

**NORTHWEST FLORIDA AREA AGENCY ON AGING, INC.
NOTICE OF PRIVACY PRACTICES EFFECTIVE APRIL 14, 2003**

As required by law, this notice describes the area agency's policies with regard to your individually identifiable data and **protected health information (PHI)**. We pledge to safeguard all sensitive information and to use it responsibly in the effective delivery of home and community-based services to elders in planning and service area 1.

TYPES OF INFORMATION GATHERED AND USED

We gather and maintain nonpublic personal information about you, your health and your transactions with us or our affiliates from applications, supporting documents and forms supplied by you, your agent or guardian, business partners, doctors, hospitals, assisted living facilities, nursing homes, government agencies, case management entities, vendors and service companies. This data may include, but is not limited to, name, identifying numbers (date of birth, address, telephone, Social Security, income and/or account #), payment history, medical records and client files.

WAYS YOUR PRIVACY IS PROTECTED

The area agency uses these administrative, technical and physical safeguards to protect your privacy and your PHI:

- Policies and procedures for handling information in secure environments;
- Training on privacy policies and procedures for paid staff and volunteers;
- Computer technology, authentication and security operations with respect to data processing, exchange, transmission, storage, retrieval and deletion;
- Limited access to offices and facilities where information is received, processed, exchanged, copied, stored and destroyed;
- Contractual requirements for third party business associates to comply with privacy laws; and
- Continuous review of company security.

USE AND DISCLOSURE OF PHI WITHOUT AUTHORIZATION

We have a limited right to disclose your PHI, without written consent, when it is made directly to you or your legally-recognized agent or guardian; to those who are involved in providing you with services or treatments; to those who bill and collect payment for services or treatments; to area agency staff (paid and volunteer) involved in operations necessary to plan, arrange, facilitate or provide services; to institutions for research; to official government or law enforcement agencies conducting audits, inspections or investigations; and by court order. We may also use information in the normal course of doing business such as providing you with appointment reminders or informing you of other health-related programs or services from which you may benefit, e.g., your name and address may be used to send you a newsletter or calendar of events planned in your area.

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PRIVACY PRACTICES OF THE NORTHWEST FLORIDA AREA AGENCY ON AGING, INC.

April 14, 2003

Page 2 of 2

USE AND DISCLOSURE WITH WRITTEN AUTHORIZATION Examples of uses or disclosures requiring your written authorization include, but are not limited to, making application to Medicaid; requesting use of your name, picture and any identifying information in broadcast or print media; requesting provision of PHI to an attorney for use in civil litigation; or requesting provision or withholding of PHI from an unauthorized individual or institution. Be aware that the law permits this agency to elect not to treat the person you have named as your personal representative if we have reason to believe that you have been, or may be, a victim of abuse, neglect or domestic violence and treating such person as your personal representative could endanger you. Or, if we determine in the exercise of our professional judgment it is not in your best interest, we will not treat that person as your personal representative with respect to release of PHI.

CONSUMER RIGHTS You have the right to request:

- To inspect and obtain a copy of the PHI contained in your client file;
- To restrict the use and disclosure of your PHI;
- To arrange confidential communications by alternative means;
- To amend PHI that is incorrect or incomplete;
- To obtain a disclosure of PHI released for purposes other than treatment, service, payment or operations (the release must have been made after April 14, 2003, and the disclosure must be requested within six years of the release date); and
- To receive a paper copy of this privacy notice.

Requests must be made in writing to the area agency privacy officer at the address given at the bottom of this page. *The area agency is not required to agree to any request or restriction; you are entitled, however, to a review of the denial.* You also have the right to complain if you believe your privacy rights have been violated. You may contact the area agency's privacy officer by calling the office or you may send a written complaint to the Office of Civil Rights, U. S. Department of Health and Human Services. This action must occur within 180 calendar days of the date you became aware, or should have become aware, of the problem. You will not be penalized by the area agency for filing a complaint.

We reserve the right to revise this notice at any time. If we do, a copy of the revised policy will be posted in our office. You may request a hard copy at any time. Policies concerning PHI are a matter of public record and may be inspected by appointment.

**NORTHWEST FLORIDA AREA AGENCY ON AGING, INC.
5090 COMMERCE PARK CIRCLE
PENSACOLA, FLORIDA 32505**

**PHONE: 850.494.7101
FAX: 850.494.7122**

TOLL FREE TELEPHONE OUTSIDE ESCAMBIA/SANTA ROSA COUNTIES 1.866.531.8011