

**Notice of Privacy Practices
Aging & Disability Resource Center of Linn County
Ryan White Medical Case Management**

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

Linn County has adopted overall policies and procedures for protecting the individually identifiable health information of the people we serve. Linn County's Privacy Policy concerning Protected Health Information can be viewed at <http://www.linncounty.org> under "Quick Links" and then "Privacy". If you require a paper copy, it can be obtained from the Linn County Auditor's Office.

The Ryan White Medical Case Management program has reviewed both the type of information we receive about you and how we use that information and we are providing you with this specific Notice of Privacy Practices (NPP). The Ryan White Medical Case Management program is considered a health care plan for the purposes of complying with the applicable provisions of the Health Insurance Portability and Accountability Act (HIPAA).

This NPP describes how we may use and disclose your protected health information. It also describes your rights to access and control your protected health information. "Protected health information" (PHI) is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

The Ryan White Medical Case Management program does not utilize PHI for marketing or fundraising purposes, nor does it sell PHI to any other organization. We do not engage in any underwriting activities nor do we make genetic information contained in our PHI available to any organization that does.

Our Designated Record Set.

"Designated Record Set" means the specific PHI that we collect, use, disseminate, maintain and store and are responsible to you for. We may create smaller subsets even when making allowable disclosures to make sure we are only sharing the minimum information necessary.

Uses and Disclosures We May Make Without Written Authorization.

We may use or disclose your PHI for certain purposes without your written authorization. There are three primary categories:

Treatment. We may use or disclose your PHI for the purpose of treating you, arranging for treatment of you or coordinating among treatment providers.

Payment. We may use or disclose your PHI to obtain payment for services provided to you, including pre-authorization to provide a service to you.

Healthcare Operations. We may use or disclose your PHI for internal activities that are necessary to operate our department and ensure that you receive quality services.

Linn County Health Care Component.

The HIPAA privacy, security, breach notification and enforcement rules apply to all Linn County departments within the Linn County Health Care Component. We may share the information in our designated record set with these other departments as needed for the purposes of providing treatment, for payment activities, or for health care operations. This will include coordination of services and benefits with other departments as well as support and oversight of our payment activities and healthcare operations through departments like the Auditor's Office, Information Technology, and Budget and Finance. We will take steps to only share the minimum information necessary to enable them to perform their required function.

Business Associates.

The Ryan White Medical Case Management program will also share your PHI with outside organizations when required for providing treatment, for payment activities or for health care operations. These outside organizations are called Business Associates. We enter into Agreements with our Business Associates that define the PHI that we will provide to them and their intended use of the PHI so provided. We will take steps to limit their access to the minimum information necessary to enable them to perform their required function. Our Agreements will also provide notice to our Business Associates that they have direct responsibilities under HIPAA for safeguarding your PHI, including having their own Agreements with any subcontractors they may utilize

Other Uses or Disclosures.

We may also use or disclose your PHI for certain other purposes allowed by 45 CFR §164.512 or other applicable laws and regulations, including the following:

- To avoid a serious threat to your health or safety or the health or safety of others.
- As required by state or federal law such as reporting abuse, neglect or certain other events.
- As allowed by workers compensation laws for use in workers compensation proceedings
- For certain public health activities such as reporting certain diseases
- For certain health oversight activities such as audits, investigations or licensure actions.
- In response to a court order, warrant or subpoena in a judicial or administrative proceeding.
- For certain specialized government functions such as the military or correctional institutions.
- For research purposes if certain conditions are satisfied.
- To provide proof of immunizations to schools where certain conditions are satisfied.
- In response to certain requests by law enforcement to locate a fugitive, victim or witness or to report deaths or certain crimes.

- To coroners, funeral directors or organ procurement organizations as necessary to allow them to carry out their duties.

Disclosures We May Make Unless You Object.

Unless you notify us otherwise, we may disclose your PHI to a member of your family, relative, friend or other person who is involved in your healthcare or payment for your healthcare. We will limit the disclosure to the information relevant to that person's involvement in your healthcare or payment.

