

Representative. You may also file written complaints with the Director, Office for Civil Rights or the U.S. Department of Health and Human Services. Upon request, the Privacy Representative will provide you with the correct address of the Director. We will not take any retaliation against you if you file a complaint.

B. Right to Request Additional Restrictions

You may request restrictions on our use and disclosure of your PHI (1) for treatment, payment and health care operations, (2) to individuals (such as family member, other relative, close personal friend or any other person identified by you) involved with your care or with payment related to your care, or (3) to notify or assist in the notification of such individuals regarding your location and general condition. While we will consider all requests for additional restrictions carefully, we are not required to agree to a requested restriction. If you wish to request additional restrictions, please obtain a request form from our Privacy Representative and submit the completed form to the Privacy Representative. We will send you a written response.

C. Right to Request Special Confidential Communication

You have the right to ask us to communicate with you at a special address or by a certain means. For example, at a work address instead of home address.

D. Right to Revoke Your Authorization

You may revoke any written authorization obtained in connection with your highly confidential information except to the extent that we have taken action in reliance upon it by delivering a written revocation statement to the Privacy Representative at Generations.

E. Right to Inspect and Copy Your Health Information

You may request access to inspect your medical record file and billing records maintained by us and request copies of the records. Under limited circumstances we may deny you access to a portion of your records and will provide the reason for this denial. If you wish to review your records please contact the Privacy Representative at Generations.

F. Right to Amend Your Records

You have the right to request that we amend Protected Health Information maintained in your health care file or billing records. Please contact the Privacy Representative at Generations.

G. Right to Receive an Accounting of Disclosures

Upon request you may obtain an accounting of disclosures of your PHI made by Generations during any period of time prior to the date of your request provided such period does not exceed six (6) years and does not apply to disclosure that occurred prior to April 14, 2003. If you request an accounting more than once in a twelve (12) month period, you will be charged a fee for this service.

VI. Effective Date and Duration of this Notice

A. Effective Date

This Notice is effective on April 1, 2004.

B. Right to Change Terms of this Notice

We may change the terms of this Notice at any time. If we change this Notice, we may make the new notice terms effective for all Protected Health Information that we maintain, including any information created or received prior to issuing the new notice. If we change this Notice, we will post the new notice in our waiting area at Generations Area Agency on Aging and on our Internet site at www.genage.org. You may also obtain any new notice by contacting the Privacy Representative at Generations.



Davenport Office
935 E. 53rd Street
Davenport, Iowa 52807
563-324-9085/800-892-9085

Clinton Office
240 N. Bluff Boulevard, Suite 103B
Clinton, Iowa 52732
563-243-6595/866-259-3473

Muscatine Office
1808 Mulberry Avenue, Room 210
Muscatine, Iowa 52761
800-892-9085
www.genage.org

Generations Area Agency on Aging, funded in part by the Older Americans Act through the Iowa Department of Elder Affairs, does not discriminate based on age, race, color, gender, national origin, creed, religion, political beliefs, marital/family status, sexual orientation, or physical/mental disabilities in its employment practices or the provision of services except where it is a requirement of law.



Notice of Privacy Practice

This notice describes how protected health information (PHI) about you may be used and disclosed, and how you can get access to this information. Please review it carefully.

Please note that this notice does not affect your eligibility or benefits of your existing rights to view information in your case record.

Notice Highlights

We are required by law to maintain the privacy of your PHI. We may use and disclose PHI without written authorization for the following purposes:

- Treatment, payment and healthcare operations
- To update a family member, other relative, a close personal friend or any other person identified by you when you are present unless you request otherwise
- Public health, abuse reporting, and oversight activities
- Judicial and administrative proceedings
- Law enforcement, medical examiner
- Organ and tissue procurement
- Research with an approved waiver
- Health or safety
- Specialized government functions
- Workers' compensation

For any purpose other than the ones described above, we only may use or disclose your PHI when you grant us written authorization.

In addition, federal and state law requires special privacy protections for certain highly confidential information.

You have the following rights related to your protected health information (PHI):

- To request more information and submit complaints
- To request restrictions on use/disclosure
- To request alternative means of communication
- To revoke your authorization
- To inspect and copy your health information
- To request to amend your records
- To receive an accounting of disclosure

~ IN DEPTH NOTICE OF PRIVACY PRACTICES ~

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.

I. Who We Are

This notice describes the privacy practices of Generations Area Agency on Aging. Generations is considered a “Health Care Provider” by the Health Information Portability and Accountability Act (HIPAA) definition.

Generations coordinates Case Management activities which are considered “health care” because a plan of care is developed based on an assessment related to the health, mental condition and functional status of an individual. Generations also transmits electronically billing information for some nutrition services.

