

# 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.

## Who this notice applies to

This Notice applies to Council on Aging of Southwestern Ohio and its subsidiary home52, and to any other COA subsidiary included in COA's HIPAA privacy program (together, "COA"). This Notice applies to services provided by COA.

## Your information and COA's responsibilities

We may use and disclose your protected health information ("PHI") as described in this Notice to provide services to you and to carry out treatment, payment, and health care operations, as permitted by law. COA is required by law to maintain the privacy of your PHI, to provide you with this Notice of our legal duties and privacy practices, and to notify you following a breach of your unsecured PHI. We must follow the terms of this Notice while it is in effect.

We may change this Notice from time to time. Any updated Notice will apply to all PHI we maintain. You may view the most current Notice on COA's website [www.help4seniors.org](http://www.help4seniors.org) or request a copy by contacting COA's Privacy Officer by using the contact information provided at the end of this Notice.

## Uses and disclosures of your protected health information (PHI)

**Treatment.** COA may use and disclose your PHI to provide, coordinate, or manage your care and related services. This may include sharing information with other people involved in your care, such as your doctor, therapist, home health provider, or other health care professionals. For example, your care manager may use information in your record to help arrange services you choose, such as referrals for support programs.

**Payment.** COA may use and disclose your PHI to obtain payment for the care management

services we provide. For example, we may share information to bill you, your health plan, or another payer. This may include sharing information with the Ohio Department of Medicaid, and as applicable the Ohio Department of Aging or a county department of job and family services for eligibility checks, authorizations, claims processing, billing, or reimbursement.

**Health Care Operations.** COA may use and disclose your PHI for our health care operations, such as quality improvement, care coordination and care management, training, licensing and accreditation, audits, compliance activities, and business operations. For example, we may use your PHI to review and improve the services we provide. We may also share PHI with other providers or health plans for certain health care operations activities, as permitted by law, such as quality assessment and improvement.

**Appointments and Services.** COA may use or disclose your PHI to contact you about appointments or services. We may contact you by mail, telephone, email, or text message using the contact information you provide. If you prefer a different method or location, you may request confidential communications as described in this Notice.

**For Treatment Alternatives.** COA may use or disclose your PHI to tell you about care or service options that may be available to you.

**For Health Information Exchanges.** COA will disclose some of your PHI to one or more approved Health Information Exchanges (HIE) for the purpose of facilitating the provision of health care to you, as permitted by law.

An HIE is an electronic network to facilitate secure transmission of health information

between health care providers. Only authorized individuals may access and use your protected health information for the HIE. HIE maintains appropriate administrative, physical and technical safeguards to protect the privacy and security of your protected health information.

You or your personal representative have the right to request in writing at any time that we do not disclose any of your protected health information to the HIE (“opt out”). Send this written request to the COA Privacy Officer at 4601 Malsbary Road, Blue Ash, Ohio 45242. We must honor any written request to opt out of the HIE. If you decide to opt out, your data remains in the electronic system, but providers will be blocked from viewing the data. Any restrictions that you place on the disclosure of your protected health information to the HIE may result in a health care provider not having access to information that is necessary to render appropriate care to you.

**Business Associates.** COA provides some services through contracts with business associates, such as consultants, third-party auditors, legal services, and other vendors. When these services are contracted, COA may disclose PHI about you to our business associates so they can perform the tasks COA has assigned to them. To protect your PHI, COA requires its business associates to safeguard your PHI and to use and disclose it only as permitted by law and by our contract with them.

**Fundraising.** COA may use or disclose limited PHI to contact you about supporting fundraising efforts for or on our behalf. You may opt out of fundraising communications at any time by sending your name and address to the Communications Department at 4601 Malsbary Road, Blue Ash, Ohio 45242 and stating that you do not wish to receive fundraising communications moving forward.

**People Involved in Your Care.** Unless you object, COA may share PHI with a family member, relative, close friend, or another person that you identify when the information

relates to that person's involvement in your care or payment for your care. COA may also share PHI with such persons to notify them about your general condition, location, or death. If you are not able to tell us your preference at the time, such as in an emergency, we may share PHI if we believe it is in your best interest and consistent with any prior instructions you have given us.

**Other Uses and Disclosures Allowed or Required By Law.** COA may use or disclose your PHI without your authorization in certain situations, including:

- **Required by Law:** To comply with federal, state, or local law (for example, certain reporting or legal requirements).
- **Public Health:** For activities such as reporting disease, injury, vital events (such as births or deaths), and public health investigations.
- **Abuse, Neglect, or Domestic Violence:** To report to a government authority when COA reasonably believes you may be a victim of abuse, neglect, or domestic violence, as permitted or required by law.
- **Health Oversight:** For audits, investigations, inspections, licensure actions, and oversight of the health care system or government programs.
- **Judicial and Administrative Proceedings:** In response to a court or administrative order, subpoena, discovery request, or other lawful process, as permitted by law.
- **Law Enforcement:** To share PHI with law enforcement officials in certain situations, such as in response to a court order, subpoena, warrant, or similar legal process.
- **Serious Threat to Health or Safety:** To prevent or lessen a serious and imminent threat to a person or the public.
- **Specialized Government Functions:** For certain government functions, such as military and veterans' activities, national security and intelligence, protective services, and certain custody situations.
- **Disaster Relief:** To share PHI with authorized disaster relief organizations to help notify your family or others about your condition, location, or death, consistent

with your preferences when practicable.

