



NEIGHBORHOOD HOUSE ADHC CENTER
NOTICE OF PRIVACY PRACTICES
FOR PROTECTED HEALTH INFORMATION

***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***

A. INTRODUCTION

During the course of providing services and care to you, Neighborhood House Adult Day Health Care Center (NHA/ADHC) gathers, creates, and retains certain personal information about you that identifies who you are and relates to your past, present, or future physical or mental condition, the provision of health care to you, and payment for your health care services. This personal information is characterized as your “protected health information.” This Notice of Privacy Practices describes how NHA/ADHC maintains the confidentiality of your protected health information, and informs you about the possible uses and disclosures of such information. It also informs you about your rights with respect to your protected health information.

B. NEIGHBORHOOD HOUSE ADHC CENTER’S RESPONSIBILITIES

NHA/ADHC is required by federal and state law to maintain the privacy of your protected health information. NHA/ADHC is also required by law to provide you with this Notice of Privacy Practices that describes NHA/ADHC’s legal duties and privacy practices with respect to your protected health information. NHA/ADHC will abide by the terms of this Notice of Privacy Practices. NHA/ADHC reserves the right to change this or any future Notice of Privacy Practices and to make the new notice provisions effective for all protected health information that it maintains, including protected health information already in its possession. If NHA/ADHC changes its Notice of Privacy Practices, it will personally deliver or mail a revised notice to you at your current address.

C. USE AND DISCLOSURE WITH YOUR AUTHORIZATION

NHA/ADHC will require a written authorization from you before it uses or discloses your protected health information, unless a particular use or disclosure is expressly permitted or required by law without your authorization. NHA/ADHC has prepared an authorization form for you to use that authorizes NHA/ADHC to use or disclose your protected health information for the purposes set forth in the form. You are not required to sign the form as a condition to

obtaining treatment or having your care paid for. If you sign an authorization, you may revoke it at any time by written notice. NHA/ADHC then will not use or disclose your protected health information, except where it has already relied on your authorization.

D. HOW NEIGHBORHOOD HOUSE ADHC CENTER MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION WITHOUT YOUR AUTHORIZATION

1. Mandatory Disclosures

NHA/ADHC will disclose protected health information to outside persons or entities without your written authorization as required by law in the following circumstances:

- a. Court Order; Order of Administrative Tribunal
NHA/ADHC will disclose protected health information in accordance with an order of a court or of an administrative tribunal of a government agency.
- b. Subpoena
NHA/ADHC will disclose protected health information in accordance with a valid subpoena issued by a party to adjudication before a court, an administrative tribunal, or a private arbitrator. Reasonable efforts will be made to notify you of the subpoena, or attempts will be made to obtain an order or agreement protecting your protected health information.
- c. Law Enforcement Agencies
NHA/ADHC will disclose protected health information to law enforcement agencies in accordance with a search warrant, a court order or court-ordered subpoena, or an investigative subpoena or summons.
- d. Coroner
NHA/ADHC will disclose protected health information to a coroner where the coroner requests the information to identify a decedent; to notify next of kin; or to investigate deaths that may involve public health concerns, suspicious circumstances, elder abuse, or organ or tissue donation.
- e. Elder Abuse Reporting
NHA/ADHC will disclose protected health information about a participant who is suspected to be the victim of elder abuse to the extent necessary to complete any oral or written report mandated by law. Under certain circumstances, NHA/ADHC may disclose further protected health information about the participant to aid the investigating agency in performing its duties. NHA/ADHC will promptly inform the participant about any disclosure unless NHA/ADHC believes that informing the participant would place the participant in danger of serious harm, or would be informing the participant's personal representative, whom the Provider believes to be responsible for the abuse, and believes that informing such person would not be in the participant's best interest.
- f. Other Disclosures Required by Law
NHA/ADHC will disclose protected health information about a participant when otherwise required by law.

