

# NOTICE OF INFORMATION/ PRIVACY PRACTICES

EFFECTIVE OCTOBER 1, 2004

**THIS NOTICE DESCRIBES HOW THE INFORMATION IN YOUR PERSONAL HEALTH RECORD MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

**IF YOU HAVE QUESTIONS ABOUT THIS NOTICE, YOU MAY CONTACT OUR PRIVACY OFFICER AT (989) 772-0748.**

## **IMPORTANCE OF UNDERSTANDING YOUR HEALTH RECORD**

Understanding your health record and how your health information is used helps you to:

- Ensure its accuracy and completeness.
- Understand who, what, where, why and how others may access your health information.
- Make informed decisions about authorizing disclosures to others.
- Better understand the health information rights detailed below.

## **UNDERSTANDING YOUR PERSONAL HEALTH RECORD INFORMATION**

Isabella County Commission on Aging recognizes that medical information about you and your health is personal and we are committed to protecting this information. We create a record of the care and services you receive on our program(s). We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by our agency.

This notice will help you understand what is in your health record, ways in which we may use and disclose your personal health record information, as well as what your rights are and certain obligations we have regarding the use and disclosure of medical information.

By law, we are required to:

- ◆ Make sure that medical information that identifies you is kept private.
- ◆ Give you this notice of our legal duties and privacy practices with respect to medical information about you.
- ◆ Follow the terms of the privacy notice currently in effect.



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**Isabella County Commission on Aging**  
2200 South Lincoln Road, Mt. Pleasant, MI 48858  
(989) 772-0748 • Fax (989) 773-0514

## WHO WILL FOLLOW THIS NOTICE

This notice describes Isabella County Commission on Aging's practices and that of:

- ◆ Any health care professional authorized to enter information into your chart.
- ◆ All departments of the agency including case management, administration and billing.
- ◆ All employees, staff, and other agency personnel.

## AGENCY USE AND DISCLOSURE OF PERSONAL HEALTH INFORMATION

The following categories describe different ways that we use and disclose information contained in your Personal Health Record. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

**Treatment** – We may use personal health information about you to provide/arrange services for you. We may disclose personal health information about you to physicians, nurses, technicians, or other individuals involved in taking care of you. For example, if you agree that a hospital bed would help you, care managers would contact your physician to discuss your situation and assist you in obtaining a prescription.

In addition, case managers may need to share medical information about you in order to coordinate the different things you may need, such as prescriptions. We may also disclose medical information about you to people outside the agency who may be involved in your home care, such as family members, clergy or others we use to provide services that are part of your care.

**For Health Care Operations** – We may use and disclose medical information about you for operations. These uses and disclosures are necessary to run our agency and make sure that all of our participants receive quality care. For example, we may use medical information to review our services and to evaluate performance of our staff. We may also combine medical information about many participants to decide what additional services the agency should offer, what services are not needed, and whether certain services are effective. We may also disclose information to other care managers and agency personnel for review and training purposes. We may also combine the medical information we have with medical information from other agencies to compare how we are doing and see where we can make improvements in the care and services that we offer. We may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning who the specific participants are.

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**For Payment** – We may use and disclose medical information about you so that the treatment and services you receive may be billed to the appropriate party. For example, the agency works with Region VII Area Agency on Aging to submit claims to the state for billing purposes.

**Treatment Alternatives** – We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

**Individuals Involved in Your Care or Payment For Your Care** – We may disclose medical information about you to a friend or family member who is involved in your medical care. We may also disclose information to someone who helps pay for your care. We may also tell your family or friends your conditions and that you are involved with our program. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status, and location.

### **USES AND DISCLOSURES OTHER THAN FOR TREATMENT, PAYMENT, OR HEALTH CARE OPERATIONS**

**Health-Related Benefits and Services** – We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.

**As Required By Law** – We will disclose medical information about you when required to do so by federal, state and local law.

**Notification** – We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your locations and general condition.

**Communication with Family** – Unless you object, health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care.

**Funeral Directors, Medical Examiners, and Coroners** – We may disclose health information to funeral directors consistent with applicable law to enable them to carry out their duties. We may also release medical information to a coroner or medical examiner.

