

WATAUGA COUNTY PROJECT ON AGING'S NOTICE OF PRIVACY PRACTICES

Effective: April 14, 2003

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU MAY GET ACCESS TO THIS INFORMATION. PLEASE READ IT CAREFULLY.

The Watauga County Project on Aging is dedicated to protecting your medical information. We are required by law to maintain the privacy of protected health information and to provide you with this Notice of our legal duties and privacy practices with respect to protected health information. The Watauga County Project on Aging is required by law to abide by the terms of this Notice.

This notice will tell you how we may use and disclose protected health information about you. Protected health information means any health information about you that identifies you or for which there is a reasonable basis to believe that information can be used to identify you. In this notice, we refer to all protected health information as "medical information".

This notice informs you about your rights and our duties with respect to your medical information. In addition, this notice explains how to file a complaint if you believe your privacy rights have been violated.

HOW YOUR MEDICAL INFORMATION WILL BE USED AND DISCLOSED:

We may use and/or disclose your medical information in accordance with federal and state laws without your consent or authorization for the following purposes:

Treatment Information/Alternatives

We may use your medical information to provide, coordinate or manage your health care and related services provided by us or other health care providers. We may disclose your medical information to doctors, nurses, hospitals and any other health facilities that become involved in your care. We may consult with other health care providers and as part of the consultation share your medical information with them. Similarly, we may refer you to another health care provider and as part of the referral share your medical information with that provider. For example, your physician may order equipment to use in your home, which will require us to contact the provider of your choice to give them the information needed so that the proper equipment can be ordered and delivered to your home. We may also contact you regarding treatment alternatives that may be of interest to you.

For Payment

We may use and disclose your medical information to others to bill and collect payment for the services provided to you. This can include billing you or a third party payor. For example, we may provide Medicaid information about the health care services provided in order to be paid by Medicaid for those services.

Health Care Operations

We may use and disclose your medical information for health care operations which are necessary for the Project on Aging to operate and maintain quality health care for our clients. For example, we may use your medical information to review the services we provide and to monitor the performance of our employees. We may disclose your medical information in order to train the staff, volunteers and students who work for the Project on Aging. We may also use this information to study ways to more efficiently manage our organization.

How We Will Contact You

We may contact you by phone or by mail at your home or workplace unless you request an alternative method in writing. If necessary, we will leave messages for you. If you want to request that we contact you in a

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certain way or at a certain location, see “Right to Receive Confidential Communications” on page 4 of this notice.

Appointment Reminders

We may contact you to remind you of an appointment with us.

Health Related Benefits and Services

We may use and disclose your medical information to contact you about health related benefits and services that may be of interest to you.

Disclosure for Health Oversight Activities

We may disclose your medical information to a health oversight agency for activities authorized by law, including audits, investigations, inspections, licensure or disciplinary actions. These and similar types of activities are necessary for appropriate oversight of the health care system, government benefit programs, and entities subject to various government regulations.

Abuse or Neglect

We may disclose your medical information when it concerns abuse, neglect or violence to you in accordance with federal and state law.

Legal Proceedings

We may disclose your medical information in the course of certain judicial or administrative proceedings. We may also disclose your medical information in response to a subpoena, discovery request, or other legal process.

Law Enforcement

We may disclose your medical information for law enforcement purposes or other specialized governmental functions including National Security and Intelligence and Protective Services for the President.

Military

We may use and disclose your medical information to the Department of Veteran's Affairs to assist in determining eligibility or entitlement to benefits.

Coroners, Medical Examiners and Funeral Directors

We may disclose your medical information to a coroner, medical examiner or a funeral director as necessary for them to carry out their duties.

Organ, Eye, and Tissue Donation

If you are an organ donor, we may disclose your medical information to an organ donation and procurement organization.

Public Safety

We may use or disclose your medical information to prevent or lessen a serious threat to the health or safety of another person or to the public.

Workers' Compensation

We may disclose your medical information as authorized by laws relating to workers' compensation or similar programs.

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Business Associates

We may disclose your health information to a business associate with whom we contract to provide services on our behalf. To protect your health information, we require our business associates to appropriately safeguard the health information of our patients.

Public Health Activities

We may disclose your medical information for public health activities and purposes. This includes reporting your medical information to a public health authority that is authorized by law to collect or receive the information for purposes of preventing or controlling disease, or one that is authorized to receive reports of abuse and neglect. It also includes reporting for purposes of activities related to the quality, safety, or effectiveness of a United States Food and Drug Administration regulated product or activity.

Inmates; Persons in Custody

We may disclose your medical information to a correctional institution or law enforcement official having custody of you. The disclosure will be made: (a) to provide health care to you; (b) for the health and safety of others; or, (c) for the safety, security and good order of the correctional institution.