- Research: When permitted by law and subject to required protections, such as review by an institutional review board or privacy board.
- Coroners, Medical Examiners, and Funeral Directors: To assist with identification, cause-of-death determinations, and funeral directors' lawful duties, as permitted by law.
- Employer: In limited circumstances, if we provide services at your employer's request to evaluate a work-related illness or injury, as permitted by law.
- Workers' Compensation: As authorized by and in compliance with workers' compensation laws.

### **Authorization to use or disclose protected health information (PHI)**

COA will obtain your written authorization for uses or disclosures of your PHI that are not described in this Notice, unless otherwise permitted or required by law.

In addition, COA will obtain your written authorization before:

1. Using or disclosing your PHI for marketing purposes (except as permitted by law);
2. Disclosing PHI in a way that constitutes a sale of PHI (as defined by law); and
3. Using or disclosing psychotherapy notes, except as permitted by law.

### **Special privacy protections under other laws:**

Some health information has extra protections under federal or Ohio law, such as HIV-related information, substance use disorder treatment records, certain mental health information, and certain information shared with the State Long-Term Care Ombudsman program. When these laws apply, we will not use or disclose that information except as permitted by law and, in many situations, only with your written permission. If you have questions, contact the COA Privacy Officer.

You may revoke your authorization at any time by submitting a written revocation, except to the extent COA has already taken action in reliance on your authorization.

### **Your rights regarding your protected health information (PHI)**

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

Right to Access to Your PHI. You may inspect and obtain a copy of PHI that COA maintains about you. To request access, please send a written request to the COA Privacy Officer at 4601 Malsbary Road, Blue Ash, Ohio 45242.

COA may charge a reasonable, cost-based fee for copies, mailing, or other supplies associated with your request, as permitted by law. If you request an electronic copy of PHI that we maintain electronically, we will provide it in the form and format you request if it is readily producible. COA may deny your request in limited circumstances. If you are entitled to a review of a denial, you may request a review in writing, and COA will have a qualified reviewer who was not involved in the original decision review the denial.

Right to Request an Amendment. You may request that COA amend or correct PHI that we maintain about you. COA is not required to agree to all requests, but we will consider each request. To request an amendment, submit a written request, signed by you or your personal representative, describing the change you want and the reason for the request, and send it to the COA Privacy Officer at 4601 Malsbary Road, Blue Ash, Ohio 45242.

Right to Request Restrictions. You may ask COA to restrict how we use or disclose your PHI for treatment, payment, and health care operations, and to restrict what we disclose to family members, relatives, or others you identify who are involved in your care or payment for your care.

To request a restriction, send a written request to the COA Privacy Officer at 4601 Malsbary Road, Blue Ash, Ohio 45242. Your request must tell us:

(1) what information you want to limit; (2) whether you want to limit our use, our disclosure, or both; and (3) to whom the limits should apply.

COA is not required to agree to your request in most cases. If we agree, we will follow the restriction unless it is terminated as permitted by law.

We must honor your request to restrict disclosures to your health plan if the information relates only to a health care item or service that you (or someone on your behalf, other than your health plan) paid for in full, and the disclosure would be for payment or health care operations and is not otherwise required by law.

#### Right to Receive Confidential

Communications: You may ask COA to contact you about your PHI in a different way or at a different location than we normally use. COA will accommodate reasonable requests. To request confidential communications, submit a written request to the COA Privacy Officer at 4601 Malsbary Road, Blue Ash, Ohio 45242 and tell us how or where you want to be contacted. COA will not ask why you are making the request. If payment is involved, we may ask how you will handle payment.

Right to an Accounting of Disclosures. You may request an accounting (a list) of certain disclosures of your PHI made by COA during the six (6) years prior to the date of your request.

To request an accounting, submit a written request signed by you or your personal representative. Your request must specify the format you want (paper or electronic) and the time period you want covered. Please send your request to the COA Privacy Officer at 4601 Malsbary Road, Blue Ash, Ohio 45242.

COA will provide one free accounting in a 12-month period. Additional requests may be charged a reasonable, cost-based fee, and we will tell you the fee in advance.

Right To Obtain a Copy Of This Notice. You may request a paper copy of this Notice at any time, even if you have agreed to receive it electronically. You may request a copy by contacting the COA Privacy Officer. You may also view this Notice on COA's website.

#### **Complaints**

If you believe your privacy rights have been violated, you may file a complaint with COA and/or with the U.S. Department of Health and Human Services. COA will not retaliate against you for filing a complaint.

To file a complaint with COA, submit your complaint in writing to:

Council on Aging of Southwestern Ohio  
Attn: Privacy Officer  
4601 Malsbary Road  
Blue Ash, Ohio 45242  
[privacyofficer@help4seniors.org](mailto:privacyofficer@help4seniors.org)

To file a complaint with the U.S. Department of Health and Human Services (Office for Civil Rights), you may file online using the OCR complaint portal or you may submit a written complaint by mail or phone:

U.S. Department of Health and Human Services -  
Office for Civil Rights  
200 Independence Avenue, S.W.  
Washington, D.C. 20201  
877-696-6775  
[www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/)

#### **For further information**

If you have any questions or wish to receive additional information about the matters covered by this Notice of Privacy Practices, please contact COA's Privacy Officer by phone at (513) 991-5400, by email at [privacyofficer@help4seniors.org](mailto:privacyofficer@help4seniors.org), or in writing to: Council on Aging of Southwestern Ohio, Attn: Privacy Officer, 4601 Malsbary Road, Blue Ash, Ohio 45242.

#### **Effective date**

This Notice of Privacy Practices is effective April 14, 2022. Most recent revision was January 22, 2026.