

Notice of Privacy Practices

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.

Northeast Iowa Area Agency on Aging is required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information. If you have any questions about this Notice, please contact our Privacy Officer at 319- 874-6846

USE AND DISCLOSURE OF HEALTH INFORMATION

Northeast Iowa Area Agency on Aging collects health information from you and stores it in a record or on a computer. This record is the property of the Northeast Iowa Area Agency on Aging, but the information in the record belongs to you. NEI3A may use your health information for purposes of providing you treatment, obtaining payment for your care and conducting health care operations. NEI3A has established policies to guard against unnecessary disclosure of your health information. NEI3A may use or disclose your health information for the following purposes:

Treatment. NEI3A may use your health information to coordinate care within NEI3A and with others involved in your care such as your attending physician, members of the interdisciplinary team and other health care professionals who have agreed to assist NEI3A in coordinating care. NEI3A may also disclose your health information to individuals outside of NEI3A involved in your care including family members, clergy who you have designated, pharmacists, suppliers of medical equipment, dieticians or other health care professionals.

Conduct Health Care Operations. NEI3A may use and disclose health information for its own operations in order to facilitate the function of NEI3A and as necessary to provide quality services to all of NEI3A' s clients. Health care operations include such activities as evaluating the quality of health care services, compliance with federal and state regulations, case management and care coordination, professional review and performance evaluation, business planning and development and general administrative activities of NEI3A.

For example, NEI3A may use your health information to evaluate its staff performance, combine your health information with other NEI3A clients in evaluating how to more effectively serve all of its clients, disclose your health information to NEI3A staff and contracted personnel for training purposes, use your health information to contact you as a reminder regarding a visit to you, or contact you as part of general fund raising and community information mailings unless you tell us you do not want to be contacted.

Obtain Payment. NEI3A may include your health information and invoices to collect payment from third parties for the care you receive from NEI3A. For example, NEI3A may be required by the federal or state government to provide information regarding your health care status so that the federal or state government will reimburse you or NEI3A. NEI3A may also need to obtain prior approval from your insurer or state or federal government and may need to explain your need for services that would be provided to you.

Fundraising Activities. NEI3A may use information about you including your name, address, phone number, and the dates you received services in order to contact you or your family to raise money for NEI3A. If you do not want NEI3A to contact you or your family, notify Bob Schaffer, Director of Employee Services, and Northeast Iowa Area Agency on Aging, 2101 Kimball Ave, Suite 320, Waterloo, IA 5702, and 319-272-2244 and indicate that you do not wish to be contacted.

Appointment Reminders. NEI3A may use and disclose your health information to contact you as a reminder that you have an appointment for a home visit.

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Treatment Alternatives. NEI3A may use and disclose your health information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

Business Associates. NEI3A may share your information with business associates who perform services that require your health information.

OTHER USE AND DISCLOSURE OF HEALTH INFORMATION

Legally Required. NEI3A will disclose your health information when it is required to do so by any federal, state or local law.

Risks To Public Health. NEI3A may disclose your health information for public activities and purposes in order to prevent or control disease, injury, disability, report abuse or neglect, report domestic violence, report to the Food and Drug Administration problems with products and reactions to medications and to report disease or infection exposure.

Health Oversight Activities. NEI3A may disclose your health information to a health oversight agency for activities including audits, civil administrative or criminal investigations, inspections, licensure or disciplinary action. NEI3A may not disclose your health information if you are the subject of the investigation and your health information is not directly related to your receipt of healthcare or public benefits.

Judicial and Administrative Proceedings. NEI3A may disclose your health information in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal as expressly authorized by such order or in response to a subpoena, discovery request or other lawful process but only when NEI3A makes reasonable efforts to either notify you about the request or to obtain an order protecting your health information.

Law Enforcement Purposes. NEI3A may disclose your health information to a law enforcement official for purposes, such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order or subpoena or other law enforcement purpose.

Deceased Person Information. NEI3A may disclose your health information to coroners, medical examiners and funeral directors.

Health and Safety. In the event of a serious health threat to health or safety, NEI3A may, consistent with applicable law and ethical standards of conduct, disclose your health information if NEI3A in good faith believes that such disclosure is necessary to prevent or lessen a serious and imminent threat to your health or safety or to the health and safety of the public.

Specialized Governmental Functions. NEI3A may disclose your health information for military, national security, prisoner and government to benefit purposes.

