

PLEASE KEEP FOR YOUR RECORDS

NOTICE OF PRIVACY PRACTICES (HIPAA)

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

I. E.O.C. TECH SENIOR ADULT DAY CENTER'S DUTIES REGARDING PROTECTED HEALTH INFORMATION.

We are required by federal and state law to maintain the privacy of your protected health information, and in particular your "protected health information," which can be maintained, used, and disclosed in limited ways. "Protected health information" includes most kinds of "individually identifiable protected health information," that is to say, information about (1) your past, present, or future physical or mental health or condition, (2) the health care you receive, and (3) your payment for health care.

The term "use" will mean the sharing protected health information by employees and agents of E.O.C. Tech Senior Adult Day Center, while "disclosure" will mean E.O.C. Tech Senior Adult Day Center providing protected health information to other persons having a need for the information. We reserve the right to change our privacy practices and the corresponding terms of this Notice at any time. This includes, but is not limited to, the right to make changes effective for all protected health information that we maintain, including protected health information we have created or received *before* we make the changes. Before we make a significant change in our privacy practices, we will change this Notice, make it available to you upon request, and post the revised Notice in a prominent location near the entrance to our facility.

You may request a copy of our Notice at any time. For more information about our privacy practices or your rights concerning your protected health information, contact E.O.C. Tech Senior Adult Day Center's Privacy Official using the information at the end of this Notice.

II. USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

We are authorized to use and disclose your protected health information for the following purposes:

For Treatment Purposes. Treatment purposes include the provision, coordination or management of your healthcare. We may, for example, use your protected health information to provide you with health care services, and may disclose your protected health information to your personal physician or another health care provider who is treating you.

For Payment. Payment purposes means our activities to obtain reimbursement for care provided to you. We may, for example, use protected health information in obtaining payment from a third party, such as the Veterans Administration.

For Health Care Operations. Healthcare operations are those functions needed to support our treatment, payment, and business activities in order to provide quality services. For example, your protected health information is used in evaluation the performance of our staff, in our training programs, and in demonstrating to federal and state agencies that we are in compliance with applicable laws.

In Cases of Suspected Abuse, Neglect and Other Injury. We may disclose protected health information to the appropriate governmental agency if we suspect that you have been the victim of abuse, neglect, domestic violence, or other injury.

In Health Oversight Activities. We may disclose your protected health information to federal and state agencies responsible for monitoring our compliance with applicable law and to accreditation entities to ensure that we meet appropriate standards of care.

In Legal Proceedings, Law Enforcement, and As Required By Law. We must disclose your protected health information to the extent it is the subject of a court order, an order from an administrative tribunal, subpoena for documents, discovery request, or some other lawful process with which that we have been served. Moreover, we may communicate your protected health information to law enforcement personnel if necessary to report a crime in an emergency situation.

In Public Health Activities. Under certain circumstances, we may disclose your protected health information to federal and state public health agencies whose mission is to prevent or control disease and injury.



In Situations of Serious and Immediate Threats to Health and Safety. We may disclose your protected health information when, consistent with federal or state law, we reasonably believe disclosure is necessary to prevent or lessen a serious and immediate threat to your health or safety, or that of another individual or the public-at-large.

For Specialized Government Functions. We may disclose your protected health information if needed for certain military and veterans' activities, national security matters, and intelligence activities.

In Situations Involving Military Activity. When appropriate conditions apply, we may use or disclose your protected health information to authorized federal officials for conducting national security and intelligence activities.

For Workers' Compensation Purposes. We may disclose your protected health information as authorized to comply with workers' compensation laws and similar programs.

To Personal Representatives. We may disclose your protected health information to certain persons authorized by state law to act on your behalf, including, but not limited to, a guardian, attorney-in-fact, executor or administrator.

To Individuals Involved with Your Care. Under certain circumstances, such as your incapacity, we may disclose protected health information about you to a friend or family member who is involved in your medical care or who pays for the services you receive.

Other Uses and Disclosures. Before we can use or disclose your protected health information for other purposes, we must obtain your written authorization. You or your personal representative can revoke the authorization, but the revocation must be in writing and delivered to us. In addition, the revocation will not affect any uses or disclosures permitted by your authorization while it was in effect.

II. OTHER USES AND DISCLOSURES

Health Benefits and Services. We may contact you about health-related benefits and services that may be of interest to you.

Fundraising. We may contact you to raise funds for E.O.C. Tech Senior Adult Day Center.

III. YOUR RIGHTS WITH RESPECT TO PROTECTED HEALTH INFORMATION

If you wish to exercise any of your rights discussed below, contact the Privacy Official identified below:

Access to Protected Health Information. With limited exceptions, you have the right to look at your protected health information. You must submit a written request to the Privacy Official whose name, address, and telephone number are included at the end of this Notice. We can provide you with a request form, or you may mail a request letter to the Privacy Official.

Obtain a Copy, Summary, or Explanation of Your Protected Health Information. You may request in writing a photocopy of your protected health information. We can provide you with a request form, or you may mail a request letter to the Privacy Official. We will charge a reasonable rate (i) per-page and (ii) per-hour for staff time to copy your protected health information. You will also be charged for postage if you request that the copies are to be mailed. The Privacy Official can tell you what the approximate cost will be to copy the information. If you request the information in some form other than photocopies, we will accede to your request if at all possible, and will charge a reasonable cost-based fee for providing the information in the alternative format. The Privacy Official can tell you what the approximate cost will be to reproduce the protected health information in the format you request.

You may also request in writing that we prepare a summary or explanation of your protected health information. We will do so for a fee. We can provide you with a request form, or you may mail a request letter to the Privacy Official. The Privacy Official can tell you what the cost will be to prepare the requested summary or explanation.

Request to Change Protected Health Information. In the event you believe that your protected health information is incomplete or inaccurate, you may request in writing that your protected health information be amended or corrected. The request must be in writing and must explain why you believe the information should be changed. We may deny your request under certain circumstances. We can provide you with a request form, or you may mail a request letter to the Privacy Official.

Request an Accounting of Disclosure and Use of Protected Health Information. Subject to certain exceptions, you have the right to know to whom we have disclosed your protected health information. The exceptions include (1) prior disclosures to you, (2) disclosures you authorized, (3) disclosures to carry out treatment, payment, and healthcare operations. In addition, the disclosures need not include those that took place before April 14, 2003, and in any event, disclosures that took place more than



six years prior to your request. If you request an accounting more than once during any twelve-month period, we will charge you a reasonable, cost-based fee for preparing the second response. We can provide you with a request form, or you may mail a request letter to the Privacy Official. The Privacy Official can tell you what the cost will be to prepare the accounting.

Request for Restriction on How Protected Health Information is disclosed to others. You have the right to request that we place additional restrictions on our use and disclosure of your protected health information. We are not required to agree to your request, but if we choose to do so, we will abide by the request, except in certain emergency situations.

Request for Alternative Communication of Protected Health Information. You have the right to request in writing that we communicate with you regarding your protected health information by alternative means or to an alternative location.

Complaints. If you believe your privacy rights have been violated, you may file a complaint with us by contacting the Privacy Official or with the Secretary of the U.S. Department of Health and Human Services. If you file a complaint, you will not be retaliated against in any way.

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(405)-390-4400

(HIPAA - Health Insurance Portability and Accountability Act)

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