

Notice of Privacy Practices

**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.**

Hawkeye Valley Area Agency on Aging is required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information. If you have any questions about this Notice, please contact our privacy officer at 319- 272-2244.

USE AND DISCLOSURE OF HEALTH INFORMATION

Hawkeye Valley Area Agency on Aging collects health information from you and stores it in a record or on a computer. This record is the property of the Hawkeye Valley Area Agency on Aging, but the information in the record belongs to you. Hawkeye Valley may use your health information for purposes of providing you treatment, obtaining payment for your care and conducting health care operations. Hawkeye Valley has established policies to guard against unnecessary disclosure of your health information. Hawkeye Valley may use or disclose your health information for the following purposes:

Treatment. Hawkeye Valley may use your health information to coordinate care within Hawkeye Valley and with others involved in your care such as your attending physician, members of the interdisciplinary team and other health care professionals who have agreed to assist Hawkeye Valley in coordinating care. Hawkeye Valley may also disclose your health information to individuals outside of Hawkeye Valley involved in your care including family members, clergy who you have designated, pharmacists, suppliers of medical equipment, dieticians or other health care professionals.

Conduct Health Care Operations. Hawkeye Valley may use and disclose health information for its own operations in order to facilitate the function of Hawkeye Valley and as necessary to provide quality services to all of Hawkeye Valley's clients. Health care operations include such activities as evaluating the quality of health care services, compliance with federal and state regulations, case management and care coordination, professional review and performance evaluation, business planning and development and general administrative activities of Hawkeye Valley.

For example, Hawkeye Valley may use your health information to evaluate its staff performance, combine your health information with other Hawkeye Valley clients in evaluating how to more effectively serve all of its clients, disclose your health information to Hawkeye Valley staff and contracted personnel for training purposes, use your health information to contact you as a reminder regarding a visit to you, or contact you as part of general fund raising and community information mailings unless you tell us you do not want to be contacted.

Obtain Payment. Hawkeye Valley may include your health information and invoices to collect payment from third parties for the care you receive from Hawkeye Valley. For example, Hawkeye Valley may be required by the federal or state government to provide information regarding your health care status so that the federal or state government will reimburse you or Hawkeye Valley. Hawkeye Valley may also need to obtain prior approval from your insurer or state or federal government and may need to explain your need for services that would be provided to you.

Fundraising Activities. Hawkeye Valley may use information about you including your name, address, phone number, and the dates you received services in order to contact you or your family to raise money for Hawkeye Valley. If you do not want Hawkeye Valley to contact you or your family, notify Bob Schaffer, Management Services Coordinator, and Hawkeye Valley Area Agency on Aging, 2101 Kimball Ave, Suite 320, Waterloo, IA 5702, and 319-272-2244 and indicate that you do not wish to be contacted.

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

Treatment Alternatives. Hawkeye Valley may use and disclose your health information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

OTHER USE AND DISCLOSURE OF HEALTH INFORMATION

Legally Required. Hawkeye Valley will disclose your health information when it is required to do so by any federal, state or local law.

Risks To Public Health. Hawkeye Valley may disclose your health information for public activities and purposes in order to prevent or control disease, injury, disability, report abuse or neglect, report domestic violence, report to the Food and Drug Administration problems with products and reactions to medications and to report disease or infection exposure.

Health Oversight Activities. Hawkeye Valley may disclose your health information to a health oversight agency for activities including audits, civil administrative or criminal investigations, inspections, licensure or disciplinary action. Hawkeye Valley may not disclose your health information if you are the subject of the investigation and your health information is not directly related to your receipt of healthcare or public benefits.

Judicial and Administrative Proceedings. Hawkeye Valley 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 or in response to a subpoena, discovery request or other lawful process but only when Hawkeye Valley makes reasonable efforts to either notify you about the request or to obtain an order protecting your health information.

Law Enforcement Purposes. Hawkeye Valley may disclose your health information to a law enforcement official for purposes, such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order or subpoena or other law enforcement purpose.

Deceased Person Information. Hawkeye Valley may disclose your health information to coroners, medical examiners and funeral directors.

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

Specialized Governmental Functions. Hawkeye Valley may disclose your health information for military, national security, prisoner and government to benefit purposes.

