



## NOTICE OF PRIVACY PRACTICES

This Notice describes how Protected Health Information (now referred to as PHI) may be used and disclosed, and how you can gain access to this information. Please review this carefully. If you have any questions about this Notice, please contact the Privacy Officer at Senior Resources by calling 1-800-442-0054 or (231) 739-5858.

### **OUR COMMITMENT REGARDING YOUR PROTECTED HEALTH INFORMATION (PHI)**

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 any individually identifiable health information transmitted or maintained in any form that can be used to reasonably identify you as it relates to your past, present and future physical or mental health or condition and the provision of care to you and the payment for that care.

We create a record of the care and services that you receive along with related financial and medical eligibility information while you are enrolled in our programs. 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 and maintained by Senior Resources.

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 will ask you to sign an acknowledgment of receipt of this Notice, and we will follow the practices described in it while it is in effect. This updated Notice takes effect August 1, 2013 and will remain in effect until we replace or modify it. If you decline to sign an acknowledgment, we will continue to provide your services. If we modify this Notice while you are a participant in our programs, we will provide you the updated Notice. Where multiple Federal or State laws protect the privacy of your PHI, we will follow the requirements that provide the greatest privacy protection to you.

### **HOW WE MAY USE OR DISCLOSE YOUR PROTECTED HEALTH INFORMATION (PHI)**

Senior Resources may use your PHI for purposes of providing treatment, obtaining payment for treatment, and conducting health care operations. Your PHI may be used or disclosed for these purposes only when Senior Resources has obtained your authorization, or Federal or State law otherwise permits the use or disclosure. Use and disclosure of your PHI for the purposes described in this Notice may be made in writing, orally, by facsimile, or by secure electronic communication. We explain below and give examples of several types of possible use or disclosure of your PHI:

**For Treatment.** We may use and disclose your PHI to arrange, provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party for treatment purposes. For example, a case worker will contact a home health agency to discuss your situation in order to begin an agreed upon service to you.

**For Payment.** We may use and disclose PHI so that the treatment and services you receive may be billed to the appropriate party, such as an insurance company or to Medicaid to obtain payment for

your services or to determine eligibility or coverage of services. For example, Senior Resources may share your PHI with the Michigan Departments of Human Services, Community Services or Office on Aging to determine financial and medical eligibility for grant funded services or Medicaid, or with a third party biller for submission of insurance or Medicaid claims.

**For Health Care Operations.** We may use or disclose your PHI, as necessary, to support the operational activities related to providing quality health care to all participants. These activities include, but are not limited to, quality assessment and monitoring activities; investigations; oversight or staff performance reviews, communications about a service, conducting or arranging for other health care related activities, protocol development, case management and care coordination.

**To Our Business Associates.** In connection with our care treatment, payment and health care operations activities, we may share your PHI with third-party “business associates” who perform various activities on behalf of Senior Resources. For example, your PHI may be shared with a visiting nurses agency to arrange for and provide care to you in your home. To perform these functions or to provide the services, our Business Associates will receive, have access to, create, maintain, use, or disclose PHI, but only after we require the Business Associates to agree in writing to terms designed to appropriately safeguard your information. The Business Associates will be required to protect your PHI in the same manner and with the same standards as Senior Resources, consistent with Federal and State law. Only the PHI that is relevant for the Business Associate to deliver or pay for your services, care or treatment will be disclosed.

**To Individuals Involved in Your Care or Payment of Care.** We may disclose your PHI to your family member or caregiver if it is directly relevant to the person’s involvement in your care or payment of your care. We may disclose your PHI in connection with trying to locate or notify family members or others involved in your care concerning your location, condition or death. If there is a family member, other relative, or close personal friend that you do not want us to disclose health information about you to, please notify Senior Resources. In certain instances, you have the right to request that we restrict disclosure of your PHI to a health plan when you have paid for services in full out-of-pocket.

Senior Resources also may use your PHI, such as your name, address, phone number, and case worker’s name to prepare participant lists for use by our staff or the staff of business associates with whom we have made arrangements to deliver services to you. You may object to these disclosures. If you do not object to these disclosures or we determine, in the exercise of our professional judgment, that in order for Senior Resources to carry-out your agreed to plan of care that disclosure of PHI is directly relevant to the business associate or individual involved, we may disclose your PHI.

**To You.** As part of treatment, payment and healthcare operations, we may also use or disclose your PHI for the following purposes: to contact you to check on your status, arrange for a home visit or remind you of an appointment; to inform you of potential care alternatives or options; and to inform you of health-related benefits or services that we feel may be beneficial or of interest to you. We may also call you by name in our waiting areas if you visit our office to see a member of Senior Resources’ staff, or request that you sign your name on a sign-in sheet at our reception desk. We may also notify you about our fundraising efforts or send you our newsletters. You have the right to contact Senior Resources to request that these materials not be sent to you, and we will honor your request.

**For Matters in the Public Interest or Risks to Public Health.** We may, consistent with law and ethical standards of conduct, use or disclose your PHI if we believe, in good faith, that the use or 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. We may disclose your PHI for the following public activities and purposes:

- To prevent, control, or report disease, injury or disability as permitted by law.
- To report vital events such as death as permitted or required by law.
- To conduct public health surveillance, investigations and interventions as permitted or required by law.
- To notify a person who has been exposed to a communicable disease or who may be at risk of contracting or spreading a disease as authorized by law.

**To Report Abuse, Neglect or Domestic Violence.** We may notify government authorities if we believe that you are the victim of abuse, neglect or domestic violence. We will make this disclosure only when specifically required and authorized by law or when you agree to the disclosure.

