



Council on Aging

**COUNCIL ON AGING OF SOUTHWESTERN OHIO
NOTICE OF PRIVACY PRACTICES**

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

USES AND DISCLOSURES OF HEALTH INFORMATION

This notice is provided to you under the Privacy Rule, adopted as part of the federal Health Insurance Portability & Accountability Act.

Council on Aging of Southwestern Ohio (COA) is permitted to use and/or disclose your Protected Health Information (PHI) for purposes of providing you treatment, obtaining payment for your care and conducting health care operations, as well as for other permitted or required purposes described in this notice. COA has established policies and procedures to guard against unnecessary use or disclosure of your health information.

THE FOLLOWING IS A SUMMARY OF WHEN AND WHY YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED

To Provide Treatment. COA may use your health information to coordinate and manage your care within COA and with other persons outside COA involved in providing care and services to you, such as an attending physician, a physical therapist, a home health provider and other health care professionals. For example, certain service providers involved in your care need information about your medical condition in order to deliver services provided through COA.

To Obtain Payment. COA may include your health information in invoices to collect payment from third parties for the care you receive through COA. For example, some of your health information may be transmitted to the Ohio Department of Aging or to the Ohio Department of Job and Family Services when billing transactions are conducted.

To Conduct Health Care Operations. COA may use and disclose health information for its own operations and as necessary to provide quality care to you and other COA clients. Health care operations includes such activities as:

- Quality assessment and improvement activities
- Activities designed to improve health or reduce health care costs
- Protocol development, case management and care coordination
- Contacting providers and consumers with information about treatment alternatives and other functions that do not include treatment
- Professional review and performance evaluation
- Review and auditing, including compliance reviews, medical reviews,

legal services and compliance programs

- Business planning and development
- Business management and general administrative activities

As an example, COA may use your health information to evaluate its staff performance. It may also combine your health information with information of other COA clients in evaluating ways to serve all COA clients more effectively. Your health information may be used by or disclosed to COA staff and other providers for training and quality purposes, or to provide you with COA community information mailings that may be of interest.

For Appointment Reminders. COA may use and disclose your health information to contact you as a reminder that you have an appointment, such as a home visit.

For Treatment Alternatives. COA may use and disclose your health information to tell you about or recommend possible service options or alternatives that may be of interest to you.

THE FOLLOWING IS A SUMMARY OF THE CIRCUMSTANCES WHEN YOUR HEALTH INFORMATION MAY ALSO BE USED AND DISCLOSED

When Legally Required. COA will disclose your health information when it is required to do so by Federal, State or local law.

To Individuals Involved in Your Care or Payment for Your Care. Unless you object, we may disclose your health information to your personal representative and to a family member or close personal friend who is involved in your care.

When There Are Risks to Public Health. COA may disclose your health information for public activities and purposes in order to:

- Prevent or control disease, injury or disability, report disease, injury or vital events such as birth or death, and conduct public health surveillance, investigations and interventions.
- Notify a person who has been exposed to a communicable disease or who maybe at risk of contracting or spreading a disease.

To Report Abuse, Neglect or Domestic Violence. COA may notify government authorities if COA believes you are the victim of abuse, neglect or domestic violence. COA will make this disclosure only when specifically required or authorized by law, or when you otherwise agree.

To Conduct Health Oversight Activities. COA may disclose your health information to a health oversight agency for activities including audits, civil, administrative or criminal investigations, inspections, licensure or disciplinary action. COA may not disclose your health information if you are the subject of an investigation and the health information is not directly related to your receipt of health care or public benefits.

In Connection with Judicial and Administrative Proceedings. COA may disclose your health information in connection with a judicial or administrative proceeding in response to an order of a court or administrative tribunal as expressly authorized by that order. COA may also disclose your health information in response to a subpoena, discovery request or other lawful process, but only when COA makes reasonable efforts to either notify you about the request or to obtain an order protecting your health information.

For Law Enforcement Purposes. As permitted or required by Ohio law, COA may disclose your health information to a law enforcement official for certain law enforcement purposes as follows:

- As required by law for reporting of certain types of wounds or other physical injuries pursuant to a court order, warrant, subpoena, summons or similar process.
- For identifying or locating a suspect, fugitive, material witness or missing person.
- Under certain limited circumstances, when you are a crime victim.
- If COA has a suspicion that your death was the result of criminal conduct, including criminal conduct at COA.
- In an emergency or in order to report a crime.

In the Event of a Serious Threat to Health or Safety. COA may, consistent with applicable law and ethical standards of conduct, disclose your health information if COA, in good faith, believes that the disclosure is necessary to prevent or lessen a serious and imminent threat to your health or safety or to the health and safety of the public.

For Specified Government Functions. In certain circumstances, the Federal regulations authorize COA to use or disclose your health information to facilitate specified government functions relating to military and veterans, national security and intelligence activities, protective services for the President and others, medical suitability determinations and inmates and law enforcement custody.

For Disaster Relief. COA may disclose your health information to an organization assisting in a disaster relief effort.

