

Institute on Aging

INSTITUTE ON AGING

**NOTICE OF PRIVACY PRACTICES
FOR PROTECTED HEALTH INFORMATION**

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

A. INTRODUCTION

During the course of providing services and care to you, Institute on Aging gathers, creates, and retains certain personal information about you that identifies who you are and relates to your past, present, or future physical or mental condition, the provision of health care to you, and payment for your health care services. This personal information is characterized as your “protected health information.” This Notice of Privacy Practices describes how Institute on Aging maintains the confidentiality of your protected health information, and informs you about the possible uses and disclosures of such information. It also informs you about your rights with respect to your protected health information.

B. INSTITUTE ON AGING’ RESPONSIBILITIES

Institute on Aging is required by federal and state law to maintain the privacy of your protected health information. Institute on Aging is also required by law to provide you with this Notice of Privacy Practices that describes Institute on Aging’ legal duties and privacy practices with respect to your protected health information. Institute on Aging will abide by the terms of this Notice of Privacy Practices. Institute on Aging reserves the right to change this or any future Notice of Privacy Practices and to make the new notice provisions effective for all protected health information that it maintains, including protected health information already in its possession. If Institute on Aging changes its Notice of Privacy Practices, it will personally deliver or mail a revised notice to you at your current address.

C. USE AND DISCLOSURE WITH YOUR AUTHORIZATION

Institute on Aging will require a written authorization from you before it uses or discloses your protected health information, unless a particular use or disclosure is expressly permitted or required by law without your authorization. Institute on Aging has prepared an authorization form for you to use that authorizes Institute on Aging to use or disclose your protected health information for the purposes set forth in the form. You are not required to sign the form as a condition to obtaining treatment or having your care paid for. If you sign an authorization, you may revoke it at any time by written notice.

Institute on Aging then will not use or disclose your protected health information, except where it has already relied on your authorization.

D. HOW INSTITUTE ON AGING MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION WITHOUT YOUR AUTHORIZATION

1. Mandatory Disclosures

Institute on Aging will disclose protected health information to outside persons or entities without your written authorization as required by law in the following circumstances:

a. Court Order; Order of Administrative Tribunal

Institute on Aging will disclose protected health information in accordance with an order of a court or of an administrative tribunal of a government agency.

b. Subpoena

Institute on Aging will disclose protected health information in accordance with a valid subpoena issued by a party to adjudication before a court, an administrative tribunal, or a private arbitrator. Reasonable efforts will be made to notify you of the subpoena, or attempts will be made to obtain an order or agreement protecting your protected health information.

c. Law Enforcement Agencies

Institute on Aging will disclose protected health information to law enforcement agencies in accordance with a search warrant, a court order or court-ordered subpoena, or an investigative subpoena or summons.

d. Coroner

Institute on Aging will disclose protected health information to a coroner where the coroner requests the information to identify a decedent; to notify next of kin; or to investigate deaths that may involve public health concerns, suspicious circumstances, elder abuse, or organ or tissue donation.

e. Elder Abuse Reporting

Institute on Aging will disclose protected health information about a client who is suspected to be the victim of elder abuse to the extent necessary to complete any oral or written report mandated by law. Under certain circumstances, Institute on Aging may disclose further protected health information about the client to aid the investigating agency in performing its duties. Institute on Aging will promptly inform the client about any

disclosure unless Institute on Aging believes that informing the client would place the client in danger of serious harm, or would be informing the client's personal representative, whom the Provider believes to be responsible for the abuse, and believes that informing such person would not be in the client's best interest.

f. Other Disclosures Required by Law

Institute on Aging will disclose protected health information about a client when otherwise required by law.