Workers' Compensation. NEI3A may disclose your health information as necessary to comply with workers' compensation laws.

AUTHORIZATION TO USE OR DISCLOSE HEALTH INFORMATION. Other than as stated above, NEI3A will not disclose your health information without your written authorization. If you authorize NEI3A to use or disclose your health information, you may revoke that authorization in writing at any time. A revocation of authorization will be effective on the date it is received and will not affect previous disclosures.

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YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION.

You have the following rights regarding your health information that NEI3A maintains:

Right To Request Restrictions. You may request restrictions on certain uses and disclosures of your health information. You have the right to request that NEI3A limit disclosure of your health information to someone who is involved in your care or payment for your care. NEI3A is not required to agree to this request.

Right Choose someone to act for you

If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.

We will make sure the person has this authority and can act for you before we take any action.

Right To Inspect and Copy Your Health Information. You have the right to inspect and copy your health information either in electronic format or paper copy. A request to inspect and copy records containing your health information may be made to the Privacy Officer identified below. If you request a copy of your health information, NEI3A may charge a reasonable fee for copying.

Right To Receive Confidential Communications. You have the right to request that NEI3A communicate with you in a certain way. For example, you may request that NEI3A only conduct communications pertaining to your health information with you privately with no other family members present. You may request that NEI3A send information in a specific manner (at home, office, send information to an alternate address).

Right To Amend Health Information. You or your representative has the right to request that NEI3A amend your records if you believe that your health information is incorrect or incomplete. That request may be made as long as the information is maintained by NEI3A. A request for amendment should be made in writing to the Privacy Officer identified below. NEI3A may deny the request if it is not in writing or does not include a reason for the amendment. The request may also be denied if your health information records were not created by NEI3A, if the records you are requesting are not part of NEI3A's record, if the health information you wish to amend is not part of the health information you or your representative are permitted to inspect and copy or if, in the opinion of NEI3A, the records containing your health information are accurate and complete.

Right to Accounting of Disclosures. You have a right to receive an accounting of disclosures of your health information made by NEI3A. The request for an accounting must be made in writing to the Privacy Officer identified below. The request should specify time period for the accounting starting on or after April 14, 2003. Accounting requests may not be made for periods of time in excess of 6 years or prior to April 14, 2003. NEI3A will provide the first accounting during any 12-month period without charge. Subsequent accounting requests may be subject to a reasonable cost based fee.

Right to Copy of Notice. You have a right to a paper copy of this Notice of Privacy Practices.

Right to Notice of Breach. You have the right to be notified of a breach that compromises your reputation or poses a risk of financial harm.

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DUTIES OF NEI3A

- NEI3A is required to abide by the terms of this Notice as it may be amended from time to time.
- NEI3A reserves the right to change the terms of this Notice and to make the new Notice provisions effective for all health information that it maintains. You will receive a copy of this our Notice if it is revised.
- You or your representative has the right to express complaints to NEI3A or to the Secretary of the Department of Health and Human Services if you believe that your privacy rights have been violated.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

Any requests regarding your rights or complaints to NEI3A regarding privacy issues should be made in writing to:

Privacy Officer
Northeast Iowa Area Agency on Aging
2101 Kimball Avenue, Suite 320
Waterloo, Iowa 50702

You may call 1-877-538-0508 or email bschsffer@nei3a.org

NEI3A encourages you to express any concerns that you may have regarding the privacy of your information. If you are not satisfied with the manner in which NEI3A handles a complaint, you may submit a formal complaint to:

Department of Health and Human Services
Office of Civil Rights
Hubert H. Humphrey Building
200 Independence Avenue S.W. Room 509F
Washington, DC 20201.

You may call 1-877-696-6675 or visit www.hhs.gov/ocr/privacy/complaints/

You will not be retaliated against in any way for filing a complaint.

Effective Date: This Notice is effective April 14, 2003.

Amended: September 23, 2013

Acknowledgement of Receipt of the Notice of Privacy Practices

I understand, that under the Health Insurance Portability & Accountability Act of 1996 (HIPAA), I have certain rights to privacy regarding my protected health information (PHI). The Notice of Privacy Practices has been made available to me, which explains those rights.

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(Client's Signature)

(Date)

Print Client's Name: _____

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(Legal Representative Signature if applicable)

(Date)

Print Name: _____

Relationship of representative to client: _____