

**Agency on Aging of South Central Connecticut**

**NOTICE OF PRIVACY PRACTICES**

Effective Date: 9/23/13  
Revised Date: \_\_\_\_\_

**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.**

Agency on Aging of South Central Connecticut (“AASCC”) is required by law to maintain the privacy of your protected health information (“PHI”); to provide you this detailed Notice of Privacy Practices describing our legal duties and privacy practices relating to your protected health information; to notify you following a breach of your unsecured health information; and to abide by the terms of this Notice of Privacy Practices that are currently in effect.

**I. USES AND DISCLOSURES FOR TREATMENT, PAYMENT AND HEALTH CARE OPERATIONS**

The following lists various ways in which AASCC may use or disclose your PHI for purposes of treatment, payment and health care operations.

**For Treatment and Care Management Services.** AASCC will use and disclose your PHI in providing you with treatment and care management services and to coordinate, monitor and revise your plan of care. We may disclose your PHI to other providers involved in your plan of care including contracted service providers, other providers involved in or who may become involved in your plan of care, community and institutional providers who are related to your plan of care and those from whom we are requesting services, care or benefits on your behalf. Your PHI may be used by doctors involved in your care and by nurses and home health aides as well as by physical therapists, pharmacists, suppliers of medical equipment or other persons involved in your care. For example, AASCC may contact your physician to discuss your plan of care.

**For Payment.** AASCC may use and disclose your PHI for billing and payment purposes. AASCC may disclose your PHI to an insurance or managed care company, the Connecticut Department of Social Services (“DSS”), Medicare, Medicaid, Electronic Data Services or another third party payor. For example, we bill for our care management services under the Connecticut Home Care Program for Elders. We may also disclose your health information in the course of accessing entitlements, payments and benefits on your behalf including, but not limited to, the Department of Social Services, the Center for Medicare Advocacy and City Benefit Programs.

**For Health Care Operations.** AASCC may use and disclose your PHI as necessary for health care operations, such as management, personnel evaluation, education and training and to monitor our quality of care. AASCC may disclose your PHI to another entity with which you have or had a relationship if that entity requests your information for certain of its health care operations or health care fraud and abuse detection or compliance activities. For example, PHI of many clients may be combined and analyzed for purposes such as evaluating and improving quality of care and planning for services. The State Department of Social Services retains the

right to review your record at any time and during regularly scheduled audits. Additionally, AASCC's Quality Assurance Committee members may review your health information in the course of performing their duties.

## **II. SPECIFIC USES AND DISCLOSURES OF YOUR HEALTH INFORMATION**

The following is a non-exclusive list of various ways in which AASCC may use or disclose your PHI.

**Individuals Involved in Your Care or Payment for Your Care.** Unless you object, AASCC may disclose PHI about you to a family member, close personal friend or other person you identify, including clergy, who is involved in your care.

**Emergencies.** AASCC may use and disclose your PHI as necessary in emergency treatment situations.

**As Required By Law.** AASCC may use and disclose your PHI when required by law to do so.

**Public Health Activities.** AASCC may disclose your PHI for public health activities. These activities may include, for example, reporting to a public health authority for preventing or controlling disease, injury or disability; reporting elder abuse or neglect; or reporting deaths.

**Reporting Victims of Abuse, Neglect or Domestic Violence.** If AASCC believes that you have been a victim of abuse, neglect or domestic violence, AASCC may use and disclose your PHI to notify a government authority if authorized by law or if you agree to the report.

**Health Oversight Activities.** AASCC may disclose your PHI to a health oversight agency for activities authorized by law, such as audits, investigations, inspections and licensure actions or for activities involving government oversight of the health care system.

**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, AASCC may use and disclose your PHI, limiting disclosures to someone able to help lessen or prevent the threatened harm.

**Judicial and Administrative Proceedings.** AASCC may disclose your PHI in response to a court or administrative order. AASCC also may disclose your PHI in response to a subpoena, discovery request, or other lawful process, provided certain conditions are met. These conditions include making efforts to contact you about the request or to obtain an order or agreement protecting the PHI.

**Law Enforcement.** AASCC may disclose your PHI for certain law enforcement purposes, including, for example, to comply with reporting requirements; to comply with a court order, warrant, or similar legal process; or to respond to certain requests for information concerning crimes.

**Research.** AASCC may use and disclose your PHI for research purposes if the privacy aspects of the research have been reviewed and approved, if the researcher is collecting information in preparing a research proposal, if the research occurs after your death, or if you authorize the use or disclosure.

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

**Disaster Relief.** AASCC may disclose your PHI to a disaster relief organization.

**Military, Veterans and other Specific Government Functions.** If you are a member of the armed forces, AASCC may use and disclose your PHI as required by military command authorities. AASCC may disclose your PHI for national security purposes or as needed to protect the President of the United States or certain other officials or to conduct certain special investigations.

**Workers' Compensation.** AASCC may use and disclose your PHI to comply with laws relating to workers' compensation or similar programs.

**Inmates/Law Enforcement Custody.** If you are under the custody of a law enforcement official or a correctional institution, AASCC may disclose your PHI to the institution or official for certain purposes including the health and safety of you and others.

**Fundraising Activities.** AASCC may use certain limited contact information for fundraising purposes and may provide contact information to a foundation affiliated with AASCC, provided that any fundraising communications explain clearly and conspicuously your right to opt out of future fundraising communications. AASCC is required to honor your request to opt out.

**Appointments.** We may use or disclose your health information to remind you about appointments.

**Business Associates.** We may disclose your health information to third party contacts and business associates, as authorized by law.