For Research. COA may permit your health information to be used or disclosed for research purposes if the researcher complies with certain privacy protections. Your health information may be used for research purposes only if the privacy aspects of the research have been reviewed and approved by a designated Privacy

Board or Institutional Review Board, if the researcher is collecting information to prepare a research proposal, if the research occurs after your death, or if you authorize the use or disclosure.

Coroners, Medical Examiners, Funeral Directors & Organ Procurement Organizations. COA may disclose your health information to a coroner, medical examiner, funeral director or, if you are an organ donor, to an organization involved in the donation of organs and tissues.

For Worker's Compensation. COA may release your health information for worker's compensation or similar programs.

AUTHORIZATION TO USE OR DISCLOSE HEALTH INFORMATION

Other than stated above, COA will not disclose your health information without your written authorization. If you authorize COA to use or disclose your health information for a purpose not described above, you may revoke that authorization in writing at any time. If you revoke that authorization, COA will no longer use or disclose your health information for the purposes covered by the authorization except where COA has already relied on the authorization.

YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION

You have the following rights regarding your health information that COA maintains:

Right to Request Restrictions. You may request restrictions on certain uses and disclosures of your health information. You have the right to request a limit on COA's disclosure of your health information to someone who is involved in your care or the payment of your care. However, COA is not required to agree to your request. If you want to request a restriction, please contact COA's Privacy & Security Officer using the contact information on page 5 of this notice.

Right to Receive Confidential

Communications. You have the right to request that COA communicate with you in a certain way. For example, you may ask COA to only conduct communications relating to your health with you privately, with no other family members present. If you want to receive confidential communications, please contact COA's Privacy & Security Officer using the contact information on page 5 of this notice. COA will not request that you provide any reasons for your request and will attempt to honor your reasonable requests for confidential communications.

Right to Inspect and Copy Your Health

Information. You have a right to see your health information upon your request, unless your access to your records is restricted for documented treatment reasons. You have the right to inspect and copy your health information, including billing records, on reasonable notice. A request to inspect and copy records containing your health information must be made in writing to COA's Privacy & Security Officer using the contact information on page 5 of this notice. If you request a copy of your health information, COA may charge you a reasonable fee for copying and assembling costs related to your request.

Right to Amend Health Care Information.

You have the right to request that COA amend your health records if you believe that your health information is incorrect or incomplete. That request may be made as long as the information is maintained by COA. A request for an amendment of records must be made in writing to COA's Privacy & Security Officer using the contact information on page 5 of this notice. COA may deny the request if it is not in writing or does not include a reason for the amendment. COA may also deny your request if COA did not create the health records you want to amend, if the records you want to amend are not part of COA's records, if the health information you want to amend is not part of the health information you are permitted to inspect and

copy, or if, in COA's opinion, the records containing your health information are accurate and complete.

Right to Know What Disclosures Have Been Made.

You have the right to request an accounting of disclosures of your health information COA has made for certain reasons, including reasons related to public purposes authorized by law and certain research. You do not have the right to an accounting of disclosures that are made (1) for treatment, payment or health care operations purposes, (2) to you or your personal representative, or (3) based on your written authorization. You also do not have the right to an accounting of disclosures made before April 14, 2003. Your request for an accounting must be made in writing to COA's Privacy & Security Officer using the contact information on page 5 of this notice. Your request should specify the time period for the accounting starting on or after April 14, 2003. Accounting requests may not be made for periods of time in excess of six (6) years. COA will provide the first accounting you request during any 12-month period without charge. Subsequent accounting requests may be subject to a reasonable cost-based fee.

Right to a Paper Copy of this Notice. You have a right to a separate paper copy of this notice at any time even if you have received this notice previously. To obtain a separate paper copy, please contact COA's Privacy & Security Officer using the contact information on page 5 of this notice.

DUTIES OF COA

COA is required by law to maintain the privacy of your health information and to provide to you this notice of its duties and privacy practices. COA is required to abide by the terms of this notice as it may be modified over time. COA reserves the right to change the terms of this notice and to make the new notice provisions effective for all health information that COA maintains. If

COA changes this notice, COA will provide a copy of the revised notice to you.

WHERE TO FILE A COMPLAINT

You have the right to complain to COA and to the Secretary of the U.S. Department of Health and Human Services if you believe that your privacy rights have been violated. Complaints to COA should be made in writing to the Privacy & Security Officer addressed as follows: ***Council on Aging of Southwestern Ohio, 175 Tri County Parkway, Cincinnati, Ohio 45246, Attention: Privacy & Security Officer.*** COA encourages you to express concerns you may have regarding the privacy of your health information. You may also file a written complaint with the Secretary of the U.S. Department of Health and Human Services.

COA will not retaliate against you in any way for filing a complaint.

CONTACT PERSON

COA has designated its Director of Business Results and Innovation as the Privacy & Security Officer or contact person for all issues regarding client privacy and your rights under the federal privacy standards. You may reach the Director of Business Results and Innovation by calling:

513-746-2645

Or by writing to the Privacy & Security Officer at:

***Council on Aging of Southwestern Ohio
175 Tri County Parkway
Cincinnati, Ohio 45246
Attention: Privacy & Security Officer***

EFFECTIVE DATE

This notice is effective June 10, 2014.

This document was last updated July 19, 2016.