

**Central Ohio Area Agency on Aging
NOTICE OF PRIVACY PRACTICES**

Effective Date: April 14, 2003

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.

USE AND DISCLOSURE OF HEALTH INFORMATION

The Central Ohio Area Agency on Aging (COAAA) arranges and pays for many types of services through the PASSPORT, Choices, and the RSS Programs. COAAA staff must collect information about you to arrange these services. COAAA knows that information we collect about you and your health is private. COAAA is required to protect this information by Federal and State law. We call this information “protected health information” (PHI).

The Notice of Privacy Practices will tell you how COAAA, referred to as The Agency, may use or disclose information about you. Not all situations will be described. COAAA is required to give you a notice of our privacy practices for the information we collect and keep about you. COAAA is required to follow the terms of the notice currently in effect.

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

To Provide Treatment. The Agency may use your health information to coordinate or manage your care within the Agency and with other individuals outside of the Agency involved in your care, such as your attending physician and other health care professionals. For example, certain service providers involved in your care need information about your medical condition in order to deliver appropriate services.

To Obtain Payment. The Agency may include your health information in invoices to collect payment from third parties for the care you receive through the Agency. For example,

To Conduct Health Care Operations. The Agency may use and disclose health information for its own operations and as necessary to provide quality care to all of the Agency's service recipients.

As an example, the Agency may use your health information to evaluate its staff performance, or combine your health information with other Agency consumers in evaluating how to more effectively serve all Agency consumers.

For Appointment Reminders and Treatment Alternatives. The Agency may use and disclose your health information when attempting to contact you as a reminder that you have an appointment for a home visit, and/or 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 ADDITIONAL CIRCUMSTANCES
UNDER WHICH YOUR HEALTH INFORMATION MAY BE USED AND DIS-
CLOSED:**

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

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

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

To Report Abuse and Neglect. The Agency is permitted to notify government authorities if the Agency believes it has knowledge of an older adult or child who is a victim of abuse, neglect or exploitation. The Agency will make this disclosure only when specifically required or authorized by law, when the patient agrees to the disclosure, or to a law enforcement official if the Agency has

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

In Connection With Judicial and Administrative Proceedings. The Agency may disclose your health information in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal as expressly authorized by such order or in response to a subpoena, discovery request or other lawful process.

In the Event of a Serious Threat to Health or Safety. The Agency may, consistent with applicable law and ethical standards of conduct, disclose your health information if the Agency, in good faith, believes that such 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 Worker's Compensation. The Agency may release your health information for worker's compensation or similar programs.

AUTHORIZATION TO USE OR DISCLOSE HEALTH INFORMATION

Other than stated above, the Agency will not disclose your health information other than with your written authorization. If you or your representative authorizes the Agency to use or disclose your health information, you may revoke that authorization in writing at any time.

YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION

You have the following rights regarding your health information that the Agency 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 the Agency's disclosure of your health information to someone who is involved in your care or the payment of your care.

- **Right to Receive Confidential Communications.** You have the right to request that the Agency communicate with you in a certain way. For example, you may ask that the Agency only conduct communications pertaining to your health information with you privately with no other family members present. If you wish to receive confidential communications, please contact the COAAA Privacy Officer at 614-645-7250 or 800-589-7277. The Agency will not require 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.** Unless your access to your records is restricted for clear and documented reasons, you have a right to see your protected health information upon your request. You have the right to inspect and copy your health information, including billing records. A request to inspect and copy records containing your health information may be made to the COAAA Privacy Officer at 614-645-7250 or 800-589-7277. If you request a copy of your health information, the Agency may charge a reasonable fee for copying and assembling costs associated with your request.

- **Right to Amend Health Care Information.** You or your representative have the right to request that the Agency amend your 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 the Agency. A request for an amendment of records must be made in writing to the Privacy Officer at Central Ohio Area Agency on Aging, 174 East Long Street, Columbus, Ohio, 43215. The Agency may deny the request if it is not in writing or does not include a reason for the amendment. The request also may be denied if your health information records were not created by the Agency, if the records you are requesting are not part of the Agency's records, if the health information you wish to amend is not part of the health information you or your representative are permitted to inspect and copy, if, in the opinion of the Agency, the records containing your health information are accurate and complete.

- **Right to Know What Disclosures Have Been Made.** You or your representative have the right to request an accounting of disclosures of your health information made by the Agency for certain reasons, including reasons related to public purposes

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. The Agency 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 or your representative have a right to a separate paper copy of this Notice at any time even if you or your representative have received this Notice previously. To obtain a separate paper copy, please contact the COAAA Privacy Officer at 614-645-7250 or 800-589-7277.

DUTIES OF THE AGENCY

The COAAA is required by law to maintain the privacy of your health information and to provide to you and your representative this Notice of its duties and privacy practices. The Agency is required to abide by the terms of this Notice as may be amended from time to time. The Agency reserves the right to change the terms of its Notice and to make the new Notice provisions effective for all health information that it maintains. If the Agency changes its Notice, the Agency will provide a copy of the revised Notice to you or your appointed representative.

WHERE TO FILE A COMPLAINT

You or your personal representative have the right to express complaints to the Agency and to the Secretary of the Department of Health and Human Services if you or your representative believe that your privacy rights have been violated. Any complaints to the Agency should be made in writing to the COAAA Privacy Officer. The Agency encourages you to express any concerns you may have regarding the privacy of your information. You will not be retaliated against in any way for filing a complaint. You may also file a written complaint with the Secretary of the U.S. Department of Health and Human Services, 200 Independence Avenue SW, Washington, D.C., 20201 or call 1-877-696-6775.

CONTACT PERSON

The Agency has designated the Client Services Director as its Privacy Officer for all issues regarding patient privacy and your rights under the Federal privacy standards. You may contact this person at Central Ohio Area Agency on Aging, 174 East Long Street, Columbus, Ohio, 43215, 614-645-7250 or 800-589-7277.

If you have any questions regarding this notice, please contact:

**THE PRIVACY OFFICER
Central Ohio Area Agency on Aging
174 East Long Street
Columbus, OH 43215
614-645-7250
800-589-7277**