II. Our Privacy Obligations

We are required by law to maintain the privacy of your health information, and to provide you with this Notice of our legal duties and privacy practices concerning your Protected Health Information (PHI). When we use or disclose your PHI, we are required to abide by the terms of this Notice (or the notice that was in effect at the time the PHI was used or disclosed).

III. Permissible Uses and Disclosures Without your Written Authorization

A. Treatment

We will use and disclose your PHI to provide treatment, coordination, or management of health care and related services among health care providers or a health care provider with a third party, consultation between health care providers regarding a client or the referral of a client from one health care provider to another.

B. Payment

We may use and disclose your PHI to bill and obtain payment for services. We will not use or disclose more information for payment purposes than is necessary.

C. Health Care Operations

We may use and disclose your PHI for our routine health care operations, which include internal administration, planning and various activities that improve the quality and cost effectiveness of the care that we deliver to you.

D. Disclosures to Relatives, Close Friends and Other Caregivers

We may disclose your PHI to a member of your family or to someone else who is involved in your medical care or payment for care. We may notify family or friends if you are in the hospital, and tell them your general condition. We will not disclose your information to family or friends if you object and will attempt to get your agreement prior to the disclosure.

E. Fundraising Communications

We may contact you to request a tax-deductible contribution to support important activities of Generations Area Agency on Aging. In connection with any fundraising activities we may disclose to our fundraising staff demographic information about you (e.g. your name, address and phone number). If you do not want to receive any fundraising requests, you may contact the Generations Area Agency on Aging office at 563 324-9085.

F. Public Health Activities

We may disclose your PHI for the following public activities: (1) to report health information to public health authorities for the purpose of preventing or controlling disease, injury or disability; (2) to report dependent adult abuse and neglect to public health authorities or other government authorities authorized by law to receive such reports; (3) to report information about products and services under the jurisdiction of the U.S. Food and Drug Administration; (4) to alert a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading disease or condition; and (5) to report information to your employer as required under laws addressing work-related illnesses and injuries or workplace medical surveillance.

G. Health Oversight Activities

We may disclose you PHI to a health oversight agency that oversees the health care system and is charged with the responsibility for ensuring compliance with the rules of the government health programs such as Medicare and Medicaid.

H. Victims of Abuse Neglect or Domestic Violence

If we reasonably believe you are a victim of abuse, neglect or domestic violence we may disclose your PHI to a governmental authority, including a social service or protective services agency, authorized by law to receive such information.

I. Judicial and Administrative Proceedings

We may disclose your PHI in response to a court order or a subpoena.

J. Law Enforcement Offices

We may disclose your PHI to the police or other law enforcement officials as required by law or in compliance with court orders. This would include the medical examiner or the coroner.

K. Organ and Tissue Procurement

We may disclose your PHI to organizations that facilitate organ, eye or tissue procurement, banking or transplantation.

L. Research

We may disclose your PHI without your consent or authorization, if our Board of Directors approves a waiver of authorization for disclosure.

M. Specialized Government Functions

We may use and disclose your PHI to units of the government with special functions, such as the U.S. military or the U.S. Department of the State under certain circumstances.

N. Workers' Compensation

We may disclose your PHI as authorized by and when necessary to comply with state law relating to workers' compensation or other similar programs.

IV. Uses and Disclosures Requiring Your Authorization

A. Use or disclosure with your authorization.

For any purpose other than the ones described in Section III, we only may use or disclose your PHI when you grant us your written authorization. For instance you will need to execute an authorization for us to send your PHI to your life insurance company.

B. Marketing

We must obtain your written authorizations on our Marketing Authorization form prior to using your PHI to send you any marketing materials. We can, however, provide you with marketing materials in a face-to-face encounter without obtaining the Marketing Authorization. We are also permitted to give you a promotional gift of nominal value, if we so choose, without obtaining the Marketing Authorization. In addition, we may communicate with you about products or services relating to your treatment, case management or care coordination, or alternative treatments, therapies, providers or care setting without the Marketing Authorization.

C. Uses and Disclosures of Your Highly Confidential Information

Federal and state laws have special privacy protections for certain highly confidential information about you, which may include: (1) psychotherapy notes; (2) mental health and development disabilities services; (3) alcohol and drug abuse prevention treatment and referral; (4) HIV/AIDS testing, diagnosis or treatment; (5) venereal diseases(s); (6) child abuse and neglect; (7) domestic abuse of an adult with a disability; (8) sexual assault; or (9) genetic testing. Where required by applicable law, we will obtain your written authorization in order to disclose highly confidential information. Each State may have different requirements regarding disclosure of such information, including mandatory reporting obligations, in some instances.

V. Your Right Regarding Your Protected Health Information

A. For Further information; Complaints

If you desire further information about your privacy rights, are concerned that we have violated your privacy rights or if you disagree with a decision we that we have made about access to your PHI, you may contact our Privacy