### **III. USES AND DISCLOSURES WITH YOUR AUTHORIZATION**

AASCC will obtain your authorization for: (1) most uses and disclosures of psychotherapy notes (as defined by HIPAA); (2) uses and disclosures of your health information for marketing purposes; and (3) disclosures that constitute a sale of your health information. Except as described in this Notice, AASCC will use and disclose your PHI only with your written Authorization. You may revoke an Authorization in writing at any time. If you revoke an Authorization, AASCC will no longer use or disclose your PHI for the purposes covered by that Authorization except where AASCC has already relied on the Authorization.

### **IV. YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION**

Listed below are your rights regarding your PHI. These rights may be exercised by submitting a request to the Agency. Each of these rights is subject to certain requirements, limitations and exceptions. At your request, the Agency will supply you with the appropriate form to complete. You have the right to:

**Request Restrictions.** You have the right to request restrictions on our use and disclosure of your PHI for treatment, payment or health care operations. You have the right to request restrictions on the PHI AASCC discloses about you to a family member, friend or other person who is involved in your care or the payment for your care. AASCC is not required to agree to your requested restriction (except that if you are competent you may restrict disclosures to family members and friends). If AASCC does agree to your requested restriction, AASCC will comply with your request except as needed to provide you with emergency treatment or in accordance with applicable law. However, if you paid out-of-pocket in full for a health care item or service and you do not want us to disclose PHI about that item or service to your health plan for purposes of payment or health care operations, AASCC must comply with your request.

**Access to Personal Health Information.** You have the right to inspect and obtain a copy of your medical and billing records and other information that may be used to make decisions about your plan of care (“your designated record set”), subject to some exceptions. Your request must be in writing. In most cases AASCC may charge a fee for our costs in providing the requested information, consistent with applicable law. For Connecticut Home Care Program for Elders (“CHCPE”) participants, all requests to view your record will be forwarded to DSS, CHCPE.

To the extent AASCC maintains your designated record set electronically, you also have the right to receive an electronic copy of such information. You may also direct us to send a copy directly to a third-party designated by you. AASCC may charge a fee, consistent with applicable law, for our costs in responding to your request.

**Request Amendment.** You have the right to request amendment of your PHI for as long as the information is kept by or for AASCC. Your request must be made in writing and must state the reason for the requested amendment. AASCC may deny your request for amendment if the information (a) was not created by AASCC, unless the originator of the information is no longer available to act on your request; (b) is not part of the PHI maintained by or for AASCC; (c) is not part of the information to which you have a right of access; or (d) is already accurate and complete, as determined by AASCC.

If AASCC denies your request for amendment, AASCC will give you a written denial including the reasons for the denial and an explanation of your right to submit a written statement disagreeing with the denial.

**Request an Accounting of Disclosures.** You have the right to request an “accounting” of certain disclosures of your PHI. This is a listing of disclosures made by AASCC or by others on AASCC’s behalf, but this does not include disclosures for treatment, payment and health care operations and certain other exceptions. To request an accounting of disclosures, you must submit a request in writing, stating a time period beginning after April 13, 2003 that is within six years from the date of your request. The first accounting provided within a 12-month period will be free; for further requests, AASCC may charge you for costs. For CHCPE clients, all such requests will be forwarded to DSS, CHCPE.

**Request a Paper Copy of This Notice.** You have the right to obtain a paper copy of this Notice, even if you have agreed to receive this Notice electronically. You may request a copy of this Notice at any time. In addition, you may obtain a copy of this Notice at our website, [www.aoascc.org](http://www.aoascc.org).

**Request Confidential Communications.** You have the right to request that AASCC communicate with you concerning your health matters in a certain manner. AASCC will accommodate your reasonable requests.

## **V. SPECIAL RULES REGARDING DISCLOSURE OF PSYCHIATRIC, SUBSTANCE ABUSE AND HIV-RELATED INFORMATION**

Under Connecticut and/or federal law, additional restrictions may apply to disclosures of health information that relates to care for psychiatric conditions, substance abuse or HIV-related testing and treatment. This information may not be disclosed without your specific written permission, except as may be specifically required or permitted by Connecticut and/or federal law. The following are examples of disclosures that may be made without your specific written permission:

- Psychiatric information. AASCC may disclose psychiatric information to a mental health program if needed for your diagnosis or treatment. AASCC may also disclose very limited psychiatric information for payment purposes.
- HIV-related information. AASCC may disclose HIV-related information for purposes of treatment or payment.
- Substance abuse treatment. AASCC may disclose information obtained from a substance abuse program in an emergency.

## **VI. FOR FURTHER INFORMATION OR TO FILE A COMPLAINT**

If you have any questions about this Notice or would like further information concerning your privacy rights, please contact AASCC's Privacy Officer at (203) 752-3040 or 1-888-811-1222.

If you believe that your privacy rights have been violated, you may file a complaint in writing with AASCC or with the Office for Civil Rights in the U.S. Department of Health and Human Services. AASCC will not retaliate against you for filing a complaint.

To file a complaint with AASCC, you should call one of the numbers above or mail your complaint to: Agency on Aging of South Central Connecticut, c/o Privacy Officer, One Long Wharf Drive, Suite 1L, New Haven, CT 06511. To file a complaint with the Office for Civil Rights, send your written complaint to the OCR Regional Manager by mail to: Office for Civil Rights--Region I, U.S. Department of Health and Human Services, J.F. Kennedy Federal Building - Room 1875, Boston, MA 02203, by fax to (617) 565-3809 or by email to [OCRCComplaint@hhs.gov](mailto:OCRCComplaint@hhs.gov).

## **VII. CHANGES TO THIS NOTICE**

AASCC reserves the right to change this Notice and to make the revised or new Notice provisions effective for all PHI already received and maintained by AASCC as well as for all PHI AASCC receives in the future. AASCC will post a copy of the current Notice in AASCC's office and on its website, and will provide a copy of the revised Notice upon request.