

-Military Activity and National Security.

When the appropriate conditions apply, we may use or disclose PHI of individuals who are Veterans of the Armed Forces for: (1) activities deemed necessary by appropriate military command authorities, (2) for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits, or (3) to foreign military authority if you are a member of that foreign military services. .

-Workers' Compensation. We may disclose your PHI as authorized to comply with workers' compensation laws.

-Inmates. We may use or disclose your PHI if you are an inmate of a correctional facility or under the custody of a law enforcement official.

-Required Uses and Disclosures. Under the law, we must make disclosures when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of 45 CFR, Title II, §164.

-National Security and Intelligence Activities. We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

-Disclosure to Health Plan. Information may be disclosed to the client's health plan for purposes of facilitating claims payments under that plan.

-Amend or Terminate. We may use or disclose your PHI in order to decide whether to amend or terminate services.

Your Rights

-Right to Inspect and Copy. You have the right to inspect and copy medical or care plan information that may be used to make decisions about your care.

-Right to an Electronic Copy of Electronic Medical or Service Records.

-Right to Get Notice of a Breach. You have the right to be notified upon a breach, as defined by law, of any of your unsecured PHI.

-Right to Amend. If you feel that medical, service or care plan information about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment as long as the information is kept by us.

-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 medical, service or care plan information about you.

-Right to Request Restrictions. You have the right to request a restriction or limitation on the medical, service delivery or care plan information we use or disclose about you for treatment, payment, or health care operations.

-Out-of-Pocket-Payments. If you paid out-of-pocket in full or in other words, you have requested that we not bill another agency or health plan.

-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.

-Marketing or Sales Purposes. If you are contracted to raise funds, you have the right to opt out of receiving such communications.

-Right to a Paper Copy of This Notice.

How to use your rights under this notice

If you have questions or would like more information, you may contact our Privacy Officer at:
(269) 279-8083 or 1-800-641-9899

If you believe your privacy rights have been violated, you can file a complaint with our Privacy Officer or the Department of Health & Human Services.

Copies of this notice

You have the right to receive a full copy of our privacy practices along with additional copies at any time. This notice is available in other languages and alternate formats that meet guidelines for the Health Insurance Portability and Accountability Act (HIPAA). Please call or write to us to request a copy.

St. Joseph County
Commission on Aging
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Three Rivers, MI 49093
Phone: 269-279-8083
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www.sjcco.com



St. Joseph County

Commission

on

Aging



Notice of Privacy Practices

This notice describes how personal and health information about you may be used and disclosed and how you can get access to this information.

Our Privacy Commitment To You

We care about your privacy. The information we collect about you is private. We are required to give you a notice of our privacy practices. Only people who have both the need and legal right may see your information. Unless you give us permission in writing, we will only disclose your information for purposes of treatment / services, payment, business operations or when we are required by law.

St. Joseph County Commission on Aging (the "COA") maintains health information in client records (the "Client Files") for the purposes of determining eligibility for services and to coordinate services on behalf of the client's request best interest and receive payment for those services. The COA is required by federal law to maintain the privacy of Protected Health Information and to provide notice of our legal duties and privacy practices with respect to Protected Health Information.

Your PHI will be disclosed to certain employees of the COA, St. Joseph County, regional granting agencies, State of Michigan, coordinated health care providers, coordinated service providers.

We engage in the following practices involving the use and disclosure of Individually Identifiable Health Information to carry out treatment, payment and health care operations:

- **To verify** eligibility, coordinate or arrange services, implement or perform services.
- **Emergencies.** We may use or disclose your PHI in an emergency treatment situation, for example to contact 911 dispatch, police, fire department personnel or ambulance personnel, including doctors, social workers or other health and human services personnel.
- **For Payment.** We may use and disclose medical or other information about you to determine eligibility for services or programs, to facilitate payment for services you receive, to report, personal, demographic information, service type date of service and units of services received to granting agencies.
- **For Health Care Coordination** - We may use or disclose your PHI in an emergency treatment situation, for example to contact 911 dispatch, police, fire department personnel or ambulance personnel, including doctors, social workers or other health and human services personnel.

We are permitted to make the following uses and disclosures of your PHI for purposes other than treatment, payment, or health care operations should circumstances warrant such uses and disclosures. Any such uses and disclosures may be made without your consent, authorization, or opportunity to object:

- **Required By Law.** We may use or disclose your PHI to the extent required by law.

- **Business Associates.** We may disclose PHI to our business associates that perform functions on our behalf or provide us with services.

- **Public Health.** We may disclose your PHI for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information.

- **To Avert a Serious Threat to Health or Safety.** We may use and disclose PHI when necessary to prevent a serious threat to your health or the health and safety of the public or a person.

- **Communicable Diseases.** We may disclose your PHI, if authorized by law, to a person who may have been exposed to a communicable disease or may be at risk of contracting or spreading the disease or condition.

- **Health Oversight.** We may disclose PHI to a health oversight agency for activities authorized by law, including audits, investigations, inspections.

- **Data Breach Notification Purposes.** We may use or disclose your PHI to provide legally required notices of unauthorized access to or disclosure of your health information.

- **Abuse or Neglect.** We may disclose your PHI to a public health authority authorized by law to receive reports of abuse or neglect.

- **Food and Drug Administration.** We may disclose your PHI to a person or company required by the Food and Drug Administration to report adverse events, biologic product deviations, product defects, or problems; to track products; to enable product recalls; to make repairs/replacements; or to conduct post marketing surveillance.

- **Legal Proceedings.** We may disclose PHI in the course of a judicial or administrative proceeding in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), and in certain conditions in response to a subpoena, discovery request, or lawful process.

- **Law Enforcement.** We may also disclose PHI, so long as applicable legal requirements are met, for law enforcement purposes, including (1) legal processes and purposes otherwise required by law, (2) limited information requests for identification and location purposes, (3) treating victims of a crime, and (4) suspicion that death has occurred as a result of criminal conduct.

- **Coroners and Funeral Directors.** We may disclose PHI to a coroner or medical examiner for identification purposes, cause of death determinations, or for the coroner or medical examiner to perform other duties authorized by law.

- **Research.** We may disclose your PHI to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your PHI.

- **Criminal Activity.** Consistent with federal and state laws, we may disclose your PHI if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.