

# 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

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## ***Please Review It Carefully***

Effective Date: July 30, 2018

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### **Elder Options' Duties:**



This Notice of Privacy Practices is from the Mid-Florida Area Agency on Aging, Inc. (d/b/a Elder

Options). This notice applies to the information and records we have about your health, health status, and the health care and service you receive from Elder Options in your personal file. It describes the information privacy practices followed by our employees, volunteers, staff and other office personnel. It will tell you about the ways in which we may use and disclose health information about you and describes your rights and our obligations regarding the use and disclosure of that information.

We are required by law to notify you of our legal duties and privacy practices with respect to your health information. We are also required to maintain the privacy of your protected health information in our custody, and to follow the terms of this notice. If there is a breach involving your protected health information, we will notify you no later than 60 days following the discovery of the breach. Elder Options is required to abide by the terms of the notice of privacy practices that is currently in effect. **Uses and Disclosures of Your Protected Health Information: We may use or disclose your protected health information for the following purposes:**

**\*Treatment** - to provide you with medical treatment or services and to manage and coordinate your medical care. For example, your protected health information may be disclosed to a business associate of Elder Options to determine your medical eligibility for in-home or community-based services. **\*Payment** - to bill and collect payment for your health-care services. We may disclose or use your protected health information to obtain or justify payment for your health-care services from various payment sources including federal and state funding programs such as Community Care for the Elderly.

**\*Health care operations** - to evaluate the performance of our staff in caring for you and to help us decide what additional services we should offer, how we can become more efficient, or whether certain new treatments are effective. We may also use your protected health information to: contact you as a reminder that you have a scheduled appointment for treatment or medical care, inform you of potential treatment alternatives or options, or inform you of health-related benefits that may be of interest to you.

**We may not use or disclose your information in the following circumstances without your authorization:**

**\*Psychotherapy Notes** - Any use or disclosure of psychotherapy notes, unless the notes are being used for treatment, payment, or health care operations, including mental health training programs, oversight compliance, research purposes, or as part of

a legal defense. **\*Marketing** - Any use or disclosure for marketing purposes, except for face-to-face communication or promotional gifts to the individual.

**\*Sale of Information** - Any sale of protected health information to a third party. We may not exchange your protected health information to a third party for money unless you consent. **There are special situations which allow us to use or disclose your protected health information without your permission. These situations include:**

**\*To Avert Serious Threat to Health or Safety** - to prevent a serious threat to the health and safety of yourself, the public, or another person. We may disclose information to a family member or a close friend if necessary to assist you in a life-threatening emergency.

**\*Required by Law** - when required by federal, state, or local law, we must disclose or use your information to the extent required. **\*Research** - for research projects that benefit elders in Florida. Elder Options may disclose your information for research projects that have been approved by an institutional review board or privacy board that has analyzed the research proposal to review the effect of the research on your privacy rights and related interests.

**\*Organ and Tissue Donation** - we may release information to organizations that handle procurement or transplantation, such as an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation. **\*Current or Previous Military, Veterans, National Security, and Intelligence Members** - when required by military command or other government authorities. We may also release information about foreign military personnel to the appropriate foreign military authority.

**\*Workers' Compensation** - as authorized by and to the extent necessary to comply with laws relating to workers' compensation or similar programs. Such programs provide benefits for work-related injuries or illness.

**\*Public Health Risks** - to public health or other authorities charged with preventing or controlling disease, injury, or disability. We may also disclose your information to report births, deaths, suspected abuse or neglect, non-accidental physical injuries, reactions to medications, or problems with FDA-regulated products.

**\*Health Oversight Activities** - for audits, investigations, inspections, licensing purposes, or other activities necessary for appropriate oversight, as authorized by law. These disclosures may be necessary for certain state and federal agencies to monitor the health-care system, government programs, and compliance with civil rights laws.

