



## NOTICE OF PRIVACY PRACTICES

This Notice is effective September 16, 2013.

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED  
AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.  
PLEASE REVIEW THIS NOTICE CAREFULLY AND ACKNOWLEDGE RECEIPT.**

VANTAGE Aging is required by law to maintain the privacy of protected health information (PHI) and to provide individuals with notice of our legal duties and privacy practices with respect to PHI. We are required to follow the practices described in this Notice. We reserve the right to change our privacy practices and the terms of this Notice at any time. If we change our notice, we will post the revised notice in VANTAGE Aging's office at 2279 Romig Road, Akron, Ohio 44320, and will have it available upon request.

This Notice of Privacy Practices is NOT an authorization. This Notice of Privacy Practices describes how we, our Business Associates, and their subcontractors, may use and disclose your protected health information (PHI) to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health condition and related health care services. **To the extent that there is stricter Ohio or federal law regulating the privacy of your PHI, we will comply with the more strict provisions of law.**

You have the right to receive a paper copy of this or any revised Notice and/or an electronic copy by email upon request to our Privacy Officer, telephone (330) 253-4597 x 186.

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### **USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION**

VANTAGE Aging is committed to maintaining the confidentiality of your health information. Your health information may be used and disclosed for purposes of treatment, payment, and health care operations. Outside of these permitted uses, we must have your written and signed authorization to disclose health information unless the law permits or requires the use or disclosure without your authorization. You have the right to revoke an authorization in writing except to the extent any action has been taken in reliance on the authorization.

**Treatment:** We may use and disclose your health information for your treatment and to provide you with treatment-related health services. This includes the coordination or management of your health care with a third party. For example, we may disclose health information to a physician or healthcare provider to whom you have been referred, to ensure they have the necessary information to diagnose, treat or provide you a service.

**Payment:** Your PHI may be used and disclosed to enable us to bill and either collect payment from you, a health plan or a third party for the treatment and services you receive from us. For example, we may need to give your health plan information of your treatment in order for your health plan to agree payment for that treatment.

**Health Care Operations:** We may use and disclose your PHI in order to support the business activities of VANTAGE Aging. These activities include, but are not limited to, the evaluation of our team members in providing services for you, quality assessment, the disclosure of information to staff, interns, and other authorized personnel for educational and learning purposes, or to third parties for audit and/or legal purposes. If you are contacted by us for fundraising, you may opt-out of receiving any further fundraising communications from us by notifying our Privacy Officer in writing of your name, address, and request to be removed from our fundraising mailing and contact lists.

**Business Associates:** It may be necessary for us to provide your health information to certain outside persons or entities that assist us with our health care operations, such as auditing, accreditation, legal services, etc. These business associates are legally required to properly safeguard the privacy of your health information.

**Appointment Reminders, Treatment Alternatives, and Health-Related Benefits & Services:** VANTAGE Aging may use and disclose your PHI to contact you to provide appointment reminders, information about treatment alternatives, or other health-related benefits and services that may be of interest to you.

**Other Uses and Disclosures of PHI:** We may use or disclose your protected health information without your prior authorization in several other situations. Subject to certain requirements, we may disclose PHI for: public health issues as required by law, health oversight audits or inspections, required abuse or neglect reporting, accrediting organizations such as JCAHO or CARF, research studies (de-identified information), data breach notification, and workers' compensation purposes. We may use or disclose your health information for research purposes but only with your prior authorization or a proper waiver of authorization from an Institutional Review Board or Privacy Board. We will also disclose PHI when required to do so by international, federal, state or local law. Under the law, we must make disclosures to you upon your request. Under the law, we must also disclose your PHI when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements under Section 164.500.

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#### **USES AND DISCLOSURES REQUIRING YOU TO HAVE AN OPPORTUNITY TO OBJECT**

**Family and Friends:** With your approval and using our professional judgment, your health information may be disclosed to designated family, friends, and others who are directly involved in your care or in the payment for your care. If you are unavailable, incapacitated, or in an emergency medical situation, and we determine that a limited disclosure may be in your best interest, we may share limited health information with such individuals without your approval.

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#### **USES AND DISCLOSURES THAT REQUIRE YOUR AUTHORIZATION**

**Other Permitted and Required Uses and Disclosures** will be made **only with your consent, authorization** or opportunity to object unless required by law. Without your authorization, we are expressly prohibited to use or disclose your protected health information for marketing purposes. We may not sell your protected health information without your authorization. We may not use or disclose most psychotherapy notes contained in your protected health information. We will not use or disclose any of your protected health information that contains genetic information that will be used for underwriting purposes.

