

**Notice of Privacy Practices  
Effective September 1, 2013**

**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.**

We respect the privacy of your protected health information and are committed to maintaining our clients' confidentiality. This notice applies to all information and records that our organization has received or created related to your care and services. It extends to information received or created by: any independent health care professional who treats or cares for our clients and is authorized to enter information into your medical record; all departments and units of our organization; all employees of the organization; any volunteers; any vendors or independent contractors who have access to protected health information of our clients; any students or trainees; and any Home Office staff.

There are various independent health care professionals who provide care in our organization who agree to follow the terms of this notice. These professionals are not our employees or agents, and our organization is not responsible for how they fulfill their professional responsibilities.

This Notice informs you about the possible uses and disclosures of your protected health information. It also describes your rights and our legal obligations regarding your protected health information. It is our practice to protect your rights as defined in the Health Insurance Portability and Accountability Act, Federal and State laws, as they apply to our operations.

We are required by law to: maintain the privacy of your protected health information; provide to you this detailed Notice of our legal duties and privacy practices relating to your protected health information; and to abide by the terms of the Notice that are currently in effect.

**I. WE WILL USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION FOR TREATMENT, PAYMENT AND HEALTH CARE OPERATIONS.**

We have described these uses and disclosures below and provide examples of the types of uses and disclosures we may make in each of these categories.

For Treatment. We will use and disclose your protected health information in providing you with treatment and services. We may disclose your protected health information to staff and other members of the workforce who may be involved in your care, such as nurse aides, nurses, physical therapists and physicians. For example, a nurse caring for you will report any change in your condition to your physician. We also may disclose protected health information to individuals who will be involved in your care after you stop receiving services from our organization.

For Payment. We will use and disclose your protected health information so that we can bill and receive payment for treatment and services you receive through our organization. For billing and payment purposes, we may disclose your protected health information to your representative, insurance or managed care company, Medicare, Medicaid or another third party payor. For example, we may contact Medicare or your health insurance plan provider to confirm your coverage or to request prior approval for a proposed treatment or service.

For Health Care Operations. We will use and disclose your protected health information for our operations. These uses and disclosures are necessary to manage the organization and to monitor our quality of care.

For example, we may use protected health information to review and evaluate the skills, qualifications and performance of our staff and other healthcare providers taking care of you.

In addition, we will disclose your health information for certain health care operations of other entities. However, we will only disclose your information under the following conditions:

- (a) the other entity must have, or have had in the past, a relationship with you;
- (b) the health information used or disclosed must relate to that other entity's relationship with you; and
- (c) the disclosure must only be for purposes of: quality assessment and improvement activities; population-based activities relating to improving health or reducing health care costs; case management and care coordination; conducting training programs; accreditation, licensing, or credentialing activities; or health care fraud and abuse detection or compliance.

## **II. WE MAY USE AND DISCLOSE PROTECTED HEALTH INFORMATION ABOUT YOU FOR OTHER SPECIFIC PURPOSES.**

Directory. Unless you object, we will include certain limited information about you in our directory. This information may include your name, your location, your general condition and your religious affiliation. Our directory does not include specific medical information about you. We may release information in our directory, except for your religious affiliation, to people who ask for you by name. We may provide the directory information, including your religious affiliation, to any member of the clergy.

Business Associates. There are some services provided to our organization through the use of outside individuals and agencies. Examples of these "business associates" include our accountants, consultants and attorneys. We may disclose your health information to our business associates so that they can perform the job we have asked them to do. Business Associates are also required by law to protect your health information.

Notification. We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care or payment for your care, of your location, and general condition. If we are unable to reach your family member or personal representative, then we may leave a message for them at the phone number they have provided us, e.g., on an answering machine.

Communication With Family. We may disclose to a family member, other relative, close personal friend or any other person involved in your health care or payment for your care, health information relevant to that person's involvement in your care or payment related to your care. If appropriate, these communications may also be made after your death, unless you instructed us not to make such communications.

Disaster Relief. We may disclose your protected health information to an organization assisting in a disaster relief effort.

As Required By Law. We will disclose your protected health information when the law requires us to do so.

Public Health Activities. We may disclose your protected health information for public health activities. These activities may include, for example: reporting to a public health or other government authority for preventing or controlling disease, injury or disability, or reporting child abuse or neglect; reporting to the federal Food and Drug Administration (FDA) concerning adverse events or problems with products for tracking products in certain circumstances, to enable product recalls or to comply with other FDA requirements; to notify a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition or; for certain purposes involving workplace illness or injuries.

Reporting Victims of Abuse, Neglect or Domestic Violence. If we believe that you have been a victim of abuse, neglect or domestic violence, we may use and disclose your protected health information to notify a government authority if required or authorized by law, or if you agree to the report.