**Protective Services for the President and Others** – We may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

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**Inmates** – If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the agency to provide you with services; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

**Marketing / Continuity of Care** – We may contact you to provide appointment reminders or information about services or other health-related benefits that may be of interest to you.

**Food and Drug Administration (FDA)** – We may disclose to the FDA health information relative to adverse effects/events with respect to food, drugs, supplements, product or product defects, or post marketing surveillance information to enable product recalls, repair or replacement.

**Workers Compensation** – We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

**Public Health** – As required by law, we may disclose your health information to public health or legal authorities charges with preventing or controlling disease injury or disability.

**Law Enforcement** – We may disclose health information as required by law or in response to a valid subpoena.

**Health Oversight Agencies and Public Health Authorities** – If a member of our work force or a business associate believes in good faith that we have engaged in unlawful conduct or otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public, they may disclose your health information to health oversight agencies and/or public health authorities, such as the Department of Community Health.

**Department of Health and Human Services (DHHS)** – Under the privacy standards, we must disclose your health information to the DHHS as necessary for them to determine our compliance with those standards.

## **YOUR RIGHTS UNDER THE FEDERAL PRIVACY STANDARD**

Although your health record is the physical property of the healthcare provider who completed it, you have certain rights with regard to the information contained therein. You have the right to:

**Right to Inspect and Copy** – You have the right to inspect and copy medical information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy progress notes.

To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to the agency. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another supervisor or director chosen by the agency will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

**Right to Amend** – If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. We do not have to grant the request if:

- We did not create the record. If, as in the case of a progress report from another provider, we did not create the record, we cannot know whether it is accurate or not. Thus, in such cases, you must seek amendment/correction from the party creating the record. If they amend or correct the record, we will put the corrected record in our records.
- The records are not available to you as discussed immediately above.
- The record is accurate and complete.
- The record is not part of a designated record set.

If we deny your request for amendment/correction, we will notify you why, how you can attach a statement of disagreement to your records (which we may rebut), and how you can complain to our complaint official or to the Department of Health and Human Services. If we grant the request, we will make the correction and distribute the correction to those who need it and those you identify to us that you want to receive the corrected information.

**Right to Accounting of Disclosures** – You have the right to obtain an accounting of non-routine uses and disclosures other than for treatment, payment, and health care operations. Examples of disclosures we do not have to provide an accounting for include:

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- Disclosures to you.
- Disclosures authorized by you.
- Disclosures of limited data sets (partially de-identified data used for research, public health, or health care operations).
- Disclosures that occurred before April 14, 2003.

To request this accounting of disclosures, you must submit your request in writing to the agency. Your request must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, paper or electronically). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the cost of providing this information. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

**Right to Request Restrictions** – You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you may not want your brother to know anything about your services unless it's an emergency.

We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions, you must make your request in writing to the agency. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

**Right to Request Confidential Communications** – You have the right to request us to communicate with you by alternate means, and, if the method of communication is reasonable, we must grant the alternate communication request.

To request confidential communications, you must make your request in writing to the agency. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

**Right to a Paper Copy of this Notice** – You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

**WE RESERVE THE RIGHT TO CHANGE OUR PRACTICES AND TO MAKE THE NEW PROVISIONS EFFECTIVE FOR ALL INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION WE MAINTAIN. SHOULD WE CHANGE OUR INFORMATION PRACTICES, WE WILL MAIL A REVISED NOTICE TO THE ADDRESS YOU HAVE SUPPLIED US.**

### **Complaints**

If you believe your privacy rights have been violated, you may file a complaint with our agency or the Department of Health and Human Services. To file a complaint with the agency, contact our Privacy Officer at (989) 772-0748 or write to:

Isabella County Commission on Aging  
2200 South Lincoln Road  
Mt. Pleasant, MI 48858

You will not be penalized for filing a complaint.

### **Other Uses of Medical Information**

Other uses and disclosures of medical information not covered by this or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission in writing at any time. If you revoke your permission, we will not disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provide to you.