

Southwestern Connecticut Agency on Aging, Inc.

HIPAA: Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED BY SOUTHWESTERN CONNECTICUT AGENCY ON AGING, INC. (SWCAA) AND HOW YOU CAN ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

At Southwestern Connecticut Agency on Aging, Inc. we respect the privacy and confidentiality of your personal health information. This Notice describes our legal responsibilities and privacy practices. This Notice applies to uses and disclosures we may make of all your health information whether created or received by us.

I. Our Responsibilities

We are required by law to maintain the privacy of your health information and to provide you with notice of our legal duties and privacy practices. We must comply with the terms of our Notice currently in effect. We reserve the right to change our privacy practices as permitted by law and to make the new provisions effective for all health information we maintain, including health information we already have and health information we create or receive in the future. Should we make significant changes, we will make the revised Notice available to you upon request. The Notice will also be posted on our Website www.swcaa.org.

II. Uses and Disclosures of Health Information

The following summaries and examples describe ways that SWCAA may use and disclose health information.

A. Treatment: We may use and disclose your health information to provide you with treatment and services and to coordinate your continuing care. Your health information may be used by SWCAA to secure necessary home health care, community or other services on your behalf. We may share information with or receive information from your physician, hospital or extended care facility staff, home health agency, community social worker or other personnel involved in your care.

B. Payment: We may use and disclose your health information so that we can bill and receive payment for the treatment and services you receive. For example, we may share your information with Medicare, Medicaid, the Department of Social Services or other insurance companies to secure payment for services rendered.

C. Business/Health Care Administration. We may use and disclose your health information as necessary for our internal daily operations, including but not limited to general administration activities, quality assurance, education and training purposes, performance reviews and for planning for services.

III. Other Uses and Disclosures We May Make Without Your Written Authorization

According to the Federal Privacy Regulations, we may make the following uses and disclosures without obtaining written Authorization from you:

A. As Required By Law. We may disclose your health information when required by law to do so.

B. Appointment Reminders: We may use or disclose limited health information to make or confirm an appointment for a home visit, to schedule an appointment for an evaluation, treatment or service.

C. Business Associates. We may disclose your health information to our business associates under a Business Associate Agreement.

D. Coroners, Medical Examiners, Funeral Directors, Organ Procurement Organizations. We may release your health information to a coroner, medical examiner, funeral director and, if you are an organ donor, to an organization involved in the donation of organs and tissue.

E. Directory: We may disclose directory information about you when someone calls and asks for you by name. Directory information is limited information and may include your name, the name of your Care Manager or other SWCAA representative and confirmation that you are a client of SWCAA.

F. Disaster Relief: We may disclose health information about you to an organization assisting in a disaster relief effort.

G. Fundraising Activities: We may use limited demographic information such as your participation in a particular program administered by SWCAA in an effort to raise funds for SWCAA.

H. Health Oversight Activities: We may disclose your health information to a health oversight agency for activities authorized by law. A health oversight agency is a state or federal agency that oversees the health care system. Some of the activities may include, for example, audits, investigations, inspections and licensure actions.

I. Health-Related Benefits and Services. We may use or disclose your health information to inform you about treatment alternatives and health-related benefits and services that may be of interest to you.

J. Inmates/Law Enforcement Custody: If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose your health information to the institution or official for certain purposes including your own health and safety as well as that of others.

K. Judicial and Administrative Proceedings: We may disclose your health information in response to a court or administrative order. We also may disclose information in response to a subpoena, discovery request, or other lawful process.

L. Law Enforcement: We may disclose your health information for certain law enforcement purposes, including, for example, to file reports required by law or to report emergencies or suspicious deaths; to comply with a court order, warrant, or other legal process; to identify or locate a suspect or missing person; or to answer certain requests for information concerning crimes.

M. Military/Veterans. If you are a member of the armed forces, we may use and disclose your health information as required by military command authorities. We may also use and disclose health information about you if you are a member of a foreign military as required by the appropriate foreign military authority.

N. National Security: We may disclose health information to authorized federal officials as required for lawful intelligence, counterintelligence or other national security activities.

O. Persons Involved in Your Care or Payment for Your Care: Unless you object, we may disclose health information about you to a family member, close personal friend or other person you identify, including clergy, who is involved in your care. These disclosures are limited to information relevant to the person's involvement in your care or in arranging payment for your care.

P. Research: Your health information may be used for research purposes, but only if: (1) the privacy aspects of the research have been reviewed and approved by a special Privacy Board or Institutional Review Board and the Board can legally waive patient authorizations otherwise required by the Privacy Rule; (2) the researcher is collecting information for a research proposal; (3) the research occurs after your death; or (4) if you give written authorization for the use or disclosure.

Q. To Avert a Serious Threat to Health or Safety: When necessary to prevent a serious threat to your health or safety or the health or safety of the public or another person, we may use or disclose your health information to someone able to help lessen or prevent the threatened harm.

R. Public Health Activities: We may disclose your health information for public health activities.

S. Reporting Victims of Abuse, Neglect or Domestic Violence: If we believe that you have been a victim of abuse, neglect or domestic violence, we may use and disclose your health information to notify a government authority, if authorized by law or if you agree to the report.