Health Oversight Activities. We may disclose your protected health information to a health oversight agency for oversight activities authorized by law. These may include, for example: audits, investigations, inspections and licensure actions or other legal proceedings. These activities are necessary for government oversight of the health care system, government payment or regulatory programs, and compliance with civil rights laws.

Judicial and Administrative Proceedings. We may disclose your protected health information in response to a court or administrative order. We also may disclose information in response to a subpoena, discovery request, or other lawful process; efforts must be made to contact you about the request or to obtain an order or agreement protecting the information.

Law Enforcement. We may disclose your protected health information as required by law for certain law enforcement purposes, including to comply with reporting requirements: to comply with a court order, warrant, subpoena, summons, investigative demand or similar legal process; to identify or locate a suspect, fugitive, material witness, or missing person; when information is requested about the victim of a crime if the individual agrees or under other limited circumstances; to report information about a suspicious death; to provide information about criminal conduct occurring within our organization; to report information in emergency circumstances about a crime; or where necessary to identify or apprehend an individual in relation to a violent crime or an escape from lawful custody.

Correctional Facilities. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release your health information to the correctional institution or law enforcement official. We may release your health information for your health and safety, for the health and safety of others, or for the safety and security of the correctional institution.

Research. We may disclose information to researchers when certain conditions have been met including conditions to protect the privacy of the medical information.

Coroners, Medical Examiners, Funeral Directors, Organ Procurement Organizations. We may release your protected health information to a coroner, medical examiner, funeral director or, if you are an organ donor, to an organization involved in the donation of organs and tissue.

To Avert a Serious Threat to Health or Safety. We may use and disclose your protected health information when necessary to prevent a serious threat to your health or safety or the health or safety of the public or another person. However, any disclosure would be made only to someone able to help prevent the threat.

Military and Veterans. If you are a member of the armed forces, we may use and disclose your protected health information as required by military command authorities. We may also use and disclose protected health information about foreign military personnel as required by the appropriate foreign military authority.

Worker's Compensation. We may use or disclose your protected health information to comply with laws relating to workers' compensation or similar programs.

National Security and Intelligence Activities; Protective Services for the President and Others. We may disclose protected health information to authorized federal officials conducting national security and intelligence activities or as needed to provide protection to the President of the United States, certain other persons or foreign heads of states, or to conduct certain special investigations.

Fundraising Activities. We may disclose limited information about you to a foundation which may contact you in raising money to benefit our organization. In such cases, we would also provide you with the opportunity to opt out of receiving further fundraising communications, by notifying us of your desires.

Treatment Alternatives. We may use or disclose protected health information to inform you about treatment alternatives that may be of interest to you.

Health Related Benefits and Services. We may use or disclose protected health information to inform you about health-related benefits and services that may be of interest to you.

### **III. YOUR AUTHORIZATION IS REQUIRED FOR OTHER USES OF PROTECTED HEALTH INFORMATION.**

We will use and disclose protected health information (other than as described in this Notice or required by law) only with your written Authorization. You may revoke your Authorization to use or disclose protected health information in writing, at any time. If you revoke your Authorization, we will no longer use or disclose your protected health information for the purposes covered by the Authorization, except where we have already relied on the Authorization.

The following uses and disclosures of protected health information about you will only be made with your Authorization: 1) Uses and disclosures for marketing purposes; 2) Uses and disclosures that constitute the sale of medical information about you; 3) Most uses and disclosures of psychotherapy notes; 4) Any other uses and disclosures not described in this Notice.

### **IV. YOUR LEGAL RIGHTS REGARDING YOUR PERSONAL HEALTH INFORMATION.**

You have the following legal rights regarding your protected health information:

Right to Request Restrictions. You have the right to request a restriction or limitation on the health 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 health information we disclose about you to someone who is involved in your care, such as a family member or friend. We may terminate a restriction after we inform you that we are terminating our agreement to a restriction. We are legally required to accept certain requests to withhold health information from your health plan pertaining solely to a healthcare item or service for which you, or another person on your behalf, have paid for in full out of pocket. We are not legally required to accept any other request for restriction, but we will consider your request. If we do accept it, we will comply with your request, except if you need emergency treatment. Your request for restrictions must be submitted in writing. You may also cancel a restriction in writing at any time.

Right of Access to Protected Health Information. You have the right to request, either orally or in writing, access to review your medical or billing records or other written information that may be used to make decisions about your care. We must allow you to inspect your records, and after providing a written request, to receive copies of requested records within the time frames established by law. You may instruct us in writing to send copies of your medical records to a third party. We may deny your request in certain circumstances. If we deny your request, we will explain our reason for doing so in writing. We will also inform you in writing if you have the right to have our decision reviewed by another person.

