



NOTICE OF PRIVACY PRACTICES

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.

If you have any questions about this Notice, please contact:
Senior Resources at (231) 739-5858 and ask for the Privacy Compliance Officer

Senior Resources must maintain the privacy of your protected health information and give you this Notice of Privacy Practices that describes how we may use and disclose your information to carry out treatment, payment or health care operations, and for other purposes that are permitted or required by law. It also describes your rights regarding your protected health information. "Protected health information" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services that you may consider to be personal information.

We are required to abide by the terms of this Notice of Privacy Practices. Upon your request, you will be provided with any revised Notice of Privacy Practices if you call our office and request that a revised copy is sent to you in the mail or if you ask for a copy at your next assessment.

HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION, WITHOUT YOUR WRITTEN AUTHORIZATION:

I. Uses and Disclosures of Protected Health Information

You will be asked by your caseworker to sign an acknowledgment of receipt of this Notice of Privacy Practices. Once you have consented to the use and disclosure of your protected health information for treatment, payment and health care operations by signing the acknowledgment form, your case worker may use or disclose your protected health information as described in this Section (I.). Your protected health information may also be used and disclosed to pay your health care bills and to submit claims to Medicaid, Medicare or third party insurers for reimbursement. Following are examples of the types of uses and disclosures of your protected health information that Senior Resources is permitted to make once you have signed our consent form. These examples are meant to describe the types of uses and disclosures that may be made once consent is provided, but may not necessarily be disclosed for you:

Treatment

We will use and disclose your health information to provide, coordinate or manage your health care and any related services. This includes the coordination or management of your treatment plan with our pool of service providers. For example, we would disclose your health information with a home health agency that will provide personal care to you. A listing of your providers (a care plan report) will be discussed with you at each assessment, and you may request a copy of the care plan report at the assessment. In addition, we may disclose your health information from time-to-time with your physician, a hospital or nursing home when you are admitted, or a medical specialist who becomes involved in your care by providing assistance with your health care diagnosis or treatment plan.

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Payment

Your health information will be used, as needed, to obtain payment for your health care services. This may include certain activities that Medicaid, Medicare or another health insurance plan may undertake before it approves or pays for your health care services such as making a determination of your eligibility or reviewing services provided to you as appropriate and necessary, and undertaking utilization review activities.

Healthcare Operations

We may use or disclose, as needed, your health information in order to support Senior Resources' business activities including, but not limited to, quality assurance reviews, case worker trainings, peer reviews, Medicaid or Medicare or other health insurance plan audit reviews, and independent financial audits.

For example, we may disclose your health information with third party "business associates" that perform various activities like scheduling of home visits, billing or claim submission services for Senior Resources. Whenever an arrangement between our office and a business associate involves the use or disclosure of your health information, we will have a written contract with the business associate that will protect the privacy of your health information.

We may want to use your health information, as necessary, to contact you monthly to check on your health status, to arrange for your next home visit by your case worker or to remind you of your next appointment for a home visit. We may also call you by name in our waiting room if you visit Senior Resources to see your caseworker or request that you sign your name on a sign-in sheet at our registration desk. Furthermore, we may want to use your information, such as your name, address, phone number, type of case, and assigned case worker name to prepare client directories for use by our own staff or the staff of the business associates with whom we have made arrangements to deliver services to you in your home.

We may also send you information about services we feel may be beneficial to you, notify you about our fundraising efforts or send you our newsletters. You may contact our Compliance Advocate to request that these materials not be sent to you.

We may use or disclose your health information that directly relates to the provision of your health care in your home to an individual or agency from our Pool of Services Providers. Only the health information that is relevant for the provider to deliver comprehensive health care service(s) will be disclosed.

Individuals involved in your care or payment for your care

We may release health information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care including government benefit programs. We may also tell your family or friends your conditions and that you are involved with our program.

Emergency or Disaster

In addition we may disclose health information about you to an entity assisting in a community emergency or disaster relief effort so that your family or government benefit programs can be notified about your condition, status, and location.

