

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.

USE AND DISCLOSURE OF HEALTH INFORMATION

The Ohio District 5 Area Agency on Aging, Inc. (hereinafter referred to as the Agency) may use your health information, information that constitutes protected health information as defined in the Privacy Rule of the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996, for purposes of providing you treatment, obtaining payment for your care and conducting health care operations. The Agency has established policies to guard against unnecessary disclosure of your health information.

AUTHORIZATION TO USE OR DISCLOSE HEALTH INFORMATION

Other than is stated below, the Agency will not disclose your health information other than with your written authorization. If you or your representative authorizes the Agency to use or disclose your health information, you may revoke that authorization in writing at any time.

THE FOLLOWING IS A SUMMARY OF THE CIRCUMSTANCES UNDER WHICH AND PURPOSES FOR WHICH YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED:

To Provide Treatment. The Agency may use and disclose your health information to coordinate care within the Agency and with others involved in your care. For example, the agency may coordinate with your attending physician, family members, providers of in-home and community based care services.

To Obtain Payment. The Agency may use and disclose your health information to receive and/or make payment. For example, it may be necessary to disclose health information in invoices and other billing documents to collect and/or make payments for the services you receive through participation in Agency program(s).

Page 2

To Conduct Health Care Operations. The Agency may use and disclose health information for its own operations in order to facilitate the function of the Agency and as necessary to provide quality service to all of the Agency's Consumers. Health care operations include, but are not limited to, such activities as:

- Quality assessment and improvement activities

- Business management and general administrative activities of the Agency
- Case Management and Care Management activities

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

For Service Alternatives. The Agency may use and disclose your health information to tell you about or recommend possible service options or alternatives that may be of interest to you.

THE FOLLOWING IS A SUMMARY OF THE CIRCUMSTANCES UNDER WHICH AND PURPOSES FOR WHICH YOUR HEALTH INFORMATION MAY ALSO BE USED AND DISCLOSED.

When Legally Required. The Agency will disclose your health information when it is required to do so by any Federal, State or local law.

To Report Abuse, Neglect, Exploitation Or Domestic Violence. The Agency may be required to notify government authorities if the Agency believes a consumer is the victim of abuse, neglect, exploitation or domestic violence. The Agency will make this disclosure only when specifically required or authorized by law.

To Conduct Health Oversight Activities. The Agency may disclose your health information to a health oversight agency for activities including audits, civil administrative or criminal investigations, inspections, licensure or disciplinary action. The Agency, however, may 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.

In Connection With Judicial and Administrative Proceedings. The Agency 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. The Agency may disclose your health information in response to a subpoena, discovery request or other lawful process, but only when the Agency makes reasonable efforts to either notify you about the request or to obtain an order protecting your health information.

Page 3

For Law Enforcement Purposes. As permitted or required by State law, the Agency may disclose your health information to a law enforcement official for certain law enforcement purposes.

In the event of a serious threat to health or safety. The Agency may, consistent with applicable law and ethical standards of conduct, disclose your health information if the Agency, 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.

YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION

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

- Right to request restrictions. You may request restrictions on certain uses and disclosures of your health information. You have the right to request a limit on the Agency 's disclosure of your health information to someone who is involved in your care or the payment of your care. However, the Agency is not required to agree to your request. If you wish to make a request for restrictions, please contact the Agency's Privacy Officer.
 - Right to receive confidential communications. You have the right to request that the Agency communicate with you in a certain way. For example, you may ask that the Agency only conduct communications pertaining to your health information with you privately with no other family members present. If you wish to receive confidential communications, please contact the Agency's Privacy Officer at 800-860-5799 or 419-524-4144. The Agency will not request that you provide any reasons for your request and will attempt to honor your reasonable requests for confidential communications.
 - Right to inspect and copy your health information. You have the right to inspect and copy your health information, including billing records. A request to inspect and copy records containing your health information may be made to the Agency's Privacy Officer at 800-860-5799 or 419-524-4144. If you request a copy of your health information, the Agency may charge a reasonable fee for copying and assembling costs associated with your request.
 - Right to amend health care information. You or your representative have the right to request that the Agency 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 the Agency. A request for an amendment of records must be made in writing to: Privacy Officer at P.O. Box 1978, Mansfield, Ohio 44901. The Agency may deny the request if it is not in writing or does not include a reason for the amendment. The request also may be denied if your health information records were not created by the Agency, if the records you are requesting are not part of the Agency's records, 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 the Agency, the records containing your health information are accurate and complete.
- Page 4
- Right to an accounting. You or your representative have the right to request an accounting of disclosures of your health information made by the Agency for certain reasons, including reasons related to public purposes authorized by law and certain research. The request for an accounting must be made in writing to the Agency's Privacy Officer at P.O. Box 1978, Mansfield, Ohio 44901. The request should specify the 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 six (6) years. The Agency would provide the first accounting you request during

any 12-month period without charge. Subsequent accounting requests may be subject to a reasonable cost-based fee.

- Right to a paper copy of this notice. You or your representative have a right to a separate paper copy of this Notice at any time even if you or your representative have received this Notice previously. To obtain a separate paper copy, please contact the Agency's Privacy Officer.

DUTIES OF THE AGENCY

The Agency is required by law to maintain the privacy of your health information and to provide to you and your representative this Notice of its duties and privacy practices. The Agency is required to abide by the terms of this Notice as may be amended from time to time. The Agency reserves the right to change the terms of its Notice and to make the new Notice provisions effective for all health information that it maintains. If the Agency changes its Notice, the Agency will provide notification of the revised Notice in its quarterly newsletter and on the Agency's website. You or your personal representative have the right to express complaints to the Agency and to the Secretary of DHHS if you or your representative believe that your privacy rights have been violated. Any complaints to the Agency should be made in writing to the Privacy Officer at P.O. Box 1978, Mansfield, Ohio 44901. The Agency encourages you to express any concerns you may have regarding the privacy of your information. You will not be retaliated against in any way for filing a complaint.

CONTACT PERSON

The Agency has designated the Privacy Officer as its contact person for all issues regarding consumer privacy and your rights under the Federal privacy standards. You may contact this person at 800-860-5799 or 419-524-4144.

EFFECTIVE DATE

This Notice is effective April 14, 2003.

If you have any questions regarding this notice, please contact the Privacy Officer at 800-860-5799 or 419-524-4144.