate and complete.

3. Right to Request Restrictions on Certain Uses and Disclosures. You have the right to ask for restrictions or limitations on the health information about you that we use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on the protected health information we disclose to someone involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information to a family member about a surgery you had. We are not required to agree to your request for a restriction if it involves treatment, payment or disclosures we are required to make by law, except that we must agree to a requested restriction on the disclosure of protected health information to a health plan for payment or health care operations not required by law if the information pertains to an item or service for which you or someone other than the health plan has paid in full. If we do agree to other requested restrictions, we will comply with your request unless the information is needed to provide you with emergency medical treatment.

4. Right to Receive Confidential Communication of Health Information. You have the right to ask that we communicate your health information to you in a certain way or at a certain location. For example, you may ask to receive information about your health status in a special, private room or through correspondence sent to a private address. We will accommodate reasonable requests. Your request must specify how or where you wish to be contacted.

5. Right to Receive a Record of Disclosures of Your Health Information. You have the right to ask for a list of certain disclosures we made of your protected health information in the last six years for purposes, other than treatment, payment and health care operations and for which you have provided written authorization or for which we only needed to give you an opportunity to object (e.g., facility directory and disclosures to family and friends during your care). Your request must state a time period that may not be longer than six (6) years from the date of your request and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper, electronically). The first list you request within a twelve (12) month period will be free. For additional lists, we may charge you for the cost of providing the list. We will notify you of the costs involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

COMPLAINTS

If you believe your privacy rights related to services received at Region VII Area Agency on Aging have been violated, you may file a complaint with our Compliance Officer at the address and phone number listed below. You may also file a complaint with the Secretary of the Department of Health and Human Services. **Please note that you will not be penalized for filing a complaint.**

In Writing:
Region VII Area Agency on Aging
1615 S. Euclid Avenue
Bay City, MI 48706

By Phone:
(989) 893-4506

CHANGES

We reserve the right to change our privacy practices described in this Notice at any time, and to make these changes apply to protected health information we already have as well as any information we receive in the future. Changes to our privacy practices apply to all health information we maintain. We will post a copy of our current Notice at each Region VII Area Agency on Aging facility. The Notice will contain the effective date.