Public Health, workers' compensation or death related activities

We may be required to report your health information to authorities to help prevent or control disease,

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Injury, disability, to identify the body, to determine cause of death or to carry out funeral preparations. We may also have to report to your employer certain work related illnesses and injuries to workers' compensation or similar programs so they may carry out their duties under the law.

Research

Under certain circumstances, we may use and disclose health information about you for research purposes. We may, for example, disclose health information about you to people preparing to conduct a research project to help them look for patients with specific medical needs. We will almost always ask for your specific permission or authorization if the researcher will have access to your name, address or other information that reveals who you are.

- II. **Uses and Disclosures of Protected Health Information Based upon your Written Authorization**
Other uses and disclosures of your health information will be made only with your written authorization, unless otherwise permitted or required by law. You may revoke any written authorization at any time in writing, except to the extent that your case worker has initiated an action already in progress based on the use or disclosure indicated in the previously signed authorization.
- III. **Other Permitted and Required Uses and Disclosures that May Be Made with Your Consent, Authorization or Opportunity to Object**
You have the opportunity to agree or object to the use or disclosure of all or part of your health information. If you are not present or able to agree or object to the use or disclosure of the health information, then your case worker may, using professional judgment, determine whether the disclosure is in your best interest. In this case, only the health information that is relevant to your health care will be disclosed.

YOUR RIGHTS REGARDING PROTECTED HEALTH INFORMATION ABOUT YOU

- I. **You have the following rights regarding protected health information we maintain about you:**

Right To Inspect And Copy

You have the right to inspect and copy health information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes. To inspect and copy health information that may be used to make decisions about you, you must contact your case worker. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request. Your case worker may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to your health information, you may request to file a complaint by contacting Senior Resources at (231) 739-5858 and asking for the Compliancy Advocate.

Right To Amend

If you feel that health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the agency. To request an amendment, your request must be made in writing to your case worker. In addition, you must provide a reason that supports your request. Your case worker may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, your case worker may deny your request if you ask to amend information that was not created by Senior Resources, unless the person or entity that created the information is no longer available to make the amendment, or that is not part of the health information kept by or for the agency, or is not part of the information which you would be permitted to inspect and copy, or that is accurate and complete.

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Right To An Accounting Of Disclosures

You have the right to request an "accounting of disclosures." This is a list of the disclosures we made of health information about you. To make a request for an accounting of disclosures, you must make your request in writing by calling Senior Resources at (231) 739-5858 and asking for the Compliancy Advocate. An Accounting of Disclosures Request form will be sent to you. Your request cannot be for a time period longer than six years and may not include dates before April 14, 2003. The first list you request within a 12-month period will be free. For additional lists, we may charge you for the cost of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any charges are incurred.

Right To Request Restrictions

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. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you may not want your spouse to know anything about your services unless it's an emergency. *We are not required to agree to your request.* If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. To request restrictions, you must make your request in writing by calling Senior Resources at (231) 739-5858 and asking for the Compliancy Advocate. A Request for Restrictions form will be sent to you. In your request, 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, for example, disclosures to your spouse.

Right To Request Confidential Communications

You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or only by mail. To request confidential communications, you must make your request in writing by calling Senior Resources at (231) 739-5858 and asking for the Compliancy Advocate. A Request for Confidential Communications form will be sent to you. Your request must specify how or where you wish to be contacted. We will accommodate all *reasonable* requests.

Right To A Paper Copy Of This Notice

You have the right to a paper copy of this notice even if you have agreed to receive this notice electronically. To obtain a paper copy, call Senior Resources at (231) 739-5858 and ask for a copy of the agency's Notification of Privacy Practices publication.

Right To File A Complaint

You have the right to file a formal complaint if you believe your privacy rights have been violated. All complaints must be submitted in writing ([complaint form](#)). Individuals are encouraged to first discuss the complaint with the Compliancy Advocate at Senior Resources by calling (231) 739-5858. You may also file a complaint with the Office of Civil Rights. Complaints may be filed without fear of coercion, discrimination, reprisal, or unreasonable interruption of services. Individuals will not be penalized for filing a complaint.

Changes to This Notice

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for protected health information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in our office and on our website. The notice will contain the effective date on the bottom left corner of the actual notice, and on the main page on the website.