**\*Lawsuits and Disputes** - in response to a court or administrative order. Subject to all applicable legal requirements, we may also disclose protected health information about you in response to a subpoena. We may also use or disclose your information to defend ourselves in the

event of a lawsuit or administrative proceeding. **\*Law Enforcement** - for law enforcement purposes if required to do so by a law enforcement official in response to a court order, subpoena, warrant, summons, or similar process, subject to all applicable legal requirements. **\*Coroners, Medical Examiners, and Funeral Directors** - to identify a deceased person or determine the cause of death. We may disclose your information to report vital events such as death, as permitted or required by law. **\*Volunteers** - to volunteers performing work for Elder Options, including, but not limited to, volunteers in programs such as SHINE or various evidence-based health and wellness programs. **\*Information Not Personally Identifiable** - we may disclose health information that does not personally identify you or reasonably reveal who you are. **\*Fundraising Activities** - to contact you for fundraising activities. You may elect not to receive fundraising communications by contacting Elder Options' HIPAA Compliance Officer. **Other Uses and Disclosures:** We will not use or disclose your protected health information for any purpose that is not addressed in this notice without your specific, written authorization. If you give us authorization, you may revoke it, in writing, at any time. If you revoke your authorization, we will no longer use or disclose information about you for the purposes covered by your written authorization. However, we cannot take back any uses or disclosures already made with your permission. If we have HIV or substance abuse information about you, we cannot release that information without a special signed, written authorization from you. This is different than the authorization and consent mentioned above. In order to disclose HIV or substance abuse records for purposes of treatment, payment, or health care operations, we will need both your signed consent and a special written authorization that complies with the law governing those records. **Individual Rights: You have the right to inspect and copy your protected health information.** In order to do so, you must submit a written request to inspect and/or copy your protected health information. Your request may be denied in certain limited circumstances. However, if your request is denied, you may ask that the denial be reviewed. We will comply with the outcome of the review. As provided by 45 CFR §164.524, reasonable copy fees shall apply in accordance with State law. **You have the right to request a correction or change to your protected health information if you believe it is incorrect or incomplete, as provided by 45 CFR §164.526.** Your request must be in writing and include a reason to support the request. We may

deny your request if you ask us to amend information that: a) we did not create, unless the person or entity that created the information is no longer available to make the amendment; b) is not part of the health information that we keep; and/or c) you would not be permitted to inspect and copy. **You have the right to request an accounting of disclosures, as provided by 45 CFR §164.528.** This is a list of the disclosures we made of medical information about you for purposes other than treatment, payment, and health care operations. You may request an accounting of disclosures for a period up to six years prior to the date of your request. You must submit your request in writing. You are entitled to obtain one free copy of the accounting per 12-month period. For each additional request, we may charge you for the costs of providing the list, whether it is provided electronically or by paper copy. However, you may choose to withdraw or modify your request before any costs are incurred. **You have the right to request to receive communications of protected health information by alternative means or at alternative locations, as provided by 45 CFR §164.522(b).** You may request that we communicate with you about medical matters in a certain way or at a certain location. **You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment or health care operations as provided by 45 CFR §164.522(a).** If we agree to a requested restriction, we will comply with your request unless the information is needed to provide you emergency treatment. **You have the right to a paper copy of this notice.** If you have agreed to receive it electronically, you are still entitled to a paper copy upon request to Elder Options' HIPAA Compliance Officer.

**Changes to This Notice:** We reserve the right to change this notice, and to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. If this notice is revised or changed, we will post a summary of the current notice in the agency offices with its effective date. An up-to-date copy of this notice is available electronically on our website at [www.agingresources.org](http://www.agingresources.org). You are entitled to a copy of the notice currently in effect.

**Complaints:** If you believe your privacy rights have been violated, you may file a complaint with our HIPAA Compliance Officer or with the U.S. Department of Health and Human Services. You will not be retaliated against for filing a complaint. To file a complaint with our office or the U.S. Department of Health and Human Services, contact:

Elder Options, HIPAA Compliance Officer 100 SW 75 <sup>th</sup> Street, Suite 301 Gainesville, FL 32607 Voice Phone: (352) 692-5237 FAX: (352) 378-1256	Centralized Case Management Operations U.S. Department of Health and Human Services 200 Independence Avenue, S.W. Room 509F HHH Bldg. Washington, D.C. 20201 <a href="https://www.hhs.gov/hipaa/filing-a-complaint/index.html">https://www.hhs.gov/hipaa/filing-a-complaint/index.html</a>
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**Further Information:** Requests for further information about topics covered in this notice may be directed towards the person who gave you the notice or to Elder Options, HIPAA Compliance Officer, at 100 SW 75<sup>th</sup> Street, Suite 301, Gainesville, FL 32607 or by phone at (352) 692-5237.

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 Sign and return this section to:  
 Elder Options, HIPAA Compliance Officer, 100 SW 75<sup>th</sup> Street, Suite 301, Gainesville, FL 32607

I hereby acknowledge that I have received and read this Notice of Privacy Practices.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date (DD/MM/YYYY): \_\_\_\_\_