Workers ' Compensation. Hawkeye Valley may disclose your health information as necessary to comply with workers' compensation laws.

AUTHORIZATION TO USE OR DISCLOSE HEALTH INFORMATION. Other than as stated above, Hawkeye Valley will not disclose your health information without your written authorization. If you authorize Hawkeye Valley to use or disclose your health information, you may revoke that authorization in writing at any time. A revocation of authorization will be effective on the date it is received and will not affect previous disclosures.

YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION. You have the following rights regarding your health information that Hawkeye Valley maintains:

Right To Request Restrictions. You may request restrictions on certain uses and disclosures of your health information. You have the right to request that Hawkeye Valley limit disclosure of your health information to someone who is involved in your care or payment for your care. Hawkeye Valley is not required to agree to this request. If you wish to make a request for restriction, contact Management Services Coordinator, Hawkeye Valley Area Agency on Aging, 2101 Kimball Avenue, Suite 320, Waterloo, IA 50702.

Right To Inspect and Copy Your Health Information. You have the right to inspect and copy your health information. A request to inspect and copy records containing your health information may be made to the Privacy Officer identified below. If you request a copy of your health information, Hawkeye Valley may charge a reasonable fee for copying.

Right To Receive Confidential Communications. You have the right to request that Hawkeye Valley communicate with you in a certain way. For example, you may ask that Hawkeye Valley only conduct communications pertaining to your health information with you privately with no other family members present. If you wish to receive only confidential communications, contact the Privacy Officer identified below. Hawkeye Valley will not request that you provide any reason for your request and will attempt to honor your reasonable request for confidential communications.

Right To Amend Health Information. You or your representative have the right to request that Hawkeye Valley 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 Hawkeye Valley. A request for amendment should be made in writing to the Privacy Officer identified below. Hawkeye Valley may deny the request if it is not in writing or does not include a reason for the amendment. The request may also be denied if your health information records were not created by Hawkeye Valley, if the records you are requesting are not part of Hawkeye Valley's record, 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 Hawkeye Valley, the records containing your health information are accurate and complete.

Right to Accounting of Disclosures. You have a right to receive an accounting of disclosures of your health information made by Hawkeye Valley. The request for an accounting must be made in writing to the Privacy Officer identified below. The request should specify 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 6 years or prior to April 14, 2003. Hawkeye Valley will provide the first accounting during any 12-month period without charge. Subsequent accounting requests may be subject to a reasonable cost based fee.

Right to Copy of Notice. You have a right to a paper copy of this Notice of Privacy Practices.

DUTIES OF HAWKEYE VALLEY: Hawkeye Valley is required to abide by the terms of this Notice as it may be amended from time to time. Hawkeye Valley reserves the right to change the terms of this Notice and to make the new Notice provisions effective for all health information that it maintains. If Hawkeye Valley changes this Notice, Hawkeye Valley will provide a copy of the revised Notice to you or your representative. You or your representative has the right to express complaints to Hawkeye Valley or to the Secretary of the Department of Health and Human Services if you believe that your privacy rights have been violated.

Any complaints to Hawkeye Valley regarding privacy issues should be made in writing to:

**Privacy Officer
Hawkeye Valley Area Agency on Aging
2101 Kimball Avenue, Suite 320
Waterloo, Iowa 50702**

Hawkeye Valley encourages you to express any concerns that you may have regarding the privacy of your information. If you are not satisfied with the manner in which Hawkeye Valley handles a complaint, you may submit a formal complaint to:

**Department of Health and Human Services
Office of Civil Rights
Hubert H. Humphrey Building
200 Independence Avenue S.W. Room 509F
Washington, DC 20201.**

You will not be retaliated against in any way for filing a complaint.

Effective Date: This Notice is effective April 14, 2003.

Acknowledgement of Receipt of the Notice of Privacy Practices

I understand, that under the Health Insurance Portability & Accountability Act of 1996 (HIPAA), I have certain rights to privacy regarding my protected health information (PHI). The Notice of Privacy Practices has been made available to me, which explains those rights.

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(Client's Signature)

(Date)

Print Client's Name: _____

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(Legal Representative Signature if applicable)

(Date)

Print Name: _____

Relationship of representative to client: _____