NOTICE OF PRIVACY PRACTICES

Effective September 1st, 2006

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

Protected health information means any health information about you that identifies you or that could be used to identify you. Aging Center ("The Center") personnel are committed to maintaining the privacy of any protected health information that is provided to us. This document specifies our privacy practices, including how we use and/or disclose your protected health information in compliance with the Standards for Privacy of Individually Identifiable Health Information, issued pursuant to the Health Insurance Portability and Accountability Act of 1996 (the "HIPAA Privacy Standards").

In certain circumstances, we may use or disclose your protected health information without your prior written agreement.

The Center may use or disclose your protected health information as required to facilitate treatment, to obtain payment, or to aid in general health-care operations.

Use applies only to activities within the Center, such as sharing, applying, reviewing, or analyzing information that identifies you.

Disclosure applies to activities outside of the Center, such as releasing or transferring information about you to other parties, or providing other parties access to information about you.

Treatment occurs when a clinical staff member provides, coordinates, or manages any services related to your mental health. An example of treatment would be when a staff member from the Center consults with another health-care provider, such as your family physician, a psychiatrist, or another psychologist.

Payment is when the Center obtains reimbursement for services provided to you. An example would be when a staff member discloses your protected health information to Medicare to obtain reimbursement for services provided or to determine your eligibility for coverage.
Health-Care Operations are activities that relate to the performance and operation of the Center. Examples of health care operations would be business-related matters such as audits and administrative services, or case management and care coordination.

In other circumstances we will not use or disclose your protected health information without your permission

Center staff may use or disclose protected health information for purposes outside those listed above when you have authorized such use or disclosure. “Authorized” means given permission above and beyond the general consent that permits only specific disclosures. In such cases Center staff will obtain an authorization from you before releasing this information.

You may revoke any such authorizations at any time, provided you give the Center notice in writing. You may not revoke an authorization to the extent that (1) the Center has already acted on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, and the law provides the insurer the right to contest the claim under the policy.

Other uses and disclosures without consent or authorization

The Center is required by law to report certain situations to the appropriate authorities. In such situations, the Center must disclose health care information about you without your authorization. Such a report would be made

- If the Center staff become aware that you may be abusing, exploiting or neglecting a child under age 18, a developmentally disabled person, or an elderly person.

- If you become a danger to others. The Center is required to take steps to protect the other person(s) and you by warning the other person(s) at risk and by reporting the danger to the appropriate authorities.

- If you become unable to take care of your basic needs or become a danger to yourself or others and also refuse treatment.

- If the Center staff reasonably believe that disclosure will avoid or minimize an imminent danger to the health or safety of yourself or any other individual, they may disclose information (to the extent necessary) to any person, including law enforcement.

- If a professional licensing board subpoenas your therapist as part of its investigation, hearing, or proceedings relating to the discipline, issuance or denial of licensure of state licensed psychologists.

- If you are involved in a court proceeding and a court orders the release of information about the professional services that the Center has provided to you or any related records.
Your Rights:

**Right to Request Restrictions** - You have the right to request restrictions on certain uses and disclosures of protected health information about you. However, the Center is not required to agree to any such restriction.

**Right to Receive Confidential Communications by Alternative Means and at Alternative Locations** - You have the right to request that we communicate your protected health information to you in a certain way or at a certain location. (For example, you may not want a family member to know that you are seeing a therapist). Upon your request, the Center will send any communications only to a specific address supplied by you.

**Right to Inspect and Copy** - You have the right to inspect and copy protected health information used in making decisions about you for as long as the protected health information is maintained in our records. The Center may deny you access to protected health information under certain circumstances. Should this occur, you have the right to have the decision reviewed.

**Right to Request Amendments** – You have the right to ask us to amend protected health information about you if you think the information we have is incorrect or incomplete.

**Right to an Accounting** - You have the right to receive an accounting of disclosures of protected health information about you. On your request, your therapist will discuss with you the details of the accounting process.

**Right to a Paper Copy** - You have the right to obtain a paper copy of this notice from the Center upon request, even if you have agreed to receive the notice electronically. You may obtain a copy of this notice from the Center web page at [http://web.uccs.edu/agingcenter](http://web.uccs.edu/agingcenter)

The Center’s Duties:

The Center is required by law to maintain the privacy of protected health information and to provide you with a notice of its legal duties and privacy practices with respect to protected health information.

The Center reserves the right to change the privacy policies and practices described in this notice. Unless the Center notifies you of such changes, however, it is required to abide by the terms currently in effect. If the Center revises its policies and procedures, it will provide you with a copy of the revised notice via first class mail, or provide it to you during a session.

Complaints

If you are concerned that your therapist has violated your privacy rights, or if you disagree with a decision he or she has made about access to your records, you may contact the Center’s complaints officer:

You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services, 1961 Stout Street, Room 1185 FOB, Denver, CO 80294-3538.
Fax: (303) 844 2025.

If you lodge a complaint against the Aging Center, the Center will not retaliate or penalize you. We will not take any action against you or change our treatment of you in any way.
SUMMARY OF YOUR PRIVACY RIGHTS

We may share your health information to:
- treat you
- get paid
- run the Aging Center
- tell you about other health benefits & services
- tell family and friends about you
- do research

We may use your health information for:
- health and safety reasons
- military purposes
- lawsuits
- law enforcement requests
- national security reasons

You have the right to:
- get a copy of your medical record
- change your medical record if you think it is wrong
- get a list of people we share your health information with
- ask us to limit the information we share
- ask for a copy of our privacy notice
- complain if you believe your privacy rights have been violated