2. Permissive Disclosures

Institute on Aging may, in its discretion, use or disclose your protected health information without your written authorization in the following circumstances:

a. Your Care and Treatment

Institute on Aging may use or disclose your protected health information to provide you with or assist in your treatment, care and services. For example, Institute on Aging may disclose your health information to health care providers who are involved in your care to assist them in your diagnosis and treatment, as necessary. Institute on Aging may also disclose your protected health information to individuals who will be involved in your care if you leave Institute on Aging.

b. Billing and Payment

i. Medicare, Medi-Cal and the Centers for Medicare and Medicaid Services (CMS) – Institute on Aging may use or disclose your protected health information to Medicare, Medi-Cal and CMS in order to receive payment for your treatment and services that you receive at Institute on Aging. The information on or accompanying a bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.

ii. Health Care Providers – Institute on Aging may also disclose your protected health information to health care providers in order to allow them to determine if they are owed any reimbursement for care that they have furnished to you and, if so, how much is owed.

c. Health Care Operations

Institute on Aging may use your protected health information for health care operations at the Institute on Aging. These uses and disclosures are necessary to manage and to monitor our quality of services and care. For example, we may use your protected health information to review our services and to evaluate the performance of our staff in caring for you.

d. Licensing and Accreditation

Institute on Aging may disclose your protected health information to any government or private agency, such as to the California Department of Health Services and CMS, responsible for licensing or accrediting Institute on Aging so that the agency can carry out its oversight activities. These oversight activities include audits; civil, administrative, or criminal investigations; inspections; licensure or disciplinary actions; civil, administrative, or criminal proceedings or actions; or other activities necessary for appropriate oversight.

e. Provision of Basic Information about Clients

Institute on Aging allows staff to provide certain basic information about a client to persons who ask for the client by name and to members of the clergy. Unless you notify Institute on Aging that you object, it will disclose your name, your location in Institute on Aging, and your general condition to anyone who asks for you by name. It will disclose your name, your location in Institute on Aging, your general condition, and your religious affiliation to members of the clergy.

f. Individuals Involved in Your Care or Payment for Your Care

Unless you specifically object, Institute on Aging may disclose to a family member, other relative, a close personal friend, or to any other person identified by you, all protected health information directly relevant to such person's involvement with your care or directly relevant to payment related to your care. Institute on Aging may also disclose your protected health information to a family member, personal representative, or other person responsible for your care to assist in notifying them of your location, general condition, or death.

g. Disaster Relief

Institute on Aging may disclose your protected health information to a public or private entity authorized to assist in disaster relief efforts.

h. Disclosures within Provider Community

Unless you specifically object, Institute on Aging may disclose certain general information about you (e.g., past activities, present interests, birthday, and location if hospitalized) to members of its community, including other clients and staff, by means such as newsletter or bulletin board.

i. Business Associates

Institute on Aging may contract with certain individuals or entities to provide services on its behalf. Examples include transportation, quality assurance, legal, or accounting services. Institute on Aging may disclose your protected health information to a business associate, as necessary, to allow the business associate to perform its functions for Institute on Aging' behalf. Institute on Aging will have a contract with its business associates that obligate the business associates to maintain the confidentiality of your protected health information.

j. Fundraising

Institute on Aging may use certain protected health information to contact you in an effort to raise money for Institute on Aging and its operations. Institute on Aging may disclose the protected health information to business associates or to related foundations that it uses to raise funds for its own benefit. Institute on Aging will disclose only your name, address, and phone number and the dates you receive health care services. You may notify Institute on Aging in writing if you object to such disclosures. Institute on Aging will Honor all opt-out requests.

k. Research

Institute on Aging may disclose your protected health information for research purposes, provided that an outside Institutional Review Board overseeing the research approves the disclosure of the information without a written authorization.

l. Public Health Activities

Institute on Aging may disclose protected health information to any public health authority that is authorized by law to collect it for purposes of preventing or controlling disease, injury or disability.

m. Hospital Peer Review

Institute on Aging may disclose your protected health information to hospital medical staffs to aid in the credentialing of applicants and in the peer review of members.

