

Effective: 2004

Last Revised: December 2015

***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.***

### **Who will follow this notice?**

This notice describes how the Institute on Aging (IOA), may use and disclose your protected health information (PHI) in order to carry out treatment, payment and health care operations and for other purposes permitted or required by law. Your PHI is any information that identifies you or reasonably could identify you (such as your name or address or social security number) that relates to your past, present or future physical or mental health or condition, any health care you receive, or to the past, present or future payment for your health care.

### **Our Pledge regarding Protected Health Information**

We understand that the PHI about you is personal. We are committed to protecting the PHI about you and, consistent with our legal obligations, we will provide you with a notice if there is a breach of your PHI. We create a record of the care and services you receive from the IOA. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care.

***This notice will tell you about the way in which we may use and disclose the PHI about you. We also describe your rights and certain obligations we have regarding the use and disclosure of your PHI.***

We are required by law to:

- Make sure that the PHI that identifies you is kept private (with certain exceptions that will be described)
- Give you this notice of our legal duties and privacy practices with respect to the PHI about you
- Follow the terms of the notice that are currently in effect.

## Uses and Disclosures of your PHI

Except as provided in this notice, the IOA will use and disclose PHI only with your written permission (authorization). The following categories describe different ways that the IOA may use or disclose PHI without your authorization:

- **For Treatment:** We may use and disclose PHI about you for treatment purposes. For example, this may include assisting you with obtaining medical treatment or services, or disclosing PHI about you to doctors, nurses, technicians, medical students, interns or other personnel who are involved in taking care of you.
- **For Payment and Authorization:** We may use and disclose PHI for payment related activities. For example, this may include using and disclosing your PHI to obtain or provide authorization for services, or in order to receive payment or pay for services provided to you.
- **For Health Care Operations:** We may use and disclose PHI about you for health care operations. For example, this may include uses and disclosures to help us run the agency and make sure that all of our clients receive quality care.
- **Appointment Reminders:** We may use and disclose your PHI to contact you as a reminder that you have an appointment for treatment or medical care.
- **Individuals Involved in Your Care or Payment for Your Care:** We may use and release your PHI to a family member, another relative, a close personal friend, or any other person you identify relevant to that person's involvement in your care or payment related to your care.
- **Facility Directory:** We may use and disclose limited PHI about you to a person that asks for you by name. This may include limited information such as your name and location within our facility, or name and your condition in general terms. If you do not want to be included in our facility directory, contact us at the information provided below.
- **Personal Representatives:** We may disclose PHI about you to your personal representative.
- **Research:** We may use and disclose PHI about you for research purposes. A research project may involve comparing the health and recovery of all clients who received one medication to those who received another, for the same condition.
- **As Required By Law:** We will use and disclose PHI about you when required to do so by federal, state or local law.
- **To Avert a Serious Threat to Health or Safety:** We may use and disclose PHI about you when necessary to prevent and lessen a serious threat to you health and safety or the health and safety of the public or another person.
- **Organ and Tissue Donation:** We may use and release your PHI to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank.
- **Military and Veterans:** If you are a member of the armed forces, we may use and release PHI about you as required by military command authorities. We may also use

and release PHI about foreign military personnel to the appropriate foreign military authority.

- **Workers' Compensations:** We may use and release PHI about you for workers' compensation or similar programs.
- **Health Oversight Activities:** We may use and disclose your PHI to a health oversight agency for activities authorized by law. These oversight activities include audits, investigations, inspections, and licensure.
- **Public Health and Safety:** We may use and disclose PHI about you for public health and safety activities when such disclosures are permitted or required by law. Public health and safety activities generally include the following: preventing or controlling disease, injury or disability; reporting births and deaths; reporting abuse or neglect of children, elders and dependent adults, including domestic violence that may place a child, elder or dependent adult at risk; reporting victims of abuse, neglect, or domestic violence; reporting reactions to medications or problems with products; notifying people of recalls of products they may be using; notifying a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or conditions.
- **Legal and Administrative Actions:** In certain cases, we may disclose PHI about you in a response to a court or administrative order, subpoena, discovery request, or other lawful process.
- **Law Enforcement:** We may release your PHI to law enforcement if required by law or for certain law enforcement activities.
- **Coroner, Medical Examiners and Funeral Directors:** We may release PHI to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release PHI about clients of the IOA to funeral directors as necessary to carry out their duties.
- **National Security and Intelligence Activities:** We may release PHI about you to authorized federal officials for intelligence, counterintelligence, and other national security activities as permitted or required by law.
- **Protective Services for the President and Others:** We may disclose PHI about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.
- **Inmates:** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release PHI about you to the correctional institutional or law enforcement official.
- **Disaster Relief:** We may use or disclose PHI about you to entities authorized by law or by charter to assist in disaster relief efforts for the purpose of coordinating disaster relief efforts.
- **Secretary of the U.S. Department of Health and Human Services:** We may release PHI about you to the Secretary to investigate or determine the agency's compliance with the HIPAA privacy rule.

**Your authorization will be required for:**

- Most uses and disclosures of psychotherapy notes;
- A sale of PHI;
- Most uses and disclosures for marketing purposes; and
- Any other use or disclosure not described in this notice.

You may revoke an authorization except to the extent that we have acted in reliance on the authorization.