**To Conduct Health Oversight Activities.** We may disclose your PHI to a health oversight agency for activities including audits; civil, administrative, or criminal investigations, proceedings, or actions; inspections; licensure or disciplinary actions; or other activities necessary for appropriate oversight as authorized by law. We will not disclose your health information if you are the subject of an investigation and your health information is not directly related to your receipt of health care or public benefits.

**For Lawsuits, Appeals or Disputes.** We may disclose your PHI 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 in some circumstances.

**For Law Enforcement Purposes or National Security & Intelligence Activities.** We may disclose your PHI to a law enforcement officer or authorized federal official when presented a court order, court-ordered warrant, subpoena, summons or similar process. We may disclose your PHI to law enforcement for the purpose of identifying or locating a suspect, fugitive, material witness or missing person; for protection to the President or heads of State; in an emergency in order to report a crime or under certain limited circumstances, when you are the victim of a crime.

**For Research Purposes.** Under certain circumstances, we may use and disclose information 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 always ask for your permission or written authorization if the researcher is requesting information that disclose your PHI.

### **USE AND DISCLOSURES THAT REQUIRE YOUR WRITTEN AUTHORIZATION**

Senior Resources will not disclose your PHI without your written authorization with the exception of those instances listed above. Examples where we will always obtain your written authorization include disclosure of psychotherapy notes, disclosure of PHI as evaluation for enrollment in or underwriting a health plan, disclosures related to research where your PHI has not been de-identified, disclosures of your PHI for news articles, fundraising or marketing activities. You may revoke your

authorization in writing at any time except to the extent that we have not already taken action based on the original authorization.

## **YOU'RE RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION**

**Access to Your PHI.** 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. Under Federal law, however, you may not inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding; and PHI that is subject to a law that prohibits access to PHI.

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 within 30 days 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. Request forms may be obtained from your case worker or from the Privacy Officer.

**Requested Restrictions of Your PHI.** You have the right to request that we place restrictions on the way we use or disclose certain parts of your PHI for the purposes of treatment, payment or health care operations. We are required to agree to your request to not disclose any psychotherapy notes or other PHI for the purposes of fundraising, marketing or underwriting, which we will not release without your written authorization. You also have the right to restrict certain disclosures of PHI to a health plan when your services have been paid in full out-of-pocket.

We are not required to agree to your request for other purposes; however we will comply with your request if it will not interfere with ability to meet eligibility for or fulfillment of your care or treatment plan or provide you emergency treatment. You may also request that we not disclose your PHI to family members or friends who may be involved in your care or for notification purposes as described in this Notice. Your written request must state the specific restriction requested and to whom you want the restriction to apply. Senior Resources is not required to agree to a restriction that you may request except as noted above. We will notify you if we deny your request to a restriction within 30 days. If Senior Resources does agree to the requested restriction, we may not use or disclose your PHI in violation of that restriction unless it is needed to provide emergency treatment. Under certain circumstances, we may terminate our agreement to a restriction. Forms may be obtained from your case worker or from the Privacy Officer.

**Request Confidential or Alternative Means of Communication.** You have the right to request that we communicate with you about your care or PHI 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. Forms may be obtained from your case worker or from the Privacy Officer.

**Amendment to your PHI.** You have the right to request that we amend your PHI in the set of records described above under Access. If we accept your request to amend the information, we will make reasonable efforts to inform others, including individuals you name, of the amendment. If we deny your request, we will provide you with a written explanation within 30 days. If you disagree, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement

and will provide you with a copy. Requests for amendment must be in writing and should be directed to your case worker Coordinator or the Privacy Officer.

**Accounting of Disclosures.** You have the right to an accounting of certain disclosures of your PHI, such as disclosures for purposes other than treatment, payment or health care operations as described in this Notice of Privacy Practices. We are not required to account for disclosures that you requested, disclosures that you agreed to by signing an authorization form, disclosures for a facility directory, disclosures to friends or family members involved in your care, or certain other disclosures that we are permitted by law to make without your authorization. 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. The request for an accounting must be made in writing to our Privacy Officer and may not be made for periods of time in excess of six years.

**Paper Copy of this 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 1-800-442-0054. You may also print a copy of this notice from our website, [www.seniorresourceswmi.org](http://www.seniorresourceswmi.org).

**Notice of Breach of PHI.** In the event of any unauthorized acquisition, access, use or disclosure of your PHI by Senior Resources or it's Business Associates, we shall fully comply with the breach notification requirements of the law which will include notification to you of any compromise of your PHI and the impact that breach may have on you.

**Fundraising/Marketing.** You have the right to request that we not contact you regarding fundraising or marketing efforts by notifying your case worker or our Privacy Officer.

### **OUR DUTIES**

Senior Resources is required by law to maintain the privacy of your health information and to provide you with this Notice of our duties and privacy practices. We are required to abide by the terms of this Notice which may be amended or updated from time to time. We reserve the right to change the terms of this Notice and to make the new Notice provisions effective for all PHI that we maintain. If Senior Resources changes its Notice, we will provide a copy of the revised Notice to you by e-mail, postal mail or in-person contact.

### **COMPLAINTS**

You have the right to file a formal complaint if you believe your rights have been violated. All complaints must be submitted in writing to the address below. Individuals are encouraged to first discuss the complaint with the Compliancy Advocate at Senior Resources by calling (231) 739-5858. You may also file a complaint with the Office of Civil Rights. Complaints may be filed without fear of coercion, discrimination, reprisal, or unreasonable interruption of services. *Individuals will not be penalized for filing a complaint.*

**Senior Resources**  
Attn: Compliancy Advocate  
560 Seminole Road  
Muskegon, MI 49444