



**NOTICE OF PRIVACY PRACTICES**  
Effective April 14, 2003

---

**PLEASE REVIEW THIS DOCUMENT CAREFULLY**

**WHO WILL FOLLOW THIS NOTICE**

This notice describes the information privacy practices followed by our employees, volunteers, staff and other office personnel.

**1. YOUR HEALTH INFORMATION**

This notice applies to the information and records we have about your health, health status, and the health care and service you receive from the department in your personal file.

We are required by law to give you this notice. It will tell you about the ways in which we may use and disclose health information about you and describes your rights and our obligations regarding the use and disclosure of that information.

**A. HOW WE MAY DISCLOSE INFORMATION ABOUT YOU**

- (1) For Treatment. We may use health information about you to provide you with medical treatment or services we may disclose health information about you to other personnel who are involved in taking care of you and your health.
- (2) For Payment. We may use and disclose health information in order to bill and collect payment for health care services.
- (3) Health Care Operations. We may use and disclose health information about you to evaluate the performance of our staff in caring for you. We may also use health information about all or many of our clients to help us decide what additional services we should offer, how we can become more efficient, or whether certain new treatments are effective.
- (4) Other Permitted Uses and Disclosures. There are a number of other specific way that we may disclose health information about you without your permission for the following purposes, subject to legal requirements and limitations, such as: **To Avoid Serious Threat to Health Safety; Required By Law; Research; Organ Tissue Donation; Military Veterans, National Security and Intelligence; Worker's Compensation; Public Health Risk; Health Oversight Activities; Lawsuits and Disputes; Law Enforcement; Coroner, Medical Examiners and Funeral Directors; Volunteers and Information Not Personally Identifiable.**

**B. YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU**

You have the following rights regarding health information we maintain about you.

- (1) Right To inspect and Copy. You have the right to inspect and copy your health Information, such as medical and billing records, that we use to make decisions about your care. You must submit a written request to the Privacy Officer, Office, in order to inspect and/or copy your health information. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other associated supplies. We may deny your request to inspect and/or copy in certain limited circumstances. If you are denied access to your health information, you may ask that the denial be reviewed. If such a review is required by law, we will select a licensed health care professional to review your request and our denial. The person conducting the review will not be the person who denied your request, and we will comply with the outcome of the review.
- (2) Right To Amend. If you believe health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment as long as the information is kept by this office. To request an amendment, complete and submit a Medical Record Amendment/Correction Form to the Privacy Officer, Office. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that: a) we did not create, unless the person or entity that created the information is no longer available to make the amendment. b) Is not part of the health information that we keep. c) You would not be permitted to inspect and copy. d) Is accurate and complete.

(3) Rights to Accounting Disclosures. You have the right to request an "accounting of disclosures." This is a list of the disclosures we made of medical information about you for purposes other than treatment, payment and health care operations. To obtain this list, you must submit your request in writing to the Privacy Officer. It must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper, electronically). We may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

(4) Rights 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.

(5) We Are Not Required to Agree to Your Request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

## **2. CHANGES TO THIS NOTICE**

We reserve the right to change this notice, and to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a summary of the current notice in the office with its effective date in the top right hand corner. You are entitled to a copy of the notice currently in effect.

## **3. OTHER USES AND DISCLOSURES OF HEALTH INFORMATION**

We will not use or disclose your health information for purposes other than those identified in the previous section without your specific written Authorization. We must obtain your authorization separate from any Consent we may have obtained from you. If you give us Authorization to use or disclose health information about you, you may revoke that Authorization, in writing, at any time. If you revoke your Authorization, we will no longer use or disclose information about you for the reasons covered by your written Authorization, but we cannot take back any uses or disclosures already made with your permission.

If we have HIV or substance abuse information about you, we cannot release that information without a special signed, written authorization (different than the Authorization and Consent mentioned above) from you. In order to disclose these types of records for purposes of treatment, payment or health care operations, we will have to have both your signed Consent and a special written Authorization that complies with the law governing HIV or substance abuse records.

# **Why is ElderSource**

## **Collecting your Social Security Number?**

### **Your social security number is confidential under law.**

**We may not collect your social security number unless we explain to you in writing the reason we need it.**

ElderSource, as the state designated Aging Resource Center and Area Agency on Aging for Northeast Florida, may ask for your social security number as part of its responsibility to conduct assessments. We do this in order to determine benefits or services, including federal benefits that may be right for you. If there is any other reason, it will be listed below.

We will not use or give out your social security number for any other reason, including referrals to other agencies, unless you have signed a separate form consenting to the release of information to another agency.

#### **Contact Information:**

ElderSource Privacy Officer - 904-391-6600