Family and Friends

We may disclose your medical information to any person identified by you on your assessment. We may also use or disclose your medical information to notify, or assist in notifying, those persons of your location, general condition, or death. If there is a family member, other relative, or close personal friend that you do not want us to disclose your medical information to, please notify your case manager or social worker.

Disaster Relief

We may disclose your medical information to a public or private entity, such as the American Red Cross, for the purpose of coordinating with that entity to assist in disaster relief efforts.

AUTHORIZATIONS:

We will not use or disclose your medical information for any other purpose without your written authorization. Once given, you may revoke your authorization in writing at any time. To request a Revocation of Authorization form, you may contact Angie Boitnotte, Director/Privacy Officer, Watauga County Project on Aging, 132 Poplar Grove Connector, Suite A, Boone NC 28607, (828)265-8090.

YOUR RIGHTS WITH RESPECT TO YOUR MEDICAL INFORMATION:

Right to Request Restrictions

You have the right to request that we restrict the uses or disclosures we make to: (a) those individuals identified by you on your assessment or, (b) to public or private entities for disaster relief efforts. For example, you could ask that we not disclose your medical information to your brother or sister.

If you want to request a restriction, you must do so in writing to Angie Boitnotte, Director/Privacy Officer, Watauga County Project on Aging, 132 Poplar Grove Connector, Suite A, Boone, NC 28607 and must indicate: (a) what information you want to limit; (b) whether you want to limit use or disclosure or both; and, (c) to whom you want the limits to apply (for example, disclosures to your spouse).

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We are not required to agree to any requested restriction. However, if we do agree, we will follow that restriction unless the information is needed to provide emergency treatment. Even if we agree to a restriction, either you or we can later terminate the restriction.

Right to Receive Confidential Communications

You have the right to request that we communicate your medical information to you in a certain way or at a certain location. For example, you can ask that we only contact you by mail or at work.

If you want to request confidential communications, you must do so in writing to Angie Boitnotte, Director/Privacy Officer, Watauga County Project on Aging, 132 Poplar Grove Connector, Suite A, Boone, NC 28607. Your request must state how or where you can be contacted.

We will accommodate your request. We may however require an alternate address or other method to contact you.

Right to Inspect and Copy

With a few limited exceptions, such as psychotherapy notes, you have the right to inspect and obtain a copy of your medical information.

To inspect or copy your medical information, you must submit your request in writing to Angie Boitnotte, Director/Privacy Officer, Watauga County Project on Aging, 132 Poplar Grove Connector, Suite A, Boone, NC 28607. Your request should state specifically what medical information you want to inspect or copy. If you request a copy of the information, we may charge a fee for the costs of copying and, if mailed, the cost of mailing.

We will act on your request within thirty (30) calendar days after the request is received. If the request is granted, in whole or in part, we will inform you of our acceptance of your request and provide access and copies.

We may deny your request to inspect and copy your medical information if the medical information involved is compiled in anticipation of, or use in, a civil, criminal or administrative action or proceeding.

If we deny your request, we will inform you of the reason for the denial, how the denial may be reviewed, and the complaint process. If you request a review of our denial, it will be conducted by the Assistant County Manager. We will comply with the outcome of that review.

Right to Amend

You have the right to ask us to amend your medical information as long as this information is maintained by us.

To request an amendment, you must submit your request in writing to Angie Boitnotte, Director/Privacy Officer, Watauga County Project on Aging, 132 Poplar Grove Connector, Suite A, Boone, NC 28607. Your request must state the amendment desired and provide a reason in support of that amendment.

We will act on your request within thirty (30) calendar days after the request is received.

If we grant the request, in whole or in part, we will seek your permission to share the amendment with the appropriate entities or persons. The amendment will become part of your medical information.

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We may deny your request to amend your medical information. We may deny your request if it is not in writing and does not provide a reason in support of the amendment. In addition, we may deny your request to amend medical information if we determine that the information:

- a. Was not created by us, unless the person or entity that created the information is no longer available to act on the requested amendment ;
- b. Is not part of the medical information maintained by us ;
- a. Would not be available for you to inspect or copy ; or,
- b. Is accurate and complete.

If we deny your request, we will inform you of the reason for the denial. You have the right to submit a statement of disagreement with our denial. Your statement may not exceed 2 pages. We may prepare a rebuttal to that statement. The denial, your statement of disagreement (if any), and our rebuttal (if any) shall become part of your medical information and will be included with any subsequent disclosures of information.

