

Alzheimer's Service Center
6701 Highway 85, Riverdale, Georgia 30274
770-603-4090

**Notice of Privacy Practices
of
Clayton County Alzheimer's Support Services**

**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.

Effective: April 14, 2003

If you have any questions or requests, please contact:

Donna Davis RN at 770-603-4090.

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PART A

This Notice of Privacy Practices is provided to you as a requirement of the Health Insurance Portability and Accountability Act [HIPAA]. It describes how we may use or disclose your protected health information, with whom that information may be shared, and the safe guards we have in place to protect it. This notice also describes your rights to access and amend your protected health information. You have the right to approve or refuse the release of specific information outside of our system except when the release is required or authorized by law or regulation.

ACKNOWLEDGEMENT OF RECEIPT OF THIS NOTICE

You will be asked to provide a signed acknowledgement of receipt of this notice. Our intent is to make you aware of the possible uses and disclosures of your protected health information and your privacy rights. The delivery of your health care services will in no way be conditioned upon your signed acknowledgement. If you decline to provide a signed acknowledgement, we will continue to provide your care, and will use and disclose your protected health information for treatment, payment, and health care operations when necessary.

OUR DUTIES TO YOU REGARDING PROTECTED HEALTH INFORMATION

“Protected health information” is individually identifiable health information. This information includes demographics, for example, age, address, e-mail address, and relates to your past, present, or future physical or mental health or condition and related health care services. C.L.A.S.S. is required by law to do the following:

- Make sure that your protected health information is kept private.
- Give you this notice of our legal duties and privacy practices related to the use and disclosure of your protected health information.
- Follow the terms of the notice in effect.
- Communicate any changes in the notice to you

We reserve the right to change this notice. Its effective date is on the consent page, and on the bottom of the last page. We reserve the right to make revised or changed notice effective for the health information we already have about you as well as any information we receive in the future.

PART B

HOW WE MAY USE OR DISCLOSE YOUR PROTECTED HEALTH INFORMATION

Following are examples of permitted uses and disclosures of your protected health information. These examples are not exhaustive.

REQUIRED USES AND DISCLOSURES

By law, we must disclose your health information to you unless it has been determined by competent medical authority that it would be harmful to you. Sometimes, we are allowed by law to use and disclose certain PHI without your permission. We briefly describe these uses and disclosures below and give you some examples.

How much PHI is used or disclosed without your written permission will vary, depending for example, on the intended purpose of the use of disclosure. Sometimes, we may only need to use or disclose a limited amount of PHI, such as to send you announcements or information about C.L.A.S.S. At other times, we may need to use or disclose more PHI, such as when we are providing medical treatment. This may include communicating with other health care providers regarding your treatment and coordinating and managing your health care with others.

EXAMPLE: We may share information with your doctor such things as medication problems or physical exam information received from your doctor. We may share with your doctor information on how you are doing regarding the center activities or any changes in your needs, physical or mental.

WE MAY USE AND DISCLOSE PHI ABOUT YOU TO OBTAIN PAYMENT FOR SERVICES.

Your protected health information will be used, as needed, to obtain payment for your health care services at C.L.A.S.S.

- Billing departments
- Collection departments or agencies;
- State and Federal agencies involved in providing funds in your name.

HEALTH CARE OPERATIONS

We may use or disclose, as needed, your protected health information to support the daily activities related to health care. These activities include, but are not limited to quality assessment activities, investigations, oversight or staff performance reviews, training of medical students, licensing, communications about a service, and conducting or arranging for other health care related activities.

- For example, we may disclose your protected health information to medical school students seeing clients at C.L.A.S.S. We may call you by name during various activities.
- Cooperating with outside organizations that evaluate, certify or license health care providers, staff or facilities in a particular field.
- Coordinating with outside organizations that assess the quality of care we provide.
- Reviewing and evaluating the skills, qualifications, and performance of health care providers taking care of you.
- Conducting business management and general administrative activities related to our organization and the services it provides, including providing info.
- Resolving grievances within our organization.
- Reviewing activities and using or disclosing PHI in the event that we sell our property or give control of our property to someone else.
- Complying with this notice and applicable laws.

WE MAY USE AND DISCLOSE PHI UNDER OTHER CIRCUMSTANCES WITHOUT YOUR AUTHORIZATION.