**Fundraising:** IOA may use or disclose your PHI to contact you to raise funds for IOA. You have the right to opt out of receiving these communications.

**Individual Rights regarding PHI**

All individual rights may be requested by contacting the IOA at the contact information listed below.

**Right to Inspect and Copy:** With a few exceptions, you have the right to inspect and copy PHI that we keep in a designated record set (i.e., PHI that is used to make decisions about your care, including medical and billing records). You do not have the right to inspect and copy certain mental health information called “psychotherapy notes.” You must make your request for access in writing. We may charge a fee for the costs of copying, mailing or other supplies associated with your request, as permitted by law.

We may deny your request to inspect and copy in certain very limited circumstances. In some cases, if you are denied access to your PHI, you may request that the denial be reviewed. If the denial is reviewed, a licensed health care professional, chosen by the IOA, will review your request and the denial. The licensed health care professional conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

**Right to Correct:** If you feel that PHI we have about you in a designated record set is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by the IOA. Your request must be in writing, and should be sent to the address provided below. You must provide a reason that supports your request.

We may deny your request if it is not in writing or does not include a reason to support the request. We may deny your request if you ask us to amend information that we determine:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of IOA’s designated record set;

- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

If we deny your request for amendment, you have the right to submit a written addendum. If you clearly indicate in writing that you want the addendum to be made part of your PHI we will attach it to your records and include it whenever we make a disclosure of the item or statement you believe to be incomplete or incorrect. We also may include our own rebuttal statement, if we provide you with a copy of our rebuttal statement.

**Right to Request Confidential Communications:** You have the right to request that we communicate with you in a certain way or at a certain location. We will accommodate reasonable requests. Your request must be in writing, and should be sent to the address provided below.

**Right to Request Restrictions:** You have the right to request a restriction or limitation on the PHI we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the PHI we disclose about you to someone who is involved in your care or the payment of your care, like a family member or friend, and for certain notification purposes.

**Except as noted below, we are not required to agree to your request.** If we do agree, we will comply with your request until we are notified from you that you no longer want the restriction to apply (except for disclosures required by law or in emergency situations).

In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

We are required to agree to your request in the very limited circumstance when you request that we restrict disclosures to a health plan for payment or healthcare operations when the services we provide are paid in full out of pocket and the disclosure is not required by law. If you wish to restrict a disclosure in this circumstance, please notify us prior to receiving the services. We may make a disclosure to your health plan at the time services are provided or immediately after.

**Right to an Accounting of Disclosures:** You have the right to request an "accounting of disclosures." This is a list of certain disclosures we made of PHI about you. Generally, this will not include disclosures: made to you; made based on your authorizations, for treatment, payment and health care operations (as those functions are described above); to persons involved in your care; for national security or intelligence purposes; to correctional institutions and law enforcement in certain circumstances; or that occurred more than six years prior to the date of your request.

Your request must state a time period, which may not be longer than six years. Your request should indicate in what form you want the list, i.e., paper copy, electronically. The first list you request within a 12-month period is free. For additional lists, we may charge you for the costs

[www.ioaging.org](http://www.ioaging.org) | 800.430.8026 | 415.750.4111

**San Francisco**

3575 Geary Blvd  
San Francisco, CA 94118

**Marin**

930 Tamalpais Ave  
San Rafael, CA 94901

**Peninsula**

881 Fremont Ave #A2  
Los Altos, CA 94024

**San Mateo County**

1660 South Amphlett Blvd #219  
San Mateo, CA 94402

**Santa Clara County**

2033 Gateway Place, 5th Fl. Suite 500  
San Jose, CA 95110

**San Bernardino/Riverside**

3200 E. Guasti Road, Suite 100  
Ontario, CA 91761

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.

**To inspect and copy PHI that may be used to make decisions about you, to request an amendment, to request a list or accounting of disclosures, or to request confidential communications, you must make your request in writing to the following address. You also may submit requests for restrictions to this address.**

Institute on Aging

3575 Geary Blvd.

San Francisco, CA 94118

### **Copy of this Notice**

You have the right to receive a copy of this notice. Even if you have agreed to receive this notice electronically, you have the right to a paper copy upon request. You can submit your request to the above address.

### **Changes to this Notice**

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for PHI which we already have about you, as well as any information we receive in the future. We will post a copy of the current notice at the IOA physical service delivery sites and on the IOA website at [www.ioaging.org](http://www.ioaging.org). Whenever we make changes to this notice, we will make a copy of the revised notice available upon request.

### **How to Contact Us**

If you have any comments or questions about this notice, or if you believe your privacy rights have been violated and wish to make a complaint, you may do so verbally or in writing by contacting the Privacy Officer, at:

Institute on Aging

3575 Geary Blvd.

San Francisco CA 94118

Ph.: (415) 750-4111

Also, you may file a complaint directly with the Secretary, U.S. Department of Health and Human Services (HHS). You will not be retaliated against for filing a complaint with IOA or HHS.



**Receipt of Notice of Privacy Practices**

I hereby acknowledge receipt from Institute on Aging, a copy of its Notice of Privacy Practices for Protected Health Information effective on the date set forth above.

**CLIENT:**

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Print Name

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Signature

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Date

**CLIENT'S PERSONAL REPRESENTATIVE:**  
(If signed on client's behalf)

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Print Name

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Signature

Relationship to client: \_\_\_\_\_