T. Workers' Compensation: We may use or disclose your health information to comply with laws relating to workers' compensation or similar programs.

IV. Authorization

A. Your written authorization is required for any use or disclosure other than those described above.

B. The Authorization will describe the particular health information to be used or disclosed and the purpose of the use or disclosure. Where applicable, the written Authorization will also specify the name of the person to whom we are disclosing the health information. The Authorization will also contain an expiration date or event.

C. You may revoke a written Authorization previously given by you at any time but you must do so in writing. If you revoke your Authorization, we will no longer use or disclose your health information for the purposes specified in that Authorization except where we have already taken actions in reliance on your Authorization.

V. Your Rights Regarding Health Information

A. Right to Request Restrictions. You have the right to request that we restrict the way we use or disclose your health information for treatment, payment or health care operations, however we are not required to agree to the restriction. If we do agree to a restriction, we will honor that restriction except in the event of an emergency and will only disclose the restricted information to the extent necessary for your treatment.

B. Right to Request Confidential Communications. You have the right to request that we communicate with you in a certain manner or at a certain location. For example, you can request that we contact you only at a certain phone number. We will accommodate your reasonable requests. Your request must be made in writing to the address at the end of this Notice.

C. Right of Access to Personal Health Information. You have the right view and/or obtain a copy of your health information. Your request must be submitted in writing to the address listed at the end of this Notice. We will advise you of any costs involved for copying, mailing or other services associated with your request. We may deny your request to inspect or receive copies in certain limited circumstances. If you are denied access to health information, in some cases you will have a right to request review of the denial.

D. Right to Request Amendment: You have the right to request that we amend your health information. Your request must be made in writing and must state the reason for the requested amendment. We may deny your request for amendment if the information: (a) was not created by us, unless you provide reasonable information that the originator of the information is no longer available to act on your request; (b) is not part of the health information maintained by us; (c) is information to which you have a right of access; or (d) is already accurate and complete, as determined by us. If we deny your request for amendment, we will give you a written denial notice, including the reasons for the denial and explain to you that you have the right to submit a written statement disagreeing with the denial. Your letter of disagreement will be attached to your SWCAA case record.

E. Right to an Accounting of Disclosures. You have the right to request an "accounting" of certain disclosures of your health information. This is a listing of disclosures made by us or by others on our behalf, but does not include disclosures for treatment, payment and business/health care administration or certain other exceptions. You must

submit your request in writing and you must state the time period for which you would like the accounting (beginning on April 14, 2003). The accounting will include the disclosure date; the name of the person or entity that received the information and address, if known; a brief description of the information disclosed; and a brief statement of the purpose of the disclosure. The first accounting provided within a 12-month period will be free; for further requests, we may charge you our costs for completing the accounting.

F. Right to a Paper Copy of This Notice. You have the right to obtain a paper copy of this Notice at any time. You may also obtain a copy of this Notice at our website, www.swcaa.org.

VI. Special Rules Regarding Disclosure of psychiatric, substance abuse and HIV-Related Information

For disclosures concerning health information relating to care for psychiatric conditions, substance abuse or HIV-related information, special restrictions may apply. For example, we generally may not disclose this specially protected information in response to a subpoena, warrant or other legal process unless you sign a special authorization or a court orders the disclosure. A general release of your health information will not be sufficient for purposes of disclosing psychiatric, substance abuse or HIV-related information.

A. Psychiatric information. We will not disclose records relating to a diagnosis or treatment of your mental condition between the patient and psychiatrist or which are prepared at a mental health facility without specific written authorization or as required or permitted by law.

B. HIV-related information. HIV-related information will not be disclosed, except under limited circumstances set forth under state or federal law, without your specific written Authorization. A general authorization for release of medical or other information will not be sufficient for purposes of releasing HIV-related information. As required by Connecticut law, if we make a lawful disclosure of HIV-related information, we will enclose a statement that notifies the recipient of the information that they are prohibited from further disclosing the information.

C. Substance abuse treatment. If you are treated in a specialized substance abuse program, information which could identify you as an alcohol or drug-dependant patient will not be disclosed without your specific authorization except for purposes of treatment or payment or where specifically required or allowed under state or federal law.

VII. Questions and Complaints

If you have any questions about our privacy practices or about your rights under this Notice, please contact your Care Manager or the SWCAA Privacy Officer/Executive Director. If you are concerned that your privacy rights have been violated, you may file a complaint in writing with us. Please send any written requests or complaints to:

SWCAA Privacy Officer, Southwestern Connecticut Agency on Aging, 1000 Lafayette Boulevard, Bridgeport, CT 06604 Toll-Free Telephone Number 1(800) 811-9808.

SWCAA will not retaliate against you in any way if you file a complaint.

You may also submit a written complaint to the **Office of Civil Rights in the U. S. Department of Health and Human Services at 200 Independence Avenue, S.W., Room 509 F, HHH Building, Washington D.C. 20201.**

This Notice becomes effective April 14, 2003