

Elder Services of Berkshire County, Inc.

Notice of Privacy Practices for Protected Health Information

Effective 4-14-2003

Updated: 8-12-13

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED BY ELDER SERVICES OF BERKSHIRE COUNTY, INC. AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

Please review it carefully.

I. How Elder Services of Berkshire County, Inc. (ESBCI) Uses and Discloses Your Health Information:

ESBCI provides a variety of services that enable older people and adults with disabilities to stay at home in the community. Because we work with a variety of funding sources, including Medicaid, and get referrals from a number of health care providers, we may have personal health information about you.

Personal health information (PHI) includes things such as certain medical diagnoses, the kinds of medical or treatment services you get, or the dates you get the services.

By law, ESBCI must:

- Protect the privacy of your health information as described in this notice;
- Explain our privacy practices to you;
- Notify you if your unsecured health information is obtained by and unauthorized person.

If you receive services from ESBCI, we may use your protected health information and disclose it to other health and human services programs as follows:

- When communicating with family members or other persons identified as a contact person for your care or your general condition;
- With medical professionals including: primary care physicians, other physician specialists, and their office medical staff, local hospitals, rehabilitation and nursing facilities, and health insurance companies.
- When required by law;
- For payment activities such as checking if you are eligible for health benefits, and reimbursement for services you receive;
- To operate our programs, including evaluating the quality of the services;
- With our provider vendors to coordinate your services;

- With health oversight agencies (such as the Massachusetts Division of Medical Assistance, or the federal Centers for Medicare and Medicaid Services) for oversight activities authorized by law, including fraud and abuse investigations;
- For research projects that meet privacy requirements, and help us evaluate or improve the Agency's programs;
- With government agencies that give you benefits or services;
- To prevent or respond to an immediate and serious health or safety emergency;
- To tell you about new benefits and services, or health-care choices you have;
- To raise funds for ESBCI charitable purposes.

ESBCI cannot use or share your health information with anyone without your written permission, except as described above. You may cancel your permission at any time as long as you tell us in writing. We must get your permission to use your health information for marketing purposes or when we are paid for your health information. We cannot take back any health information we used or shared when we had your permission.

II. Your Health Information Rights:

You have the right:

- To see and get a copy of personal health information. You must ask for this in writing, or direct someone else that you designate to write on your behalf. If you have someone acting as a Power of Attorney, Health Care Proxy Holder, Guardian, or Conservator, he or she may also execute this document. ESBCI may charge you to cover certain costs, such as copying and postage;
- To ask ESBCI to change your health information if you think it is written or incomplete. You must tell us in writing, or direct someone else that you designate to write on your behalf. If you have someone acting as Power of Attorney, Health Care Proxy Holder, Guardian or Conservator, he or she may also execute this document. You must identify what health information you want us to change and why;
- To ask ESBCI to limit its use or sharing of your health information. You must ask for this in writing, or direct someone else that you designate to write on your behalf. If you have someone acting as a Power of Attorney, Health Care Proxy Holder, Guardian or Conservator, he or she may also execute this document. ESBCI is not required to agree to your request, unless it relates to a service that you have paid for in full;
- To ask ESBCI to contact you in some other way, if contacting you at the address or telephone number we have on file for you would put you in danger. Please let us know by telephone and tell us exactly where and how ESBCI should contact you so that we may discuss. ESBCI will confirm, in writing with you what you have stated;
- To get a list of when and with whom ESBCI has shared your health information, with certain exceptions. You must ask for this in writing, or direct someone else that you designate to write on your behalf. If you have someone acting as Power of Attorney, Health Care Proxy Holder, Guardian or Conservator, he or she may also execute this document;
- To ask ESBCI not to solicit funds for ESBCI charitable purposes;
- To get a paper copy of this Notice at any time.

III. ESBCI Duties:

By law ESBCI has a duty to:

- maintain the privacy of your protected health information;
- provide you with a notice as to our legal duties and privacy practices with respect to protected health information we collect and maintain about you, or any changes;
- abide by the terms of this notice;
- notify you if we are unable to agree to a requested restriction;
- Provide an accounting of disclosures of your protected health information.

ESBCI may change its privacy practices and make the new privacy practices effective for all protected health information we maintain. If our privacy practices change, we will mail a revised notice to the address you have supplied us. ESBCI's Notice of Privacy Practices are posted on our website at www.esbci.org.

IV. For More Information or to Report a Problem:

- By law ESBCI must give you this notice explaining that we protect your health information and that we must follow the terms of this notice.
- ESBCI takes your privacy very seriously. If you would like to exercise any of the rights as described in this notice, or if you feel that ESBCI has violated your privacy rights, contact ESBCI's Privacy Officer in writing at the following address:

Elder Services of Berkshire County, Inc.

Privacy Officer

877 South Street, Suite 4E

Pittsfield, MA 01201

- Filing a complaint or exercising your rights will not affect your covered services. You may also file a complaint with the U.S. Secretary of Health and Human Services.
- For more information, or if you need help understanding this notice, please call 499-0524 Monday through Friday 9a.m.-5 p.m.