



NOTICE OF PRIVACY PRACTICES FOR AREA AGENCY ON AGING OF PASCO-PINELLAS, INC.

THIS NOTICE DESCRIBES HOW PROTECTED HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This Notice of Privacy Practices is being provided to you as a requirement of the Health Insurance Portability and Accountability Act (HIPAA) and has been updated to reflect the Health Information Technology for Economic and Clinical Health Act (HITECH) provisions in Title XIII of the American Recovery and Reinvestment Act (ARRA). This Notice describes how we may use and disclose your protected health information, with whom that information may be shared, and the safeguards we have in place to protect it. This Notice also describes your rights to access and control or amend your protected health information. Your "protected health information" means any of your written and oral health information, including demographic data that can be used to identify you. This is health information that is created or received by your health care provider, and that relates to your past, present or future physical or mental health or condition.

This Notice describes the practices of the Area Agency on Aging of Pasco-Pinellas, Inc. (AAAPP), a designated Aging & Disability Resource Center, with regard to your protected health information. Affiliated providers of the AAAPP may have different privacy practices from those described in this notice. For more information about the privacy practices of affiliated providers, please contact them directly.

Acknowledgment of Receipt of This Notice: You will be asked to provide a signed acknowledgment of receipt of this notice. Our intent is to make you aware of the possible uses and disclosures of your protected health information and your privacy rights. The delivery of your services will in no way depend upon your signed acknowledgment. If you decline to sign an acknowledgment, we will continue to provide your services. We can and will also use and disclose your protected information for provision, payment, and reporting of services, when necessary.

How We May Use Or Disclose Your Protected Health Information

The Area Agency on Aging of Pasco-Pinellas, Inc. (AAAPP) may use your protected health information for purposes of providing treatment, obtaining payment for treatment, and conducting health care operations. Your protected health information may be used or disclosed only for these purposes unless the AAAPP has obtained your authorization or the HIPAA Privacy Regulations or State law otherwise permits the use or disclosure. Disclosures of your protected health information for the purposes described in this Notice may be made in writing, orally, or by facsimile.

A. Treatment. We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party for treatment purposes. For example, we may disclose your protected health information to a home health agency that is providing care in your home.

B. Payment. Your protected health information will be used, as needed, to obtain payment for your health care services. This may include certain activities the AAAPP might undertake before it approves or pays for the health care services recommended for you such as determining eligibility or coverage for benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities. For example, your information may be shared with a Lead Agency to arrange payment for respite services.

C. Health Care Operations. We may use or disclose your protected health information, as necessary, to support the daily activities related to health care and to provide quality care to all clients. These activities include, but are not limited to, quality assessment and monitoring activities; investigations; oversight or staff performance reviews, communications about a service, conducting or arranging for other health care related activities, protocol development, case management and care coordination.

D. Business Associates. In connection with our treatment, payment and health care operations activities, we may share your protected health information with third-party “business associates” who perform various activities on behalf of the AAAPP. To perform these functions or to provide the services, our Business Associates will receive, have access to, create, maintain, use, or disclose protected health information, but only after we require the Business Associates to agree in writing to terms designed to appropriately safeguard your information. The Business Associates will be required to protect your health information in the same manner and with the same standards as the AAAPP, consistent with HITECH provisions.

E. Other Uses and Disclosures. As part of treatment, payment and healthcare operations, we may also use or disclose your protected health information for the following purposes: to remind you of an appointment; to inform you of potential treatment alternatives or options; and to inform you of health-related benefits or services that may be of interest to you.

Uses and Disclosures Beyond Treatment, Payment, and Health Care Operations Permitted Without Authorization or Opportunity to Object

Federal privacy rules allow us to use or disclose your protected health information without your permission or authorization for a number of reasons including the following:

A. When Legally Required. We will disclose your protected health information when we are required to do so by any Federal, State or local law.

B. When There Are Risks to Public Health. We may disclose your protected health information for the following public activities and purposes:

- To prevent, control, or report disease, injury or disability as permitted by law.
- To report vital events such as death as permitted or required by law.
- To conduct public health surveillance, investigations and interventions as permitted or required by law.
- To notify a person who has been exposed to a communicable disease or who may be at risk of contracting or spreading a disease as authorized by law.

C. To Report Abuse, Neglect Or Domestic Violence. We may notify government authorities if we believe that a client is the victim of abuse, neglect or domestic violence. We will make this disclosure only when specifically required or authorized by law or when the client agrees to the disclosure.

D. To Conduct Health Oversight Activities. We may disclose your protected health information to a health oversight agency for activities including audits; civil, administrative, or criminal investigations, proceedings, or actions; inspections; licensure or disciplinary actions; or other activities necessary for appropriate oversight as authorized by law. We will 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.

E. In Connection With Judicial And Administrative Proceedings. We may disclose your protected 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 in some circumstances.

F. For Law Enforcement Purposes. We may disclose your protected health information to a law enforcement official for law enforcement purposes as follows: pursuant to court order, court-ordered warrant, subpoena, summons or similar process; for the purpose of identifying or locating a suspect, fugitive, material witness or missing person; under certain limited circumstances, when you are the victim of a crime; and in an emergency in order to report a crime.

G. For Research Purposes. We may use or disclose your protected health information for research when the use or disclosure for research has been approved by an institutional review board or privacy board that has reviewed the research proposal and research protocols to address the privacy of your protected health information.