We may charge a reasonable fee for our costs in copying and mailing your requested information. Any fees for copies of your medical records will be limited to the direct labor costs associated with fulfilling your request. We may be able to provide you with a summary or explanation of the information. Contact our Privacy Officer for more information on these services and any possible additional fees related to record reproduction.

Right to Request Amendment. You have the right to request our organization to amend protected health information in certain groups of records maintained by the organization for as long as the information is

maintained by or for the organization. Your request must be made in writing and must state the reason for the requested amendment.

We may deny your request for amendment if the information: was not created by the organization, unless the originator of the information is no longer available to act on our request; is not part of the personal health information maintained by or for the organization; is not part of the information to which you have a right of access; or is already accurate and complete, as determined by the organization.

If we deny your request for amendment, we will give you a written denial including the reasons for the denial and notice of the right to submit a written statement disagreeing with the denial.

Right to Receive an Accounting of Disclosures. You have the right to receive an “accounting” of certain disclosures of your protected health information made by us during any period of time prior to the date of your request provided such period does not exceed six years. To request an accounting of disclosures, you must submit a request in writing. An accounting will include, if requested: the disclosure date; the name of the person or entity that received the information and address, if known; a brief description of the information disclosed; a brief statement of the purpose of the disclosure or a copy of the authorization or request; or certain summary information concerning multiple similar disclosures. The first accounting provided within a 12-month period will be free; for further requests, we may charge you for associated costs.

Right to a Paper Copy of This Notice. You have the right to obtain a paper copy of this Notice, even if you have agreed to receive this Notice electronically. You may request a copy of this Notice at any time. You may obtain a copy of this Notice at our website ([www.uchas.org](http://www.uchas.org)).

Right to Request Confidential Communications. You have the right to request that we communicate with you concerning protected health matters in a certain manner or at a certain location. For example, you can request that we contact you only at a certain phone number. Your requests must be submitted in writing to the Executive Director or Privacy Officer. We will accommodate your reasonable requests.

Right to Notification if a Breach of Your Protected Health Information Occurs. You have the right by federal law to be notified in the event of a breach of medical information about you. If a breach of your protected health information occurs, and if that information is unsecured (not encrypted), we will notify you promptly with the following information: 1) A brief description of what happened; 2) A description of the health information that was involved; 3) Recommended steps you can take to protect yourself from harm; 4) What steps we are taking in response to the breach; and, 5) Contact procedures so you may obtain further information.

Right to Opt-Out of Fundraising Communications. If we conduct fundraising and we use communications like the U.S. Postal Service or electronic email for fundraising, you have the right to opt-out of receiving such communications from us. Please contact our Privacy Officer to opt-out of fundraising communications if you chose to do so.

## **V. COMPLAINTS**

If you believe that your privacy rights have been violated, you may file a complaint in writing with us or with the Office of Civil Rights in the U.S. Department of Health and Human Services. To file a complaint with us, please contact the Privacy Officer at EveryAge by telephone at 828.464.8264, or by mail at EveryAge, 100 Leonard Avenue, Newton, NC 28658. We will not take any retaliatory action against you or change our treatment of you in any way if you file a complaint.

To file a written complaint with the federal government, please use the following contact information:

Office for Civil Rights

U.S. Department of Health and Human Services  
200 Independence Avenue, S.W.  
Room 509F, HHH Building  
Washington, D.C. 20201  
Toll-Free Phone: 1.877.696.6775  
Website: <http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html>  
Email: [OCRComplaint@hhs.gov](mailto:OCRComplaint@hhs.gov)

## **VI. CHANGES TO THIS NOTICE**

We will promptly revise this Notice whenever there is a material change to the uses or disclosures, your individual rights, our legal duties, or other privacy practices stated in this Notice. We reserve the right to change this Notice and to make the revised or new Notice provisions effective for all personal health information already received and maintained by the organization as well as for all personal health information we receive in the future. We will post a copy of the current Notice with other consumer information in a prominent location in our Centers and on our website. In addition, we will make copies available at our Center locations for clients and/or their representatives upon request.

## **VII. FOR FURTHER INFORMATION**

If you have any questions about this Notice or would like further information concerning your privacy rights, please contact the Executive Director at Lake Prince Center, Inc.: 757.923.5500 or the Privacy Officer at EveryAge: 828.464.8264, or by mail at EveryAge, 100 Leonard Avenue, Newton, NC 28658. If you would like an electronic copy of this Notice visit us at [www.lakeprincewoods.org](http://www.lakeprincewoods.org) and select Privacy Notice at the bottom.

REMAINDER OF PAGE LEFT BLANK INTENTIONALLY - PAGE 7 IS THE RECORD OF ACKNOWLEDGMENTS  
FOR THE NOTICE OF PRIVACY PRACTICES

## Language Assistance

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-826-6762 (TTY: 7-1-1).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-826-6762 (TTY: 7-1-1)번으로 전화해 주십시오.

