



Area Agency *on* Aging ***for* NORTH FLORIDA**

NOTICE OF PRIVACY PRACTICES

April 14, 2003

Revised February 28, 2008

**Area Agency on Aging for North Florida, Inc./
Aging Resource Center
2414 Mahan Drive
Tallahassee, Florida 32308
(850)488-0055**

**Area Agency on Aging for North Florida, Inc.
and
Aging Resource Center
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.

This Notice of Privacy Practices is provided to you as a requirement of the Health Insurance Portability and Accountability Act (HIPAA). It describes how we may use or disclose your protected health information, with whom that information may be shared, and the safeguards we have in place to protect it. This notice also describes your rights to access and amend your protected health information. You have the right to approve or refuse the release of specific information outside of our system except when the release is required or authorized by law or regulation.

Acknowledgment of Receipt of This Notice

You will be asked to provide a signed acknowledgment of receipt of this notice. Our intent is to make you aware of the possible uses and disclosures of your protected health information and your privacy rights. The delivery of your health care services will in no way be conditioned upon your signed acknowledgment. If you decline to provide a signed acknowledgment, we will continue to provide your services, and will use and disclose your protected health information for provision, payment, and reporting of services, when necessary.

Our Duties and Responsibilities Regarding Your Protected Health Information

“Protected Health Information” (PHI) is individually identifiable health information. This information includes demographics, for example, age, address, social security number, e-mail address, and relates to your past, present, or future physical or mental health or condition related health care services. The Area Agency on Aging for North Florida, Inc. (AAANF)/Aging Resource Center (ARC) is required by law to do the following:

- Maintain the privacy of your health information
- Provide this notice that describes the ways that we may use and share your protected health information
- Follow the terms of the notice currently in effect

We reserve the right to change this notice. **The effective date of this notice is April 14, 2003.** We reserve the right to make the revised or changed notice effective for health information we already have about you as well as any information we receive in the future. Should the Notice of Privacy Practices change, you may obtain a revised copy by visiting our website at www.aaanf.org or by calling the AAANF/ARC Privacy Officer to request a copy be sent to you.

HOW WE MAY USE OR DISCLOSE YOUR PROTECTED HEALTH INFORMATION FOR TREATMENT, PAYMENT AND HEALTH CARE OPERATIONS

The following are examples of permitted uses and disclosures of your protected health information. These examples are not exhaustive.

Treatment

We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related service. This includes the coordination or management of your health care with a third party. For example, we would disclose your protected health information, as necessary, to a subcontractor, such as a home health agency, that provides care to you. This would also apply to other AAANF personnel who are involved with providing your services.

Payment

Your protected health information will be used, as needed, to obtain payment for your health care services. This may include certain activities the AAANF/ARC might undertake before it approves or pays for the health care services recommended for you such as determining eligibility or coverage of benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities. For example, your information may be shared with a business associate, such as a lead agency to arrange payment for personal care services.

Health Care Operations

We may use or disclose, as needed, your protected health information to support the daily activities related to health care. These activities include, but are not limited to, quality assessment activities, investigations, oversight of staff performance reviews, training volunteers or student interns, communications about a service, conducting or arranging for other health care related activities, case management and care coordination. For example, we may release your name and phone number to a subcontractor or other provider to arrange a health program or service that you have requested.

We may share your protected health information with third-party “business associates” who perform various activities for the AAANF/ARC. The business associates will also be required to protect your health information.

We may use or disclose your protected health information, as necessary, to provide you with information about other health-related programs and services that might interest you, to provide you with appointment reminders or to provide you with information on alternative treatment. For example, your name and address may be used to send you notices of events that the AAANF/ARC is sponsoring in your area.

Individuals Involved in Your Health Care

We may use and disclose PHI about you in some situations where you have the opportunity to agree or object to certain uses and disclosures of PHI about you. If you do not object, then we may make these types of uses and disclosures of PHI to individuals involved in your health care. We may disclose to a member of your family, a caregiver, a close friend, or others identified by you, protected health information that directly relates to that person's involvement with the services and support you receive. We may also give information to someone who helps pay for those services and support. Additionally, we may use or disclose protected health information to notify or assist in notifying those persons of your location, general condition, or death. Finally, we may use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts and coordinate uses and disclosures to family or other individuals involved in your health care. If there is a family member, caregiver, or other person you do not want us to disclose health information about you to, please notify the AAANF/ARC Privacy Officer.

USES AND DISCLOSURES WE CAN MAKE WITHOUT YOUR WRITTEN AUTHORIZATION

Required by Law

We may use or disclose your protected health information if law or regulation requires the use or disclosure.

Public Health

We may disclose your protected health information to a public health authority that is permitted by law to collect or receive the information. The disclosure may be necessary to do the following:

- Prevent or control disease, injury, or disability
- Report births and deaths
- Report child abuse or neglect
- Notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition
- Notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence

Health Oversight

We may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. These health oversight agencies might include government agencies that oversee the health care system, government benefit programs, other government regulatory programs, and the civil rights laws.

To Avert a Serious Threat to Safety

We may use or disclose PHI about you in limited circumstances when necessary to prevent a threat to the health or safety of a person or to the public. This disclosure can only be made to a person who is able to help prevent the threat.

Coroners, Medical Examiners, Funeral Directors

We may disclose PHI to coroner or medical examiner to identify a deceased person and determine the

cause of death. In addition, we may disclose PHI to funeral directors, as authorized by law, so that they may carry out their jobs.