Disclosures With Your Permission.

No other disclosure of PHI will be made unless you give written Authorization for the specific disclosure. You may revoke a written Consent or Authorization for us to use or disclose your PHI. The revocation will not affect any previous use or disclosure of your information.

Your Legal Rights

Right to request confidential communications. You may request that communications to you, such as appointment reminders, bills, or explanations of health benefits be made in a confidential manner. We will accommodate any reasonable request, as long as you provide a means for us to process payment transactions.

Right to request restrictions on use and disclosure of your information. You have the right to request restrictions on our use of your PHI for particular purposes, or our disclosure of that information to certain third parties. We are not obligated to agree to a requested restriction, but we will consider your request. We will honor a request to not provide your PHI to a third party payor with regards to any service that you or someone on your behalf have paid the full cost of out of pocket.

Right to review and copy record. You have the right to see records used to make decisions about you. We will allow you to review your record with limited exceptions. We may deny a request to review psychotherapy notes. If another person provided information about you to our clinical staff in confidence, that information may be removed from the record before it is shared with you. We will also delete any PHI about other people.

At your request, and subject to limited exceptions, we will make a copy of your record for you. We may charge a reasonable fee for this service. If your record exists electronically, you may request an electronic copy or request that an electronic copy be sent directly to a third party.

We will maintain records for a period of three years from the last date of service.

Right to amend record. If you believe your records contain an error, you may ask us to amend it. If there is a mistake, a note will be entered in the record to correct the error. If not, you will be told and allowed the opportunity to add a short statement to the record explaining why you believe the record is inaccurate. This information will be included as

part of the total record and shared with others if it might affect decisions they make about you.

Right to an accounting of disclosures. You have the right to make a written request for an accounting of disclosures of your PHI made to third parties. This does not include disclosures that you authorize, or disclosures that occur in the context of treatment, payment or health care operations and you cannot request an accounting for any disclosures made more than six years prior to the date of your request. You may have a right to an accounting of all disclosures made in the prior three years if the disclosures involve utilization of electronic health records.

Right to get notice of a breach You have the right to be notified upon a breach of any of your unsecured PHI by us or any of our subcontractors.

Right to a paper copy of this Notice. A copy of this NPP is posted on our web site at <http://www.linncounty.org> under “Departments” then “Aging & Disability Resource Center of Linn County” then “Ryan White Medical Case Management” and then “Privacy”. You have the right to receive a paper copy of this notice from our office.

How to Exercise Your Rights

Questions about our policies and procedures, requests to exercise individual rights, and complaints should be directed to our Contact Office.

Our Contact Office is the Linn County Attorney’s Office, Civil Division. The Contact Office can be reached by phone at (319) 892-6340 or by e-mail at hipaa_contact@linncounty.org.

Personal representatives. A “personal representative” may act on your behalf in exercising your privacy rights. This includes the parent or legal guardian of a minor. In some cases, where provided by law, minors can make their own decisions about receiving health treatment and disclosing PHI about them. For an adult who is incapable of acting on his or her own behalf, “personal representative” is normally your legal guardian. In some circumstances it may be another member of your immediate family.

Disclosure of PHI to personal representatives may be limited in cases of domestic or child abuse.

Additional Information about this Notice

The Ryan White Medical Case Management program reserves the right to change its privacy practices and the terms of this Notice at any time and will provide an updated Notice as required by law – this currently means that we will post the updated NPP on our website and provide a paper copy to you in our next scheduled mailing.

If a use or disclosure for any purpose described in this Notice is prohibited or materially limited by applicable state privacy law, we will generally comply with state law, unless it conflicts with your right to access and control disclosure of your PHI under federal law.

Complaints

If you have any complaints or concerns about our privacy policies or practices, please submit a complaint to our Contact Office. If you wish, the Contact Office will give you a form that you can use to submit a complaint. You can also submit a complaint to the United States Department of Health and Human Services. The Contact Office can assist you in contacting them.

We will never retaliate against you for filing a complaint.

Effective Date

This Notice of Privacy Practices is effective September 23, 2013.