

## **CASE WV COMMISSION ON AGING**

### **NOTICE OF PRIVACY PRACTICES**

As required by the privacy regulations created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

**This notice describes how health information about you may be used and disclosed and how you can get access to your individually identifiable health information.**

#### **Our commitment to your privacy:**

CASE WV COA is dedicated to maintaining the privacy of your individually identifiable health information (also called protected health information or PHI). In conducting our business, we will create records regarding you and the services we provide to you. We are required by law to maintain the confidentiality of health information that identifies you. We also are required by law to provide you this notice of our legal duties and the privacy practices we maintain concerning your PHI. By federal and state law, we must follow the terms of the Notice of Privacy Practices that we have in effect at the time.

The terms of this notice apply to all records containing your PHI that are created or retained by this agency. We reserve the right to revise or amend this Notice of Privacy Practices. In the event that changes are made, this office will notify you.

We must provide you with the following important information:

- How we may use and disclose your PHI
- Your privacy rights in your PHI
- Our duties concerning the use and disclosure of your PHI

## **Why we may use or disclose your health information:**

- 1. Treatment.** Information obtained by this office will be recorded in your record and used to determine the course of care and services that should work best for you. This consists of your physician recording his/her own expectations and those of others involved in your care. The sharing of your health information may progress to others involved in your care, such as homemakers, care givers and food preparation personnel.
- 2. Payment.** Your health care information will be used in order to receive payments for services rendered by this agency. A bill may be sent to you, a third party payer, such as a family member or DHHR. We may contact DHHR, Centers for Medicaid Services, or the appropriate entity, regarding your eligibility for services. Accompanying the bill will be documentation that identifies you, your diagnoses, and services rendered or that are deemed necessary.
- 3. Health Care Operations** – The nursing staff in this office will use your health information to assess the care you receive and the outcome of your case compared to others like it. Your information may be reviewed for risk management or for quality improvement. We may disclose your health information in cases of abuse, neglect or domestic violence. We will make this report in accordance with the laws that require such reporting or with your permission. We may disclose your PHI to other entities or health care providers to assist in their health care operations.
- 4. Health-related benefits and services** – This agency may use and disclose your PHI to inform you of health or otherwise related benefits or services that may be of benefit to you. Referrals may then be made, with your permission, in order to provide more comprehensive services.
- 5. Release of information to family/friends** – This agency may release your PHI to a friend or family member who is involved in your care, by informal or formal permission.

- 6. Disclosures required by law** – This agency will use and disclose your PHI when we are required to do so by federal, state or local law. Examples: public health activities, victims of abuse, neglect or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, decedents, cadaveric donation, research, serious threat to health or safety, essential government functions and Worker’s Compensation.
- 7. Business Associates** – There are some services provided in our agency through contracts with business associates. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we’ve asked them to do. To protect your health information, we require the business associate to appropriately safeguard your information.

CASE WV COA may use or share your information in limited ways. If we want to use your health information in a way not listed above, we must get your permission in writing. If you give permission, you may take it back in writing at any time.

### **What are your privacy rights?**

- 1.** To receive a notice of CASE WV privacy practices and sign a written acknowledgement
- 2.** Request the we communicate with you at a special address or by special means.
- 3.** Ask us to restrict how we use or disclose your health information. The request must be in writing. We may not be able to comply with your request if we have already used your authorization, if the information is needed to pay for your care or if we are required by law to disclose it.
- 4.** Look at or obtain a copy of your CASE WV COA information. A personal representative who has the legal right to act for you may look at and get it for you. We have information about your program

eligibility, billing and payment for services and some medical information or records. An accounting of disclosure of health information made electronically must be provided. We may keep you from seeing parts of your record, as allowed by law.

5. Ask to change information in your record if it is not correct or complete. We may refuse to change the information if CASE WV COA did not create it or if it is already correct and complete. You may request a review of the denial or send a letter to disagree with the denial. This letter will be kept with your CASE WV COA records.
6. Request a report of information shared about you for reasons other than treatment, payment or operations. You may ask for a list of those with whom we shared your information, when, why, and what information was shared, effective the date the Privacy Practices were implemented.
7. Ask that we send your information to another person or entity. You will be asked to sign an authorization form to tell us what information to send and where it is to go. The authorization can be used for up to one year, but you may tell us a specific time. You may write to stop the authorization at any time.
8. Right to file a complaint. If you believe that your privacy rights have been violated, you may file a complaint with the privacy officer at CASE WV COA or to:

U.S. Department of Health and Human Services.  
Suite 436 Public Ledger Bldg.  
150 S. Independent Mall West  
Philadelphia, PA 19106-3499

9. If CASE WV COA commits an inadvertent disclosure of PHI outside the confines of this agency, you will be informed within 60 days of the time the disclosure is discovered.

**Notice of Privacy Practices Availability**

The terms described in this notice will be posted at the CASE WV COA offices. All individuals receiving care or services will be given a hard copy. You may also request a copy of this notice by writing to our agency.

Effective Date of This Statement: \_\_\_\_\_

**CASE WV Commission on Aging**  
**Client Notice of Privacy Practices**  
**Acknowledgement Form**

I have received a copy of the CASE WV COA Notice of Privacy Practices.

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**Client**

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**Date**

