

# Jackson County Department on Aging Notice of Privacy Practices Summary Information for Clients

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This notice describes how medical information about a client may be used and disclosed and how a client can get access to this information.

Please review this notice carefully.

*You may request a copy of the complete "Notice of Privacy Practices" procedure.*

The Jackson County Department on Aging respects and protects our client's personal and health information. We are committed to protecting your nonpublic personal information and using it only as appropriate or necessary to provide you with the best possible service.

We maintain the security and privacy of personal and all protected health information in a manner consistent with Michigan and federal laws and regulations including the Health Insurance Portability and Accountability Act (HIPAA) of 1996 and related regulations, the Social Security Number Privacy Act 454 of 2004, and all other applicable laws. We are required by law to maintain the privacy of all personal and protected health information.

## **Information We Collect**

We collect information about you in order to arrange for, or provide, services on your behalf. Information we collect about you includes in part, your name, address, birthdate, social security number, phone number, medical and health history, medical treatment, emergency contact person, other services or assistance you are receiving, and income information. You are not obligated to give us all the information we ask for, with the understanding that lack of information could make a difference in the services we can arrange or provide for you.

## **Client Authorization**

Referrals to entities outside the Department on Aging that may benefit you are done after receiving verbal or written permission from you, or your representative, for your personal information to be released to a specified entity(ies). Additional referrals to an outside entity will not be made until permission is received from you.

## **Disclosure of Information**

Disclosure of your personal and health information is limited to the information reasonably necessary to accomplish your request for service, or referral to an entity outside the Department on Aging.

In the event of your incapacity, or emergency circumstances, we will disclose health and personal information to the emergency contact person you designate, emergency personnel, and/or law enforcement personnel. We may disclose health and personal information about you, to other organizations or individuals relevant to your care, as permitted by law, to the extent necessary to help with your care. These may include your health care providers, spouse, family or friends involved in your care, or your personal representative. You can restrict to whom we disclose your personal or health information.

We may disclose your personal and health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, domestic violence or other crimes. We may disclose your personal and health information to the extent necessary to prevent a serious threat to your health or safety, or the health or safety of others.

We restrict access to personal and health information about you to our employees or volunteers who need to know that information in order to provide service to you. We do not disclose personal or health information about you to third parties for marketing purposes.

Many of our services are funded by grants. Funding sources have the responsibility to monitor our files. Your personal and health information may be reviewed solely for the purpose of program compliance, and to assure accountability for the grant dollars being received by the program.

For the purposes of determining compliance with HIPAA or services provided through the Older American's Act, we are required to permit access to internal practices, books, and records relating to the use and disclosure of personal and protected health information received, or created by, the Jackson County Department on Aging to the U.S. Department of Health and Human Services or their designee.

### **Your Records**

You may request changes to information in records we have about you. You may request a copy of the protected health information that we collect about you or a report of information given to other organizations for referrals on your behalf. After receiving a written request, a hard copy will be sent within thirty days. A cost-based fee will be charged for providing a copy.

### **Amendment**

This Notice of Privacy Practice takes effect April 14, 2003, and will remain in effect until we replace it. The Department on Aging reserves the right to change our privacy practices at any time, provided such changes are permitted by applicable law. Before significant changes in our privacy practices are initiated, we will change our Notice of Privacy Practices procedure and notify our current clients who are affected by any material changes in our privacy practices. A material change will not be implemented prior to the effective date of the notice.

### **Questions or Concerns**

If you want more information about our privacy practices, have questions, concerns or complaints, please contact the Deputy Director, Department on Aging, 1715 Lansing Ave., Suite 672, Jackson, MI 49202-2193, (517) 788-4364.

If you are concerned that we may have violated your privacy rights, you may complain to us in writing within 180 days of when you knew, or could have known, that noncompliance occurred. You also may submit a written complaint to the U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Washington, D.C., 20201. Telephone: 202-619-0257. Toll Free: 1-877-696-6775.

We support your right to the privacy of your personal and health information. We will not retaliate in any way if you choose to file a complaint with us, or with the U.S. Dept. of Health and Human Services.

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