n. Organ Procurement

Institute on Aging may disclose your protected health information following your death to an organ procurement agency or tissue bank in order to aid in using your organs or tissues in transplantation.

o. Coroner

Institute on Aging may disclose protected health information to the coroner to allow the coroner to perform its duties.

p. Members of Workforce

It is Institute on Aging' policy to allow members of its workforce to share clients' protected health information with one another to the extent necessary to permit them to perform their legitimate functions on Institute on Aging' behalf. At the same time, Institute on Aging will work with and train its workforce members to ensure that there are no unnecessary or extraneous communications that will violate the rights of its clients to have the confidentiality of their protected health information maintained.

E. YOUR RIGHTS REGARDING PROTECTED HEALTH INFORMATION

You have the following rights with respect to your protected health information. To exercise these rights, contact Institute on Aging at the following address: Institute on Aging, 3575 Geary Blvd., San Francisco, CA 94118.

a. Right to Receive a Copy of the Notice of Privacy Practices

You have the right to request and receive a copy of Institute on Aging' Notice of Privacy Practices for Protected Health Information in written or electronic form.

b. Right to Request Access

You have the right to inspect and copy your health records maintained by Institute on Aging. In certain limited circumstances, Institute on Aging may deny your request as permitted by law.

c. Right to Request Amendment

You have the right to request an amendment to your health records maintained by Institute on Aging. If your request for an amendment is denied, you will receive a written denial, including the reasons for such denial, and an opportunity to submit a written statement disagreeing with the denial.

d. Right to Request Use or Disclosure Restrictions or Confidential Communications

You have the right to request restrictions on the use and disclosure of your protected health information for treatment, payment or health care operations, or providing notifications regarding your identity and status to persons inquiring about or involved in your care. Institute on Aging is not required to grant your request, but if it does, it will comply with your request, except in an emergency situation or until the restriction is terminated by you or Institute on Aging. You also have the right to request that Institute on Aging communicate protected

health information to the recipient by alternative means or at alternative locations. If you pay out-of-pocket in full for a healthcare item or service, you have the right to restrict disclosures of PHI to your health plan.

e. Right to an Accounting

You have the right to receive an accounting of disclosures of your protected health information created and maintained by Institute on Aging. Institute on Aging is not required to provide an accounting of certain routine disclosures or of disclosures of which you already are aware.

f. Required Authorization

We must receive authorization from you to use and/or disclose PHI for, marketing purposes, disclosures that constitute the sale of PHI, most uses and disclosures of psychotherapy notes.

F. BREACHES

You will be notified following a breach of unsecured PHI.

G. GRIEVANCES

If you believe that your privacy rights have been violated, you may file a grievance with Institute on Aging at the following address: 3575 Geary Blvd., San Francisco, CA 94118, Attention: Compliance Officer. You also have the right to submit a grievance to the Secretary of the U.S. Department of Health and Human Services, 50 United Nations Plaza – Room 322, San Francisco, CA 94102, Attention: OCR Regional Manager. Institute on Aging **will not retaliate against you if you file a grievance.**

H. FURTHER INFORMATION

If you have questions about this Notice of Privacy Practices or would like further information about your privacy rights, contact Institute on Aging at the following address: 3575 Geary Blvd., San Francisco, CA 94118, Attention: Compliance Officer.

The effective date of this Notice of Privacy Practices is _____

I hereby acknowledge receipt from Institute on Aging of a copy of its Notice of Privacy Practices for Protected Health Information effective on the date set forth above.

CLIENT:

(Printed or typed name)

(Signature)

Date: _____

CLIENT'S PERSONAL REPRESENTATIVE:

(if signed on client's behalf)

(Printed or typed name)

(Signature)

Date: _____

Relationship to Client: _____

The above signature indicates that the client, or responsible party of the client, of Institute on Aging has received a copy of the Notice of Privacy Practices for Protected Health Information.