

## **FRANKLIN COUNTY COUNCIL ON AGING NOTICE OF PRIVACY PRACTICES**

THIS DOCUMENT DESCRIBES HOW PERSONAL OR MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE READ IT CAREFULLY. If you have any questions about this notice, please contact the Frankfort Senior Activity Center Director or Seasons of Life Adult Day Director.

### **THE FOLLOWING TYPES OF PERSONAL INFORMATION (PI) MAY BE COLLECTED ON SENIOR ACTIVITY CENTER MEMBERS:**

- |   |  |
|---|--|
| <ul style="list-style-type: none"><li>• Name</li><li>• Address</li><li>• Birth date</li><li>• Email</li></ul> | <ul style="list-style-type: none"><li>• Social Security Number</li><li>• Care Plan</li><li>• Limited medical information</li></ul> |
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### **WHO WILL FOLLOW THIS NOTICE:**

These privacy practices will be followed by

- Any member of a volunteer group we allow to help you while you receive services.
- All employees, staff, and consultants/contractors.

### **OUR RESPONSIBILITIES:**

We are required to

- Maintain the privacy of your personal/health information.
- Provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you.
- Abide by the terms of the notice currently in effect.
- Notify you if we are unable to agree to a requested restriction or amendment.

**We reserve the right to change our practices and to make the new provisions effective for all Protected Personal Information (PPI) we maintain at the time.**

Should our information practices change, we will mail a revised notice to the address you have supplied us. FCCOA also maintains a website that provides information about our services or benefits and will post our new notice on the website, [www.frankfortkyseniors.org](http://www.frankfortkyseniors.org).

### **YOUR PERSONAL/HEALTH INFORMATION RIGHTS**

Although your personal information is the physical property of the provider or facility that compiled it, the information belongs to you. Under the Federal Privacy Rules, 45 CFR Part 164, you have the right to:

- Request a restriction on certain uses and sharing of your information (though we are not required to agree to any such request). This means you may ask us not to use or share any part of your personal/health information. You may also ask that this information not be disclosed to family members or friends. (164.510, 164.522)
- Request that we send you confidential communications by alternative means or at alternative locations. (164.522)
- Obtain a paper copy of this notice of privacy practices upon request.

- Inspect and obtain a copy of your personal record. (164.524)
- Request that your health record containing personal information be changed. (164.526)
- Obtain a listing of information we were authorized to share for purposes other than treatment, payment, or health care operations after April 14, 2003. (164.528)
- Take back your authorization to use or share information except to the extent that action has already been taken.

### **EXAMPLES OF DISCLOSURES**

*We will use your personal information for regular operations.*

For example: We may use/disclose your personal information in the course of operating our services and fulfilling our responsibilities. We may use your information to determine your eligibility for publicly funded services.

Another example: Our staff may look at your record when reviewing the quality of services you are provided. Staff may use information in your record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the services we provide or cause to be provided.

*Business Associates:*

There are some services provided in our organization through contracts with business associates. Examples include volunteers working in our programs. Information shall be made available on a need-to-know basis for these activities associated with compliance with regulatory agencies. Whenever an arrangement between our office and a business associate/volunteer involves the use or sharing of your personal information, those companies/individuals will follow the FCCOA Privacy Practices as written.

### **USES AND SHARING OF INFORMATION SPECIFICALLY AUTHORIZED BY YOU**

Uses and disclosures of your personal information will be made only with your written authorization, unless otherwise permitted or required by law described below.

### **USES AND DISCLOSURES THAT WE MAY MAKE UNLESS YOU OBJECT**

*Emergencies:*

We may use or share your personal information in an emergency treatment situation. If this happens, we will try to obtain your consent as soon as reasonably possible. Also, we may use or share your personal information with an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care.

### **OTHER PERMITTED AND REQUIRED USES AND SHARING THAT MAY BE MADE WITHOUT YOUR CONSENT, AUTHORIZATION, OR OPPORTUNITY TO OBJECT**

We may use and share your personal information as limited by the requirements of the law including but not limited to the following instances:

*Public Health:*

We may disclose your personal information to state and federal public health or legal authorities charged with preventing or controlling disease, injury, or disability. We may share your personal information, if authorized by law, to a person who may have been exposed to a communicable

disease or may be at risk of getting or spreading the disease or condition. Information will be released to avert a serious threat to health or safety. Any disclosure, however, would only be to someone authorized to receive that information pursuant to law.

*Food and Drug Administration (FDA)*

We may disclose to the FDA personal information relative to adverse events with respect to food, supplement products, and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

*Abuse, Neglect, Exploitation:*

We may disclose your relevant personal information to the Cabinet for Families and Children, which is authorized by law to receive reports of abuse, neglect, and exploitation.

*Law Enforcement/Legal Proceedings:*

We may disclose personal information for law enforcement purposes as required by law or in response to a valid subpoena; discovery request, or other lawful process. These law enforcement purposes include

1. Legal processes and other items required by law,
2. Limited information requests for identification and location purposes,
3. Information pertaining to victims of a crime,
4. Suspicion that death has occurred as a result of criminal conduct, and
5. Medical emergency where it is likely that a crime has occurred.

Also we may disclose information to the government for national security and intelligence reasons. For example, during a FBI investigation we may release information in response to a lawful subpoena or order of the court.

**NOTICE OF PRIVACY PRACTICES AVAILABILITY**

This notice will be prominently posted in the reception area. Individuals will be provided a hard copy, and this notice will be maintained on the Frankfort Senior Activity website for downloading.

**FOR MORE INFORMATION OR TO REPORT A PROBLEM**

If you have questions and would like additional information, if you think we may have violated your privacy rights, or if you disagree with a decision we made about access to your PHI, you may contact

Frankfort Senior Activity Center

Seasons of Life Adult Day

KY Department for Aging and Independent Living (DAIL), CHR Building 5 C-D, 275 E. Main St., Frankfort, KY 40621 (502-564-6930).

If you believe your privacy rights have been violated, you can file a complaint with the Privacy Officer at Bluegrass Area Agency on Aging OR

Office of Civil Rights

US Department of Health and Human Services

200 Independence Ave., SW, Room 509F

Washington, DC 20201

(OCR Hotline 1-877-696-6775)