



Lake Country Area Agency on Aging

HIPAA Notice of Privacy Practice

Effective: April 14, 2003



This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review carefully.

If you have any questions about this notice, please contact the Case Management department at LCAA.

Who will follow this Notice:

This notice describes our Agency's practices. We may share information with each other for your care.

Our Pledge Regarding Medical Information:

We understand that medical information about you and your health is personal. We are dedicated to protecting your medical information. We create a record of the care you receive from our agency to provide you with quality care and to comply with legal requirements. This notice will tell you about the ways in which we use and disclose your medical information. We also describe your rights and the obligations we have regarding the use and disclosure of medical information. We are required by law to make sure that medical information that identifies you is kept private; give you this notice of our privacy practices with respect to your medical information; and follow the terms of the current notice.

How We May Use and Disclose Medical Information About You:

For Treatment. We may use information about you to provide you with medical treatment. We may disclose medical information about you to agency staff and others involved in your care.

For Payment. We may use and disclose information about you for insurance and payment of services.

For Health Care Operations. We may use and disclose information about you for practice operations to make sure that you receive quality care and for learning purposes.

Appointment Reminders. We may use and disclose information to contact you about appointments.

Phone Messages. We may call and leave messages with who ever answers the phone at your house or on your answering machine unless directed otherwise.

Treatment Alternatives. We may use and disclose information to tell you about treatment and options.

Health-Related Benefits and Services. We may tell you about health-related benefits or services.

Individuals Involved in Your Care or Payment for Your Care. We may release medical information about you to a friend or family member who is involved in or helps pay for your medical care. We may disclose medical information about you to assist in a disaster relief effort.

Research. Under certain circumstances, we may use and disclose medical information about you for research purposes. We will not use or disclose information about you until a special approval process, which evaluates the use of medical information, has approved the project. We may disclose information about you to people preparing to conduct a research project, so long as the information they review does not leave the agency.

As Required by Law. We will disclose information about you when required to do so by law.

Special Situations:

Organ and Tissue Donation: If you are an organ donor, we may release information to organ banks.

Military and Veterans. We may release information about military personnel as required.

Workers' Compensation. We may release information about you for workers' compensation.

Public Health Risks. We may disclose information about you for public health activities.

Health Oversight Activities. We may disclose information to a health oversight agency.

Lawsuits and Disputes. We may disclose information about you in response to a court or administrative order, a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request.

Law Enforcement. We may release information to a law enforcement official as required by law.

Coroners, Medical Examiners and Funeral Directors. We may release information to a coroner, medical examiner or funeral director as necessary.

National Security and Intelligence Activities and Protective Services for the President of the United States. We may release information about you to authorized federal officials for national security activities.

Inmates. Due to the services that our agency offers we would not, under normal circumstances; render service to inmates. However, if we happen to render service to an inmate we may release information about inmates to a correctional institution or law enforcement.

You have the following rights regarding medical information we maintain about you:

Right to Inspect and Copy. You have the right to inspect and copy your medical information. This includes medical and billing records, but does not include psychotherapy notes. You must submit your request in writing to the LCAAA Case Management Coordinator. We may charge a fee for the costs of copying. We may deny your request to inspect and copy. You may request that the denial be reviewed. Another neutral health care professional, not the person who denied your request, will review your request and the denial. We will comply with the outcome of the review.

Right to Amend. If you feel that your information is incorrect or incomplete, you may ask us to amend the information. You may request an amendment as long as the agency has this information. Your request must include the reason, be made in writing and submitted to the LCAAA Case Management Coordinator. We may deny your request if you ask us to amend information not created by us, unless the person that created the information is no longer available; is not part of the information kept by the agency; is not information which you would be permitted to inspect and copy; or is accurate and complete.

Right to an Accounting of Disclosures. You have the right to request a list of the accounting disclosures we made of your medical information. You must submit your request in writing to the LCAAA Case Management Coordinator. Your request must state a time period, not longer than six years, and indicate whether you want the list on paper or electronic. Your first requested list within a year is free. Any subsequent list of accounting of disclosures will include a copy fee.

Right to Request Restrictions. You have the right to request a restriction or limitation on the information we use or disclose about you for treatment, payment and healthcare operations or to someone who is involved in your care of the payment for your care. **We are not required to concur to your request.** If we concur, we will comply with your request unless the information is needed in an emergency. You must make your request in writing to the LCAAA Case Management Coordinator. 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.

Right to Request Confidential Communications. You have the right to request that we communicate with you about medical matters in a certain way or location. You must make your request in writing to the LCAAA Case Management Coordinator. We will not ask you the reason for your request. Your request must specify how or where you wish to be contacted. We have the right to refuse your request.

Right to a Paper Copy of This Notice. You have the right to a paper copy of this notice. You can ask us to give you a copy of this notice at any time. You are entitled to a paper copy of this privacy notice even if you have agreed to receive this notice electronically. To acquire a paper copy of this notice please contact the LCAAA Case Management Coordinator. A copy of this notice is also available on our website: www.lcaaa.org

Changes to this Notice:

We reserve the right to change this notice and make the revised notice effective for information we already have about you as well as any further information. We will post a copy of the current notice in the central office. Each time your case is reassessed we will offer you a copy of the current notice.

Complaints:

If you believe your privacy rights have been violated, you may file a complaint with our agency or the Secretary of the Department of Health and Human Services. To file a complaint with our agency contact the LCAAA Administrative Assistant. All complaints must be submitted in writing. **You will not be penalized for filing a complaint.**

Other Uses of Medical Information:

Other uses and disclosures of information not covered by this notice will be made only with your written permission. You may revoke that permission in writing at any time. Understand that we are unable to take back any permitted disclosures, and that we are required to retain records of your care.

We will disclose your information without your consent when required by law, but only if efforts have been made to tell you about the request.