H. In the Event of A Serious Threat To Health Or Safety. We may, consistent with applicable law and ethical standards of conduct, use or disclose your protected health information if we believe, in good faith, that such use or 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.

Uses and Disclosures Permitted Without Authorization But With Opportunity to Object

We may disclose your protected health information to your family member or a close personal friend if it is directly relevant to the person's involvement in your care or payment related to your care. We can also disclose your information in connection with trying to locate or notify family members or others involved in your care concerning your location, condition or death.

You may object to these disclosures. If you do not object to these disclosures or we can infer from the circumstances that you do not object or we determine, in the exercise of our professional judgment, that it is in your best interests for us to make disclosure of information that is directly relevant to the person's involvement with your care, we may disclose your protected health information as described. If there is a family member, other relative, or close personal friend that you do not want us to disclose health information about you to, please notify the AAAPP.

Uses and Disclosures That You Authorize

Other than as stated above, we will not disclose your health information other than with your written authorization. You may revoke your authorization in writing at any time except to the extent that we have taken action in reliance upon the authorization.

Your Rights Regarding Your Protected Health Information

A. Right to inspect and copy your protected health information. You may inspect and obtain a copy of your protected health information that is contained in a designated record set for as long as we maintain the protected health information. A client record contains medical, financial, and service information and any other information necessary to provide services to you. Under Federal law, however, you may not inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding; and protected health information that is subject to a law that prohibits access to protected health information. Depending on the circumstances, you may have the right to request a review of this denial.

We may deny your request to inspect or copy your protected health information if, in our professional judgment, we determine that the access requested is likely to endanger your life or safety or that of another person, or that it is likely to cause substantial harm to another person referenced within the information. You have the right to request a review of this decision. To inspect and copy your medical information, you must submit a written request to the Privacy Officer whose contact information is listed on the last pages of this Notice. If you request a copy of your information, we may charge you a fee for the costs of copying, mailing or other costs incurred by us in complying with your request. Please contact our Privacy Officer if you have questions about access to your protected health information.

B. Right to request a restriction on uses and disclosures of your protected health information. You may ask us not to use or disclose certain parts of your protected health information for the purposes of treatment, payment or health care operations. You may also request that we not disclose your health information to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply. The AAAPP is not required to agree to a restriction that you may request. We will notify you if we deny your request to a restriction. If the AAAPP does agree to the requested restriction, we may not use or disclose your protected health information in violation of that restriction unless it is needed to provide emergency treatment. Under certain circumstances, we may terminate our agreement to a restriction. You may request a restriction by contacting the Privacy Officer.

C. Right to request to receive confidential communications from us by alternative means or at an alternative location. You have the right to request that we communicate with you in certain ways. We will accommodate reasonable requests. We may condition this accommodation by asking you for information as to specification of an alternative address or other method of contact. We will not require you to provide an explanation for your request. Requests must be made in writing to our Privacy Officer.

D. Right to request an amendment to your protected health information. You may request an amendment of protected health information about you in a designated record set for as long as we maintain this information. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of

any such rebuttal. Requests for amendment must be in writing and must be directed to our Privacy Officer. In this written request, you must also provide a reason to support the requested amendments.

E. Right to receive an accounting of disclosures. You have the right to request an accounting of certain disclosures of your protected health information made by the AAAPP. This right applies to disclosures for purposes other than treatment, payment or health care operations as described in this Notice of Privacy Practices. We are also not required to account for disclosures that you requested, disclosures that you agreed to by signing an authorization form, disclosures for a facility directory, to friends or family members involved in your care, or certain other disclosures we are permitted to make without your authorization. The request for an accounting must be made in writing to our Privacy Officer. The request should specify the time period sought for the accounting. We are not required to provide an accounting for disclosures that take place prior to April 14, 2003. Accounting requests may not be made for periods of time in excess of six years.

F. Right to obtain a paper copy of this notice. Upon request to the AAAPP Privacy Officer, we will provide a separate paper copy of this notice even if you have already received a copy of the notice or have agreed to accept this notice electronically.

G. Right to receive notice of breach of Protected Health Information. In the event of any unauthorized acquisition, access, use or disclosure of Protected Health Information by the AAAPP, we shall fully comply with the breach notification requirements, including any and all regulations which have been or may be promulgated, which will include notification to you of any impact that breach may have had on you.

Our Duties

The AAAPP is required by law to maintain the privacy of your health information and to provide you with this Notice of our duties and privacy practices. We are required to abide by terms of this Notice as may be amended from time to time. We reserve the right to change the terms of this Notice and to make the new Notice provisions effective for all protected health information that we maintain. If the AAAPP changes its Notice, we will provide a copy of the revised Notice by sending a copy of the Revised Notice via regular mail or through in-person contact.

Complaints

You have the right to express complaints to the AAAPP and to the Secretary of Health and Human Services if you believe that your privacy rights have been violated. You may complain to the AAAPP by contacting the AAAPP's Privacy Officer in writing, using the contact information below. We encourage you to express concerns you may have regarding the privacy of your information. There will be no retaliation against you for filing a complaint.

Contact Information

You may contact the AAAPP Privacy Officer for further information about the complaint process, or for further explanation of this document at: Area Agency on Aging of Pasco-Pinellas, Inc., ATTN: Privacy Officer, 9549 Koger Blvd., Suite 100, St. Petersburg, FL 33702. Phone: (727) 570-9696; FAX: (727) 258-9226.

Effective Date

This Notice is effective March 4, 2013