2. **Permissive Disclosures**

NHA/ADHC may, in its discretion, use or disclose your protected health information without your written authorization in the following circumstances:

a. **Your Care and Treatment**

NHA/ADHC may use or disclose your protected health information to provide you with or assist in your treatment, care and services. For example, NHA/ADHC may disclose your health information to health care providers who are involved in your care to assist them in your diagnosis and treatment, as necessary. NHA/ADHC may also disclose your protected health information to individuals who will be involved in your care if you leave NHA/ADHC.

b. **Billing and Payment**

i. **Medicare, Medi-Cal and Other Public or Private Health**

Insurers – NHA/ADHC may use or disclose your protected health information to public or private health insurers (including medical insurance carriers, HMOs, Medicare, and Medi-Cal) in order to bill and receive payment for your treatment and services that you receive at the NHA/ADHC. The information on or accompanying a bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.

ii. **Health Care Providers** – NHA/ADHC may also disclose your protected health information to health care providers in order to allow them to determine if they are owed any reimbursement for care that they have furnished to you and, if so, how much is owed.

c. **Health Care Operations**

NHA/ADHC may use your protected health information for health care operations at NHA/ADHC. These uses and disclosures are necessary to manage NHA/ADHC and to monitor our quality of services and care. For example, we may use your protected health information to review our services and to evaluate the performance of our staff in caring for you.

d. **Licensing and Accreditation**

NHA/ADHC may disclose your protected health information to any government or private agency, such as to the California Department of Health Services and the California Department of Social Services, responsible for licensing or accrediting NHA/ADHC so that the agency can carry out its oversight activities. These oversight activities include audits; civil, administrative, or criminal investigations; inspections; licensure or disciplinary actions; civil, administrative, or criminal proceedings or actions; or other activities necessary for appropriate oversight.

e. **Provision of Basic Information about Participants**

NHA/ADHC allows staff to provide certain basic information about a participant to persons who ask for the participant by name and to members of the clergy. Unless you notify NHA/ADHC that you object, it will disclose your name, your location in NHA/ADHC, and your general condition to anyone who asks for you by name. It will disclose your name, your location in

NHA/ADHC, your general condition, and your religious affiliation to members of the clergy.

- f. Individuals Involved in Your Care or Payment for Your Care
Unless you specifically object, NHA/ADHC may disclose to a family member, other relative, a close personal friend, or to any other person identified by you, all protected health information directly relevant to such person's involvement with your care or directly relevant to payment related to your care. NHA/ADHC may also disclose your protected health information to a family member, personal representative, or other person responsible for your care to assist in notifying them of your location, general condition, or death.
- g. Disaster Relief
NHA/ADHC may disclose your protected health information to a public or private entity authorized to assist in disaster relief efforts.
- h. Disclosures within Provider Community
Unless you specifically object, NHA/ADHC may disclose certain general information about you (e.g., past activities, present interests, birthday, and location if hospitalized) to members of its community, including other participants and staff, by means such as newsletter or bulletin board.
- i. Business Associates
NHA/ADHC may contract with certain individuals or entities to provide services on its behalf. Examples include data processing, quality assurance, legal, or accounting services. NHA/ADHC may disclose your protected health information to a business associate, as necessary, to allow the business associate to perform its functions on the NHA/ADHC's behalf. NHA/ADHC will have a contract with its business associates that obligate the business associates to maintain the confidentiality of your protected health information.
- j. Fundraising
NHA/ADHC may use certain protected health information to contact you in an effort to raise money for the NHA/ADHC and its operations. NHA/ADHC may disclose the protected health information to business associates or to related foundations that it uses to raise funds for its own benefit. NHA/ADHC will disclose only your name, address, and phone number and the dates you receive health care services. You may notify NHA/ADHC in writing if you object to such disclosures.
- k. Research
NHA/ADHC may disclose your protected health information for research purposes, provided that an outside Institutional Review Board overseeing the research approves the disclosure of the information without a written authorization.
- l. Public Health Activities
NHA/ADHC may disclose your protected health information to any public health authority that is authorized by law to collect it for purposes of preventing or controlling disease, injury, or disability.