We may use and /or disclose PHI about you for a number of circumstances in which you do not have to consent, give authorization or otherwise have an opportunity to agree or object. Those circumstances include:

- When the use and/or disclosure is required by law. For example, when a disclosure is required by federal, state, or local law or other judicial or administrative proceeding.
- When the use and/or disclosure is necessary for public health activities. For example, we may disclose PHI about you if you have been exposed to a communicable disease or may be at risk of contracting or spreading a disease or condition.
- When disclosure relates to victims of abuse, neglect, or domestic violence.
- When the use and/or disclosure is for health oversight activities. For example, we may disclose PHI about you to a state or federal health oversight agency which is authorized to oversee our operations.
- When the disclosure is for judicial and administrative proceedings. For example, we may disclose PHI about you in response to an order of a court or administrative tribunal.
- When the disclosure is for law enforcement purposes. For example, we may disclose PHI about you in order to comply with laws that require the reporting of certain types of wounds or other physical injuries.

When the use/or discloser is to avert threat to health or safety. For example, we may disclose PHI about you to prevent or lessen a serious and eminent threat to the health and safety of a person or the public.

YOU CAN OBJECT TO CERTAIN USES AND DISCLOSURES.

Unless you object, we may use or disclose PHI about you in the following circumstances:

- We may use share with a family member, relative, friend, or other person identified

by you, PHI directly related for to that person's involvement in your care or payment for your care. We may share with a family member, personal representative or other person responsible for your care PHI necessary to notify such individuals of your location or general condition.

- We may share with a public or private agency [for example, American Red Cross] PHI about you for disaster relief purposes. Even if you object, we may still share the PHI about you, if necessary for the emergency circumstances.

WE MAY CONTACT YOU REGARDING TRANSPORTATION.

We may contact you or a family member regarding your transportation. For example, if the bus is late to pick you up or has discontinued service. We may also share need to know information regarding your safety that the driver should know for your well being.

WE MAY CONTACT YOU TO PROVIDE APPOINTMENT REMINDERS.

We may use /or disclose PHI to contact you to provide a reminder to you about an appointment you have with a member of C.L.A.S.S. for medical care.

WE MAY CONTACT YOU WITH INFORMATION ABOUT TREATMENT, SERVICES, PRODUCTS OR HEALTH CARE PROVIDERS.

We may use and /or disclose PHI to manage or coordinate your healthcare. This may include telling you about services, treatments, products and/or other healthcare providers. For example new medications you may want to ask your doctor about.

WE MAY CONTACT YOU OR YOUR FAMILY MEMBER FOR FUND RAISING ACTIVITIES.

ANY OTHER DISCLOSURE OF PHI ABOUT YOU REQUIRES YOUR WRITTEN AUTHORIZATION.

Under any circumstances other than those listed above, we will ask for your written authorization before we use or disclose PHI about you. If you sign a written authorization allowing us to disclose PHI about you in a specific situation, you can later cancel your authorization in writing. If you cancel your authorization in writing, we will not disclose PHI about you after we receive your cancellation, except for disclosures which were being processed before we received your cancellation.

YOU HAVE THE RIGHT TO A LISTING OF DISCLOSURES WE HAVE MADE.

If you ask our contact person in writing, you have the right to receive a written list of certain of our disclosures of PHI about you. You may ask for disclosures made up to six years before your request [not including disclosures made prior to [April 14, 2003]. We are required to provide a listing of all disclosures except the following:

- For your treatment
- For billing and collection of payment for your treatment
- For our health operations
- Made to or requested by you, or that you authorized
- Occurring as a by product of permitted uses and disclosures
- Made to individuals involved in your care, for directory or notification purposes, or for other purposes described in section B
- Allowed by law when the use and/or disclosure relates to certain specialized government functions

As part of a limited set of information which does not contain certain information which would identify you.

YOU HAVE THE RIGHT TO REQUEST A PAPER COPY OF THIS NOTICE AT ANYTIME

PART D YOU MAY FILE A COMPLAINT ABOUT OUR PRIVACY PRACTICES

If you think your privacy rights have been violated by us. Or you want to complain to us about our privacy practices, you can contact the person listed below:

- Donna Davis
- 1800 Slate Rd., Conley, GA.
- 770-603-4090

PART E EFFECTIVE DATE OF THIS NOTICE

This Notice of Privacy Practices is effective on _____.

SIGNATURE OF CARE GIVER _____ DATE _____