

ADULT LIFE PROGRAMS

NOTICE OF PRIVACY INFORMATION 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.

If you have any questions about this notice, please contact the Executive Director at 828-326-9120 or email alped@charter.net.

WHO WILL FOLLOW THIS NOTICE:

This notice describes Adult Life Programs' practices and that of:

- Any health care professional authorized to enter information into your medical record.
- Any member of a volunteer group we allow to help you while you are in the center and/or receiving treatment.
- All employees, staff and other center and/or treatment facility personnel.

OUR PLEDGE REGARDING MEDICAL INFORMATION:

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive at the Center and/or treatment facility. 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 Adult Life Programs, whether made by the center and/or treatment facility personnel or your personal doctor. Your personal doctor may have different policies or notices regarding the doctor's use and disclosure of your medical information created in the doctor's office or clinic.

This notice will tell you about the way in which we may use and disclose medical information about you. We also describe your right and certain obligations we have regarding the use and disclosure of medical information.

We are required by law to:

- Make sure that medical information that identifies you is kept private.
- Give you this notice of our legal duties and privacy practices with respect to medical information about you.
- Follow the terms of the notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

The following categories describe different ways that we use and disclose medical information. For every category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and discuss information will fall within one of the categories.

- **For Treatment.** We may use medical information about you to provide you with medical treatment services. We may disclose medical information about you to doctors, nurses, technicians, med students, or other center and/or treatment facility personnel who are involved in taking care of you at Adult Life Programs. For example, a doctor treating you for a broken bone may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell the dietitian if you have diabetes so that appropriate meals can be arranged. Different departments of the center and/or treatment facility also may share medical information about you in order to coordinate different things you need, such as prescriptions, therapy and dietary. We also may disclose medical information about you to people outside the center and/or treatment facility who may be involved in your medical care after you leave the center and/or treatment facility, such as family members, Medicare, Medicaid, Veterans Administration, NC Division on Aging, Departments of Social Services, Health Local Management Entity, Public Health Department or others we use to provide services that are part of your care.
- **For Payment.** We may use and disclose medical information about you so that the treatment and services you receive at the center and/or treatment facility may be billed to, and payment may be collected from you, an insurance company or a third party. For example, we may tell your health plan about the services you may receive at the center and/or treatment facility to obtain prior approval or determine whether your plan will cover the services.
- **For Health Care Operations.** We may use and disclose medical information about you for the center and/or treatment facility operations. These uses and disclosures are necessary to run the center and/or treatment facility and make sure that all of our participants and/or clients receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may combine medical information about many center participants and/or treatment facility clients to decide what additional services Adult Life Programs should offer and what services are not needed. We may disclose information to doctors, nurses, technicians, medical students, and other center and/or treatment facility personnel for review and learning purposes. We may also combine the medical information we have with medical information from other centers and/or treatment facility to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning whom the specific participants are.

- **Appointment Reminders.** We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care at the Center and/or treatment facility.
- **Health-Related Benefits and Services.** We may use and disclose medical information to tell you about the health-related benefits or services that may be of interest to you.
- **Fundraising Activities.** We may use medical information (without the use of your name) about you in an effort to raise money for the center and/or treatment facility and its operations. If you do not want the center to contact you for fundraising efforts, you must notify the Executive Director in writing.
- **Center Newsletter.** We may include certain limited information about you in the center Newsletter/Agency Newsletter while you are a participant and/or client at Adult Life Programs.
- **Individuals Involved In Your Care or Payment for Your Care.** We may release medical information about you to a friend or family member who is involved in your medical care. We may also get information to someone who helps pay for your care. We may also tell your family or friends the condition and that you are in the center and/or treatment facility. In addition, we may disclose medical 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.
- **Research.** Under certain circumstances, we may use and disclose medical information about your research purposes. For example, a research project may involve comparing the health and recovery of participants and/or clients who received one medication to those who received another, for the same condition. All research projects, however, are subject to a special approval process. This process evaluated a proposed research project and its use of medical information, trying to balance the research needs and participants' need for privacy of their medical information. Before we use or disclose medical information for research, the project will have been approved through this research approval process, but we can, however, disclose medical information about you to people preparing to conduct a research project. For example, to help them look for participants with specific medical needs, so long as the medical information they review does not leave the center and/or treatment facility. We will always ask for your special permission if the researcher will have access to your name, address or other information that reveals who you are, or will be involved in your care at the Adult Life Programs.
- **As Required By Law.** We will disclose medical information about you when to do so by federal, state or local law.
- **To Avert a Serious Threat to Health or Safety.** We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent any threat.