- m. Hospital Peer Review
NHA/ADHC may disclose your protected health information to hospital medical staffs to aid in the credentialing of applicants and in the peer review of members.
- n. Organ Procurement
NHA/ADHC may disclose your protected health information following your death to an organ procurement agency or tissue bank in order to aid in using your organs or tissues in transplantation.
- o. Coroner
NHA/ADHC may disclose protected health information to the coroner to allow the coroner to perform its duties.
- p. Members of Workforce
It is NHA/ADHC's policy to allow members of its workforce to share participants' protected health information with one another to the extent necessary to permit them to perform their legitimate functions on NHA/ADHC's behalf. At the same time, NHA/ADHC will work with and train its workforce members to ensure that there are no unnecessary or extraneous communications that will violate the rights of its participants to have the confidentiality of their protected health information maintained.

E. YOUR RIGHTS REGARDING PROTECTED HEALTH INFORMATION

You have the following rights with respect to your protected health information. To exercise these rights, contact Neighborhood House ADHC Center at the following address: 851 South 35th Street, San Diego, CA 92113, Attention: Privacy Official.

- a. Right to Receive a Copy of the Notice of Privacy Practices

You have the right to request and receive a copy of NHA/ADHC's Notice of Privacy Practices for Protected Health Information in written or electronic form.
- b. Right to Request Access

You have the right to inspect and copy your health records maintained by NHA/ADHC. In certain limited circumstances, NHA/ADHC may deny your request as permitted by law.
- c. Right to Request Amendment

You have the right to request an amendment to your health records maintained by NHA/ADHC. If your request for an amendment is denied, you will receive a written denial, including the reasons for such denial, and an opportunity to submit a written statement disagreeing with the denial.
- d. Right to Request Use or Disclosure Restrictions or Confidential Communications

You have the right to request restrictions on the use and disclosure of your protected health information for treatment, payment or health care

operations, or providing notifications regarding your identity and status to persons inquiring about or involved in your care. NHA/ADHC is not required to grant your request, but if it does, it will comply with your request, except in an emergency situation or until the restriction is terminated by you or NHA/ADHC. You also have the right to request that NHA/ADHC communicate protected health information to the recipient by alternative means or at alternative locations.

e. Right to an Accounting

You have the right to receive an accounting of disclosures of your protected health information created and maintained by NHA/ADHC. NHA/ADHC is not required to provide an accounting of certain routine disclosures or of disclosures of which you already are aware.

F. COMPLAINTS

If you believe that your privacy rights have been violated, you may file a complaint with NHA/ADHC at the following address 851 South 35th Street, San Diego, CA 92113, Attention: ADHC Director. You also have the right to submit a complaint to the Secretary of the U.S. Department of Health and Human Services, 50 United Nations Plaza – Room 322, San Francisco, CA 94102, Attention OCR Regional Manager. **Neighborhood House ADHC Center will not retaliate against you if you file a complaint.**

G. FURTHER INFORMATION

If you have questions about this Notice of Privacy Practices or would like further information about your privacy rights, contact Neighborhood House ADHC Center at the following address 851 South 35th Street, San Diego, CA 92113, Attention: ADHC Director.



**NEIGHBORHOOD HOUSE
ADULT DAY HEALTH CARE CENTER**

**ACKNOWLEDGEMENT OF RECEIPT OF
“NOTICE OF PRIVACY PRACTICES”**

I hereby acknowledge receipt from Neighborhood House ADHC Center of a copy of its Notice of Privacy Practices for Protected Health Information.

PARTICIPANT:

(Printed or typed name)

(Signature)

Date: _____

PARTICIPANT’S PERSONAL REPRESENTATIVE:

(if signed on participant’s behalf)

(Printed or typed name)

(Signature)

Date: _____

Relationship to Participant: _____