Organ and Tissue Donation

If you are an organ donor, we may use or disclose PHI to organizations that help procure, locate, and transplant organs in order to facilitate an organ, eye or tissue donation and transplantation.

Legal Proceedings

We may disclose protected health information during any judicial or administrative proceeding, in response to a court order or administrative tribunal and in certain conditions in response to a subpoena, discovery request, or other lawful process.

Law Enforcement

We may disclose protected health information for law enforcement purposes, including the following:

- Responses to legal proceedings
- Information requests for identification and location
- Circumstances pertaining to victims of crime
- Deaths suspected from criminal conduct
- Crimes occurring at the AAANF/ARC

Specialized Government Function

Under certain circumstances we may disclose PHI:

- For certain military and veteran activities, including determination of eligibility for veterans benefits and where deemed necessary by military command authorities
- For national security and intelligence activities
- To help provide protective services for the president and others
- For the health or safety of inmates and others at correctional institutions or other law enforcement, custodial situations for the general safety and health related to correction facilities

Criminal Activity

Under applicable federal and state laws, we may disclose your protected health information if we believe that its use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

Research

We may disclose your PHI about you for research purposes under certain limited circumstances. We must obtain a written authorization to use and disclose PHI about you for research purposes except in situations where a research project meets specific, detailed criteria established by the HIPAA Privacy Rule to ensure the privacy of PHI.

Disclosures Required by HIPAA Privacy Rule

We are required to disclose PHI to the Secretary of the United States Department of Health and

Human Services when requested by the Secretary to review our compliance with the HIPAA Privacy Rule. We are also required in certain cases to disclose PHI to you upon request to access PHI or for accounting of certain disclosures of PHI about you.

Workers' Compensation

We may disclose PHI as authorized by workers' compensation laws or other similar programs that provide benefits for work-related injuries or illness.

OTHER USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION REQUIRE YOUR AUTHORIZATION

All other uses and disclosures of PHI about you will only be made with your written authorization. If you have authorized us to use or disclose PHI about you, you may revoke your authorization at any time, except to the extent we have taken action based on the authorization.

YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

You may exercise the following rights by submitting a written request to the AAANF/ARC Privacy Officer. Depending on your request, you may also have rights under the Privacy Act of 1974. The AAANF/ARC Privacy Officer can guide you in pursuing these options. Please be aware that, in certain circumstances, the AAANF/ARC might deny your request; however, you may seek a review of the denial.

Right to Inspect and Copy

You may inspect and obtain a copy of your protected health information that is contained in a "designated record set" for as long as we maintain the protected health information. A designated record set contains medical and billing records and any other records that the AAANF/ARC uses to provide services to you.

This right does not include inspection and copying of the following records: psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding; and protected health information that is subject to law that prohibits access to protected health information.

Right to Request Restrictions

You may request that we not use or disclose any part of your protected health information. Your request must be made in writing to the AAANF/ARC Privacy Officer where you wish the restriction instituted. In your request, you must tell us (1) what information you want restricted; (2) whether you want to restrict our use, disclosure, or both; (3) to whom you want the restrictions to apply, for example, disclosures to your spouse; and (4) an expiration date.

If the AAANF/ARC believes that the restriction is not in the best interest of either party, or the AAANF/ARC cannot reasonably accommodate the request, the AAANF/ARC is not required to

agree. If the restriction is mutually agreed upon, we will not use or disclose your protected health information in violation of that restriction, unless it is needed to provide emergency treatment. You may revoke a previously agreed upon restriction, at any time, in writing.

Right to Request Confidential Communications

You may request that we communicate to you using alternative means or at an alternative location. We will not ask you the reason for your request. We will accommodate reasonable requests, when possible.

Right to Request Amendment

If you believe that the information we have about you is incorrect or incomplete, you may request an amendment to your protected health information as long as we maintain this information. While we accept requests for amendment, we are not required to agree to the amendment.

Right to an Accounting of Disclosures

You may request that we provide you with an accounting of the disclosures we have made of your protected health information. This right applies to disclosures made for purposes other than treatment, payment, or health care operations as described in this Notice of Privacy Practices. The disclosure must have been made after April 14, 2003, and no more than 6 years from the date of request. This right excludes disclosures made to you, to family members, caregivers, or close friends involved in your care, or for notification. The right to receive this information is subject to additional exceptions, restrictions, and limitations as described earlier in this notice.

Right to Obtain a Copy of this Notice

You may obtain a paper copy of this Notice of Privacy Practice at any time. To obtain a paper copy, send your written request to the AAANF/ARC Privacy Officer or visit our website at www.AAANF/ARc.org.

FEDERAL PRIVACY LAWS

This AAANF/ARC Notice of Privacy Practices is provided to you as a requirement of the Health Insurance Portability and Accountability Act (HIPAA). There are several other privacy laws that also apply including the Freedom of Information Act, the Privacy Act, and the Alcohol, Drug Abuse, and Mental Health Administration Reorganization Act. These laws have not been superseded and have been taken into consideration in developing our policies and this notice of how we will use and disclose your protected health information.

COMPLAINTS

If you believe these privacy rights have been violated, you may file a written complaint with the AAANF/ARC Privacy Officer or the Office of Civil Rights of the United States Department of

Health and Human Services. There will be no retaliation against you for filing a complaint.

CONTACT INFORMATION

You may contact the AAANF/ARC Privacy Officer for further information about the complaint process, or for further explanation of this document at:

Area Agency on Aging for North Florida, Inc./Aging Resource Center
2414 Mahan Drive
Tallahassee, Florida 32308
Phone: (850)488-0055
Fax: (850)922-2420