

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION THAT THE COUNCIL FOR OLDER ADULTS MAY HAVE ABOUT YOU, MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

The Council for Older Adults has established policies to guard against unnecessary disclosure of your health information, set forth in this Notice. The Council reserves the right to change the terms of this Notice and to make the new or revised provisions effective for all health information that it maintains. If the Council changes its Notice, the Council will make a copy of the revised Notice available to you, or provide you with a copy of the revised Notice upon your request. The Council may use your health information in order to provide you treatment, to obtain payment for your care and to conduct health care operations. Your health information may be used and disclosed as follows:

To Provide Treatment: The Council may use your health information to coordinate or manage your care within the Council and with others outside of the Council who are involved in your care, such as your attending physician and health care professionals who have agreed to assist the Council in coordinating care. For example, certain service providers involved in your care may need information about your medical condition in order to deliver appropriate services.

To Obtain Payment: The Council may include your health information in order to collect payment from you or third parties for the care you receive from the Council. For example, the Council may be required by the Central Ohio Area Agency on Aging or the Ohio Department of Aging to provide information regarding your health care status when billing transactions are conducted.

To Conduct Health Care Operations: The Council may use and disclose health information for its own operations and as necessary to provide quality care to all service recipients. For example, Council may use your health information to evaluate its staff performance.

For Appointment Reminders: The Council may use and disclose your health information to contact you as a reminder that you have an appointment with our staff. You may request that Council not to send such reminders by contacting your assigned Care Consultant at 740.363.6677 or 1.800.994.2255.

For Treatment Alternatives: The Council may use and disclose your health information to tell you about or recommend possible service options or alternatives that may be of interest to you. You may request that Council refrain from sending such information by contacting your Care Consultant at 740.363.6677 or 1.800.994.2255.

Other Possible Disclosures: In addition, Council may disclose your health information under other circumstances, including:

- when required by law;
- for public health purposes;
- to report abuse, neglect or domestic violence;
- for health oversight activities, such as inspections or licensure investigations;
- in connection with court or administrative proceedings, after notifying you or seeking an order protecting the information;
- for law enforcement purposes;
- for legitimate research purposes;

- to prevent or lessen a serious threat to your health or safety, or the health or safety of the public;
- for specific government functions such as national security; or
- for Worker's Compensation purposes

AUTHORIZATION TO USE OR DISCLOSE HEALTH INFORMATION

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

YOUR RIGHTS

You have the following rights regarding your health information:

- **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 Council's disclosure of your health information to someone who is involved in your care or the payment of your care. However, the Council is not required to agree to your request. If you wish to request a restriction, please contact your assigned Care Consultant at 740.363.6677 or 1.800.994.2255.
- **Right to receive confidential communications:** You have the right to request that the Council communicate with you in a certain way. For example, you may ask that the Council 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 your assigned Care Consultant at 740.363.6677 or 1.800.994.2255. The Council will not require that you provide any reasons for your request and will make reasonable attempts to honor your request for confidential communications.
- **Right to inspect and copy your health information:** Except under special circumstances, you have the right to inspect and copy your health information, including billing records. A request to inspect or copy your health information may be made to your assigned Care Consultant at 740.363.6677 or 1.800.994.2255. If you request a copy of your health information, the Council may charge a reasonable fee for copying and assembling costs associated with your request.
- **Right to amend health care information:** You have the right to request that the Council amend your records if you believe that your health information is incorrect or incomplete. A request for an amendment of records must be made in writing to your assigned Care Consultant at Council for Older Adults, 800 Cheshire Road, Suite A, Delaware, Ohio 43015. The Council 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 Council, if the records you are requesting are not part of the Council's records, if the health information you wish to amend is not part of the health information you are permitted to inspect and copy, or if, in the opinion of the Council, the records containing your health information are accurate and complete.

- **Right to an accounting:** You or your representative has the right to request an accounting of disclosures of your health information made by Council. The request for an accounting must be made in writing to your assigned Care Consultant at Council for Older Adults, 800 Cheshire Rd., Suite A, Delaware, OH 43015, and must specify the time period for the accounting, and include only periods after April 14, 2003. Accounting requests may not be made for periods of time in excess of six (6) years. The Council will provide the first accounting of your request during any 12-month period without charge. Subsequent accounting requests may be subjected to a reasonable cost-based fee.
- **Right to paper copy of this notice:** You , or your representative, have a right to a separate copy of this Notice at any time even if you or your representative have received this Notice previously. To receive a paper copy of this Notice, please contact your assigned Care Consultant at 740.363.6677 or 1.800.994.2255. You may also obtain a copy of the current version of the Council's Notice of Privacy Practice at its' website, www.growingolder.org

CONTACT PERSON

If you wish to make a complaint as to the disclosure of your health information please write to Fara Waugh, MSW, LISW, Associate Director of Client Services, Council for Older Adults, 800 Cheshire Road, Suite A, Delaware, OH 43015. You may also express any complaints to the Secretary of the U.S. Department of Health and Human Services. The Council 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.