



YOUR UNBIASED SOURCE OF INFORMATION AND ASSISTANCE

Your Information.
Your Rights.
Our Responsibilities.

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.

Your Rights

When it comes to your health information, you have certain rights.

This section explains your rights and some of our responsibilities to help you protect them.

Get a copy of your records

- You can ask to see or get a copy of your protected health information (PHI) records and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct health and claims records

- You can ask us to correct your protected health information records if you think they are incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or send mail to a different address.
- We will consider all reasonable requests and say “yes” if you tell us you would be in danger if we do not.

Ask us to limit what we use or share

- You can ask us **NOT** to use or share certain protected health information for services, payment or our operations.
- We are not required to agree to your request, and we would say “no” if it would affect your service and would make you aware of the consequences of such action.

Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your protected health information for six years prior to the date you ask, with whom we shared it and why.
- We will include all the disclosures except for those about payment and health care operations and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable cost-based fee if you ask for another one within a 12-month period.

Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone an appropriate 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.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights, by contacting us using the information on the back page.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775 or visiting www.hhs.gov/ocr/privacy/hipaa/complaints
- We will not retaliate against you for filing a complaint.

Your Choices

For certain protected health information, you can tell us your choices about what we share.

If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends or others involved in payment for your care
- Share information in a disaster relief situation

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information to lessen a serious and imminent threat to health or safety.

In these cases, we NEVER share your information unless you give us written permission

- Advertising
- Newsletters/website
- With outside organizations such as Social Security, VA, Family Support Division, etc.

In the case of fundraising

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

Our Uses and Disclosures

How do we typically use or share your protected health information?

We typically use or share your protected health information in the following ways:

To provide services

- We may use your protected health information to coordinate and manage your care and/or services both within the Agency and with other persons outside the Agency involved in providing care and services to you, such as a provider organization.

To obtain payment

- We may include your protected health information in databases and invoices to collect payment from third parties for the service you receive through the Agency.

To conduct operations

- We may use and disclose your protected health information for our own operations and as necessary to provide care and services such as:
 - Assessments and screenings for services and benefits
 - Case management and care coordination
 - Contacting providers and consumers with information about services, care, problem solving and other functions that do not include treatment

- Professional review and performance evaluation and quality control
- Review and auditing, including compliance reviews, compliance programs and legal reviews
- Strategic planning and program development and general administrative activities

For appointment reminders

- We may use and disclose your protected health information to contact you as a reminder that you have an appointment or home visit scheduled.

For alternative and referrals

- We may use and disclose your protected health information to tell you about or recommend possible service options, benefits or alternatives for which you may be eligible or of interest to you.

Our Uses and Disclosures

How else can we use or share your protected health Information?

We are allowed or required to share your information in other ways—usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes.

For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety Issues

- We can share health information about you for certain situations such as:
 - Preventing disease
 - Helping with product recall
 - Reporting adverse reactions to medications
 - Preventing or reducing a serious threat to anyone’s health or safety

To report abuse, neglect or domestic violence

- As mandated reporters, we are required to report if we suspect you are a victim of abuse, neglect or domestic violence. The Agency would report to the State Elder Abuse and Neglect hotline.

Comply with the law

- We will share information about you if state or federal laws require it, including the Department of Health and Human Services, if it wants to see that we are complying with federal privacy law.

Address workers' compensation, law enforcement, and other government requests

- We can use or share health information about you:
 - For workers' compensation claims
 - For law enforcement purposes or with a law enforcement official
 - With health oversight agencies of activities authorized by law
 - For special government functions such as military, national security and presidential protective services

Respond to lawsuits and legal actions

- We can share health information about you in response to a court or administrative order or in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and offer you a copy of it.
- We will not use or share your protected 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.

For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html

Changes to the Terms of This Notice

We can change the terms of this notice, and the changes will apply to all information we have on file about you. The new notice will be available upon request on our website, or we will mail it to you.

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