

## **AREA AGENCY ON AGING OF NORTHWEST MICHIGAN NOTICE OF PRIVACY PRACTICES**

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This notice describes how Protected Health Information (hereafter referred to as PHI) about you may be used and disclosed and how you can gain access to this information. Please review it carefully. If you have any questions about this Notice, please contact the Privacy Officer, Area Agency on Aging of Northwest Michigan at [compliance@aaanm.org](mailto:compliance@aaanm.org), by calling 231-282-9222 or 800-442-1713, or by submitting in writing to AAANM, PO Box 5946, Traverse City, MI 49696-5946.

### **WHO WILL FOLLOW THIS NOTICE**

This notice describes the privacy practices of the Area Agency on Aging of Northwest Michigan and that of:

- Any agency staff person authorized to enter information into your chart.
- All departments of the agency including Care Connections, Administration and Billing.
- Any member of a volunteer group that we allow to help you while you are in the program.
- All employees, staff and other agency personnel.
- Doctors, health care agencies, and community organizations that are able to help locate, receive and monitor services and benefits to which you may be entitled. All these entities, sites and locations may share PHI with each other for treatment, payment or health care operation purposes described in this notice.

### **OUR COMMITMENT REGARDING YOUR PROTECTED HEALTH INFORMATION**

We understand the importance of your PHI and we follow strict policies (in accordance with state and federal privacy laws) to keep your PHI private. PHI is information about you, including demographic data, that can be reasonably used to identify you and that relates to your past, present and future physical or mental health, the provision of care to you and the payment for that care.

We create a record of the care and services that you receive while in our program. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by the Area Agency on Aging of Northwest Michigan.

In this Notice, we explain how we protect the privacy of your PHI, and how we will allow it to be used and given out or “disclosed”. We also describe your rights and certain obligations we have regarding the use and disclosure of your PHI. We must follow the privacy practices described in this notice while it is in effect. This notice takes effect April 14, 2003. It will remain in effect until we replace or modify it. Where multiple state or federal laws protect the privacy of your PHI, we will follow the requirements that provide the greatest privacy protection.

### **HOW WE MAY USE AND DISCLOSE PROTECTED HEALTH INFORMATION**

The following categories describe different ways that we use and disclose PHI. For each category of use or disclosure, we will explain what we mean and try to give some examples.

- **For Treatment** We may use and disclose information to people outside the agency who may be involved in your care. Care Managers may share the minimal necessary information about you in order to coordinate the different services you may need. For example, Care Managers would contact a home care agency to discuss your situation in order to begin an agreed upon service.
- **For Payment** We may use and disclose information so that the treatment and services you receive may be billed to the appropriate party, such as an insurance company. For example, the agency works with the Center for Information Management to submit claims to the State for billing purposes. We may also discuss with a durable medical equipment company a need that you have for a piece of medical equipment for a determination on the insurance coverage.
- **For Health Care Operations** We may use and disclose information about you for operations. These uses and disclosures are necessary to run the agency and make sure that all of our participants receive quality care. For example:
  - Conducting quality assessment and improvement activities.
  - Review of services and evaluation of staff performance.
  - Review of the overall services offered by the agency.
  - Performing business management and other general administrative activities including data management.
- **To You Regarding Treatment Information** We may contact you to provide appointment reminders, information about treatment alternatives or other health related benefits and services that may be of interest to you.
- **To Individuals Involved in your Care or Payment for your Care** We may release information to a friend or family member who is involved in your care or who helps pay for your care. For example, if your treatment plan changes, the individuals caring for you would need to know the new plan to meet your needs. In addition, we may disclose information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.
- **To You and Your Personal Representative** We may disclose your PHI to you or to your personal representative (someone who has the legal right to act for you). This person, for example, would be a Legal Guardian or have Power of Attorney for health care decisions.
- **As Required by Law** We will use and disclose your PHI if we are required to do so by law. For example, we will use and disclose your PHI in response to court or administrative orders and subpoenas, and when required by the Secretary of Health and Human Services, the Administration of Aging and state regulatory authorities such as the Michigan Department of Community Health and the Michigan Office of Services to the Aging.
- **For Matters in the Public Interest** We may use or disclose your PHI without your written authorization for matters in the public interest, for example:
  - To prevent a serious threat to your health and safety or the health and safety of the public or another person.
  - To report public health and safety activities, including disease and vital statistic reporting.
  - To notify Food and Drug Administration of medication reactions or problems with products, as required.
  - To report adult abuse, neglect or domestic violence.
- **For Research** Under certain circumstances, we may use and disclose information about you for research purposes. For example, a research project may involve comparing the health and

recovery of all participants who received medication to those who received another for the same condition. All research projects are subject to an approval process. We will ask for your authorization before releasing PHI for research projects if it has not been de-identified.