SPECIAL SITUATIONS

- **Military and Veterans.** If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority. If you are a member of the Armed Forces, we may disclose medical information about you to the Department of Veterans Affairs upon your separation or discharge from military services. This disclosure is necessary for the Department of Veterans Affairs to determine if you are eligible for certain benefits. We may use and disclose components to the Department of Veterans Affairs medical information about you and determine whether you are eligible for certain benefits.
- **Workers' Compensation.** We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.
- **Public Health Risks.** We may disclose medical information about you for public health activities. These activities generally include the following:
 - To prevent or control disease, injury or disability;
 - To report reactions to medications or problems with products;
 - To notify people of recalls of products they may be using;
 - To notify a person why may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
 - To notify the appropriate government authority if we believe a participant has been the victim of abuse, neglect or domestic violence as required or authorized by law.
- **Health Oversight Activities.** We may disclose medical information to a health oversight agency activities authorized by law. These oversight activities include, for example, 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.
- **Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

- **Law Enforcement.** We may release medical information if asked to do so by a law enforcement officer.
 - In response to a court order, subpoena, warrant, summons or similar process;
 - To identify or locate a suspect, fugitive, material witness, or missing person;
 - About the victim of a crime if, under certain limited circumstances, we are unable to obtain a person's agreement;
 - About a death we believe may be the result of criminal conduct;
 - About criminal conduct at the center and/or treatment facility; and
 - In emergency circumstances, to report a crime; the location of the crime or victims; or the identity description or location of the person who committed the crime.
- **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.
- **Protective Services for the President and Others.** We may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons of foreign heads of state or conduct special investigators.

YOUR RIGHT REGARDING MEDICAL INFORMATION ABOUT YOU.

You have the following rights regarding medical information we maintain about you:

- **Right to Inspect and Copy.** You have the right to inspect and copy medical information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy, day activity, community-based services (individual or group, professional, paraprofessional) or psychosocial rehabilitation notes.

To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to the Executive Director. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health professional chosen by the center and/or treatment facility will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome on the review.

- **Right to Amend.** If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the center and/or treatment facility.

To request an amendment, your request must be made in writing and submitted to the Executive Director. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to submit the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
 - Is not part of the medical information kept by or for the Center and/or Treatment Facility;
 - Is not part of the information which you would be permitted to inspect and copy; or
 - Is accurate and complete.
- **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 information about you.

To request this list or accounting of disclosures, you must submit your request in writing to the Executive Director. Your request must state a time period which may not be longer than six years and may include dates before April 14, 2003. Your request should indicate in what form you want the list. (for example, on paper, electronically). The first list you request within a 12 month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the costs involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a diagnosis you have.

We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions, you must make your request in writing to the Executive Director. In your request you must tell us (1) what information you want to limit; (2) whether you want to

limit our use, disclose or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

- **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. For example, you can ask that we only contact you at the center or by mail.

To request confidential communications, you must make your request in writing to the Executive Director. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

- **Right to a Paper Copy of This Notice.** You have the right to a paper copy of this notice. You may want us to give you a copy of this notice at any time. To obtain a paper copy of this notice, request it in writing to the Executive Director.

CHANGES TO THIS NOTICE

- We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in the center. The notice will contain on the first page the top right-hand corner, the effective date and any dates of revisions. We will provide a copy of the revised notice upon request.

COMPLAINTS

- If you believe your privacy rights have been violated, you may file a complaint with the center and treatment facility or with the Secretary of the Department of Health and Human Services. To file a complaint with the center, contact the Executive Director at 326-9120. All complaints must be submitted in writing. **You will not be penalized for filing a complaint.**

OTHER USES OF MEDICAL INFORMATION.

- Other uses and disclosures of medical information not covered by this notice or the laws that apply will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that was provided to you.