**Any other uses and disclosures not recorded in this Notice** or the laws that apply to us will be made only with your written authorization. You may revoke the authorization at any time by submitting a written revocation to our Privacy Officer and we will no longer disclose PHI under the authorization. Any disclosure that we made in reliance on your authorization before you revoked it will not be affected by the revocation.

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## YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

- 1. Right to Inspect and Copy:** You have the right to request to access and/or receive a copy your health information. All such requests must be made in writing and signed by you or your representative. A reasonable per page fee may be assessed if you request a copy of the information. There may also be a charge for postage if you request a mailed copy and, if requested, for preparation of a summary of the requested information. You may obtain a Request to Access and/or Copy Health Information form from the Privacy Officer. The Privacy Officer will respond within 30 days unless an extension is taken. In certain circumstances, you may not be permitted access. Depending on the circumstances, you may request a review of the decision to deny access. If we deny your request, you will be given written notice that will explain the basis for the denial and your right to appeal.
- 2. Right to an Electronic Copy of Electronic Medical Records:** If your PHI is maintained in an electronic format, you have the right to request that an electronic copy of your records be given to you or transmitted to another individual or entity. We will make every effort to provide the electronic copy in the format you request; however, if it is not readily producible by us, we will provide it in either our standard format or in hard copy form. We may charge you a reasonable, cost-based fee for the labor associated with transmitting the electronic medical record.
- 3. Right to Request Restrictions:** You have the right to request that VANTAGE Aging restrict how we use and disclosure your health information for treatment, payment or health care operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice. Your request must state the specific restriction requested and to whom you want the restriction to apply. Requests for restrictions must be made in writing and be signed by you or your representative. We are not required to agree to your restrictions except if you request that we not disclose PHI to your health plan with respect to healthcare for which you have paid in full out of pocket. We cannot agree to limit uses/disclosures that are required by law. In the event of a termination of an agreed-to restriction by us, we will notify you of such termination. You may terminate, in writing or orally, any agreed-to restriction by sending such termination notice to the Privacy Officer.
- 4. Right to Get Notice of a Breach:** You have the right to be notified upon a breach of any of your unsecured Protected Health Information.
- 5. Right to Request Amendment:** If you feel the PHI we have is incomplete or incorrect, you have the right to request that your health information be amended or corrected. VANTAGE Aging will respond within 60 days unless an extension is taken. In certain cases, we may deny your request for amendment and you will be given written notice that will explain the basis and your right to appeal, which will be appended to your health information. You may also submit a statement of disagreement to which VANTAGE Aging would prepare and provide a response. All amendment requests must be in writing, signed by you or your representative, and must state the reasons for the amendment. If we make an amendment, we may notify others who work with us and have copies of the un-amended record if we believe that such notification is necessary. You may obtain a Request for Amendment form from the Privacy Officer.
- 6. Right to an Accounting of Disclosures:** You have the right to receive an accounting of disclosures of your health information made by VANTAGE Aging after April 14, 2003, except for disclosures: pursuant to an authorization, for purposes of treatment, payment, healthcare operations, required by law, that occurred six years prior to the date of the request. Requests must be made in writing and signed by you or your representative. Request for Accounting forms are available from the Privacy Officer. The first accounting in any 12-month period is free; you will be charged a reasonable fee for each subsequent accounting within the same twelve-month period. The right to receive this information is subject to certain exceptions, restrictions, and limitations.

7. **Right to Request Confidential Communications:** You have the right to request that medical information about you be communicated to you in a confidential manner, such as sending mail to an address other than your home, by notifying us in writing of a specific way or location for us to use to communicate with you.
  8. **Right to a Paper Copy of This Notice:** You have the right of obtain a paper copy of this Notice from us even if you have agreed to receive the notice electronically. We reserve the right to change the terms of this Notice and we will notify you of such changes. We will also make available copies of our new Notice if you wish to obtain one.
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#### **WHO TO CONTACT FOR QUESTIONS AND COMPLAINTS**

If you would like more information about VANTAGE Aging's privacy practices, wish to exercise any of your rights with regard to your PHI, or have any questions about the information in this notice, please contact the Privacy Officer. If you believe that VANTAGE Aging may have violated your privacy rights, or you disagree with a decision we made in connection with your PHI, you may file a complaint with the Privacy Officer, addressed to:

Sue Henige, Privacy Officer  
VANTAGE Aging  
2279 Romig Rd.  
Akron, Ohio 44320

Telephone: (330) 253-4597 x 186  
Email: [shenige@vantageaging.org](mailto:shenige@vantageaging.org)

You may also file a written complaint with the Secretary of the U.S. Department of Health and Human Services at 200 Independence Avenue, SW, Washington D.C. 20201 or call 1-877-696-6775. **There will be no retaliation for filing a complaint.**

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