- **To Our Business Associates** We may engage third parties to provide various services for you or for the agency. Whenever an arrangement with such a third party involves the use or disclosure of your PHI we will have a written contract with that third party designed to protect the privacy of your PHI.
- **Veterans** We may use and disclose information to components of the Department of Veterans Affairs to determine whether you are eligible for certain benefits.
- **For Health Oversight Activities** We may disclose information to a health oversight agency for activities authorized by law. For example, these oversight activities may include audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
- **For Lawsuits and Disputes** If you are involved in a lawsuit or dispute, we may disclose information about you in response to a court or administrative order. We may also disclose information about you in response to a subpoena, discovery request, or other lawful processes by someone else involved in the dispute, but only if efforts have been made to inform you of the request or to obtain an order protecting the information requested.
- **To Law Enforcement Agencies** We may release information if asked to do so by a law enforcement official in response to a court order, subpoena, warrant, summons or similar process.
- **To Coroners, Medical Examiners, and Funeral Directors** We may release information to identify a deceased person or to determine the cause of death.
- **For National Security and Intelligence Activities** We may disclose information about you to authorized federal officials so they may provide protection to the President other authorized persons or foreign heads of state or conduct special investigations.

## Uses and Disclosures of Your PHI That Require Your Written Authorization

- **Marketing Purposes of AAANM or their Business Associates**
- **Disclosure of Psychotherapy Notes**
- **Disclosure of PHI as part of an evaluation of your eligibility for enrollment in a health plan or program**
- **Disclosure related to research if your PHI has not been de-identified**
- **Disclosure for fundraising activities**
- **Disclosure for the purpose of newsletters or articles**
- **Disclosures of your PHI that you instruct us to provide to another party for any purpose**

We require your authorization to be on our standard form. To obtain this form, contact your Care Manager or the Privacy Officer at the Area Agency on Aging of Northwest Michigan. You have the right to revoke this authorization in writing at any time.

## Your Rights Regarding Protected Health Information

You have the following rights regarding the PHI we maintain about you:

- **Access** You have the right to look at or receive a copy of your PHI contained in the group of records that are used by us in the coordination of your care, including enrollment information, payment and claims and case management notes. We reserve the right to charge a fee for the costs of copying, mailing or other supplies associated with your request. If we deny your

request for access, we will tell you the basis for our decision and whether you have the right to further review. To inspect or copy your PHI, you must submit your request in writing to the agency. Forms may be obtained from your Care Manager or from the Privacy Officer.

- **Accounting of Disclosures** You have the right to an accounting of certain disclosures of your PHI, such as disclosures required by law. This accounting requirement applies to disclosures we make beginning on or after April 14, 2003. If you request this accounting more than once in a 12-month period, we may charge you a fee covering the cost of responding to these additional requests.
- **Restriction Requests** You have the right to request that we place restrictions on the way we use or disclose your PHI for treatment, payment or health care operations. *We are not required to agree to these additional restrictions*; but if we do, we will abide by them (except as needed for emergency or as required by law) unless we notify you that we are terminating our agreement. To request restrictions you must make your request in writing to the agency. Forms may be obtained from your Care Manager or from the Privacy Officer.
- **Amendment** You have the right to request that we amend your PHI in the set of records described above under **Access**. If we deny your request, we will provide you with a written explanation. If you disagree, you may have a statement of your disagreement placed in our records. If we accept your request to amend the information, we will make reasonable efforts to inform others, including individuals you name, of the amendment.
- **Copy of Privacy Notice** You have the right to a paper copy of this notice. You may ask for a copy at any time. To obtain a paper copy of this notice, call the agency at 1-800-442-1713. You may also obtain a copy of this notice from our website, **[www.aaanm.org](http://www.aaanm.org)**.
- **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 may request that a message not be left on your answering machine about services or treatments. To request this restriction, you must make your request in writing to the agency. Forms may be obtained from your Care Manager or from the Privacy Officer.

## Complaints

If you believe that your privacy rights have been violated, you may file a complaint with the agency or with the Secretary of the Department of Health and Human Services. To file a complaint with the agency, contact AAANM's Privacy Officer, at [compliance@aaanm.org](mailto:compliance@aaanm.org), by calling 231-282-9222 or 800-442-1713, or by submitting in writing to AAANM, PO Box 5946, Traverse City, MI 49696-5946. You 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 of Privacy Practices effective for PHI we already have about you as well as any information we receive in the future. We will post a copy of the current Notice of Privacy Practices on our website and in our office.