If you do not submit a statement of disagreement, you may ask that we include your request for amendment and our denial with any future disclosures of the information. We will include your request for amendment and our denial (or a summary of that information) with any subsequent disclosure of the medical information involved.

You have the right to complain about the denial of your request (see "Complaints" on page 7 of this Notice).

Right to an Accounting of Disclosures

You have the right to receive an accounting of disclosures of your medical information for up to six (6) years prior to the date of your request but not before April 14, 2003.

Certain types of disclosures are not included in such an accounting :

- a. Disclosures to carry out treatment, payment and health care operations ;
- b. Disclosures of your medical information made to you ;
- c. Disclosures that are incident to another use or disclosure ;
- d. Disclosures that you have authorized ;
- e. Disclosures for disaster relief purposes ;
- f. Disclosures for national security or intelligence purposes ;
- g. Disclosures to correctional institutions or law enforcement officials having custody of you ;
- h. Disclosures that are part of a limited data set for purposes of research, public health or health care operations (a limited data set is where things that would directly identify you have been removed).
- i. Disclosures made prior to April 14, 2003.

The list will include the date of the disclosure, the name (and address, if available) of the person or organization receiving the information, a brief description of the information disclosed, and the purpose of the disclosure.

Under certain circumstances your right to an accounting of disclosures to a law enforcement official or a health oversight agency may be suspended. Should you request an accounting during the period of time your

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right is suspended, the accounting would not include the disclosure or disclosures to a law enforcement official or to a health oversight agency.

To request an accounting of disclosures, you must submit your request in writing to Angie Boitnotte, Director/Privacy Officer, Watauga County Project on Aging, 132 Poplar Grove Connector, Suite A, Boone, NC 28607. Your request must state a time period for the disclosures. It may not exceed six (6) years from the date we receive your request or include dates prior to April 14, 2003.

Usually, we will act on your request within thirty (30) calendar days after the request is received. Within that time, we will either provide the accounting of disclosures to you or give you a written statement of when we will provide the accounting and why the delay is necessary.

Right to Copy of this Notice

You have the right to obtain a paper copy of our Notice of Privacy Practices. You may obtain a paper copy even though you agreed to receive the notice electronically. You may request a copy of our Notice of Privacy Practices at any time.

You may obtain a copy of our Notice of Privacy Practices over the Internet at our web site, www.wataugacounty.org.

To obtain a paper copy of this notice, contact Angie Boitnotte, Director/Privacy Officer, Watauga County Project on Aging, 132 Poplar Grove Connector, Suite A, Boone, NC 28607 (828)265-8090.

OUR DUTIES:

Generally

We are required by law to maintain the privacy of your medical information and provide individuals with notice of our legal duties and privacy practices with respect to medical information.

We are required to abide by the terms of our Notice of Privacy Practices in effect at the time.

Our Right to Change Notice of Privacy Practices

We reserve the right to change the terms of this Notice, making any revisions applicable to all the protected medical information we maintain. If we revise the terms of this Notice, we will post a revised notice at the Watauga County Project on Aging, on our web site www.wataugacounty.org, and will make paper copies of the revised Notice of Privacy Practices available upon request.

Availability of Notice of Privacy Practices

A copy of our current Notice of Privacy Practices will be posted at the Watauga County Project on Aging and both senior centers. A copy of the current notice will also be posted on our web site, www.wataugacounty.org

At any time you may obtain a copy of the current Notice of Privacy Practices by contacting Angie Boitnotte, Director/Privacy Officer, Watauga County Project on Aging, 132 Poplar Grove Connector, Suite A, Boone, NC 28607 (828) 265-8090.

Effective Date of Notice

This notice is effective as of April 14, 2003

Complaints

WATAUGA COUNTY PROJECT ON AGING'S NOTICE OF PRIVACY PRACTICES

You may complain to the Watauga County Project on Aging and to the United States Secretary of Health and Human Services if you believe your privacy rights have been violated by us.

To file a complaint with the Watauga County Project on Aging, contact Angie Boitnotte, Director/Privacy Officer, Watauga County Project on Aging, 132 Poplar Grove Connector, Suite A, Boone, NC 28607 (828) 265-8090. All complaints should be submitted in writing.

To file a complaint with the United States Secretary of Health and Human Services, send your complaint in care of: Office for Civil Rights, U.S. Department of Health and Human Services, 200 Independence Avenue SW, Washington, D.C. 20201.

If you file a complaint, we will not take any action against you or change our treatment of you in any way.

Questions and Information

If you have any questions or want more information concerning this Notice of Privacy Practices, please contact Angie Boitnotte, Director/Privacy Officer, Watauga County Project on Aging, 132 Poplar Grove Connector, Suite A, Boone, NC 28607 (828) 265-8090.