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-826-6762 (TTY: 7-1-1).

注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 1-800-826-6762 (TTY: 7-1-1)。

والبكم الصم هاتف: (TTY 7-1-1). ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-826-6762 (رقم

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-826-6762 (TTY: 7-1-1).

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-800-826-6762 (TTY: 7-1-1) تماس بگیرید.

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያገዝዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ 1-800-826-6762 (መስማት ለተሳናቸው: TTY: 7-1-1)።

خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں 1-800-826-6762 (TTY: 7-1-1)۔

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-826-6762 (ATS : 7-1-1).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-826-6762 (телетайп: 7-1-1).

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं 1-800-826-6762 (TTY: 7-1-1) पर कॉल करें।

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-826-6762 (TTY: 7-1-1).

লক্ষ্য করুনঃ যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন 1-800-826-6762 (TTY: 7-1-1)।

Dè dɛ nìà kɛ dyédé gbo: ɔ jũ ké m̀ [Bàsɔ̀̀-wùdù̀̀-po-nỳ̀̀] jũ ní, nìí, à wuɖu kà kò d̀̀̀ po-pò̀̀ b̀̀̀ìn m̀̀̀ gbo kpáa. Ɖá 1-800-826-6762 (TTY: 7-1-1)

Ige nti: O buru na asu Ibo asusu, enyemaka diri gi site na call 1-800-826-6762 (TTY: 7-1-1).

AKIYESI: Ti o ba nso ede Yoruba ofe ni iranlowo lori ede wa fun yin o. E pe ero ibanisoro yi 1-800-826-6762 (TTY: 7-1-1).

### NOTICE OF PRIVACY PRACTICES

## Record of Acknowledgements

Name of Client: \_\_\_\_\_ Date: \_\_\_\_\_

We are committed to preserving the privacy and confidentiality of your health information whether created by us or maintained on our premises. We are required by certain state and federal regulations to implement policies and procedures to safeguard the privacy of your health information. We are required by state and federal regulations to abide by the privacy practices described in the notice provided to you including any future revisions that we may make to the notice as may become necessary or as authorized by law.

**The effective date of this Notice is September 1, 2013.** We reserve the right to change our organization's Notice of Privacy Practices at any time and to make the revised or changed notice effective for health information we already have about you as well as any information we receive in the future about you. Should we revise or change our Notice of Privacy Practices, we will post a copy of the new or revised notice in a prominent location on the premises and on our website ([www.uchas.org](http://www.uchas.org)). You may obtain additional copies of the new/revised Notice of Privacy Practices in the business office.

### **Privacy Notices, Information Restrictions, Record Amendments/Corrections, Disclosures of Information, Revoking an Authorization, Inspection and Copying of Records, Confidential Communications, Filing Complaints, Etc.**

Should you have questions concerning obtaining copies of our privacy notice, requesting restrictions on the release of your information, revoking an authorization, amending or correcting your health information, obtaining a listing of the information we disclosed concerning your health information, requests to inspect or copy your medical information, requests that we communicate information about your health matters in a certain way or denial of access to your health information, please contact the Executive Director. Should you have any questions concerning our organization's privacy practices, filing complaints or any other concerns you may have relative to our organization's privacy practices, please contact:

Privacy Officer, EveryAge, 100 Leonard Avenue, Newton, NC 28658; Phone: 828.464.8264

### **YOU MAY ALSO FILE COMPLAINTS WITH:**

OCR, U.S. Department of Health and Human, 200 Independence Avenue, S.W., Room 509F, HHH Building, Washington, DC 20201, Phone: 202.619.0257; Toll Free: 1.877.696.6775

### **Acknowledgement**

I certify that I received a copy of this organization's Notice of Privacy Practices and that I have had an opportunity to review this document and ask questions to assist me in understanding my rights relative to the protection of my health information. I am satisfied with the explanations provided to me, and the organization's commitment to protecting my health information.

Date: \_\_\_\_\_ Client Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_ Signature of Witness: \_\_\_\_\_

I certify that I am the authorized representative of \_\_\_\_\_, and that I have received the privacy notice on behalf of this individual and that the organization provided me with an opportunity to review this document and ask questions to assist me in understanding his/her privacy rights. I am satisfied with the explanations provided to me and the organization's commitment to protecting clients' health information.

Date: \_\_\_\_\_ Signature of Representative: \_\_\_\_\_  
Printed Name: \_\_\_\_\_  
Relationship to Client: \_\_\_\_\_

Date: \_\_\_\_\_ Signature of Witness: \_\_\_\_\_

A copy of this document must be provided to the person to whom the Notice was provided and a copy must be filed in the client's permanent record.