

LIFE

LIVING INDEPENDENTLY FOR ELDERS



Penn
Nursing Science
Care to change the world.™

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.

Acknowledging Receipt of this Notice. You will be asked to sign an acknowledgment form that states you have received this Notice of Practice Practices.

We understand that information about you and your health is very personal. We are committed to protecting this medical information as required by law. In choosing LIFE, your medical information may be used to provide the highest quality of care, to educate healthcare professionals, and for health related research.

We are required by law to protect the privacy of our Member's personal health information and to notify our Members of our legal duties and privacy practices with respect to your personal health information. We are required to abide by the terms of this Notice of Privacy Practices so long as it remains in effect. This Notice applies to our use and disclosure of your personal health information for purpose of enrollment, eligibility, and payment under the LIFE programs as well as for purposes of providing you with treatment. The terms of this Notice apply to the LIFE Program.

We reserve the right to change this notice as necessary. You may receive a copy of the most current notice at the LIFE center or on-line at www.lifeupenn.org.

USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION

Your Authorization. Except as outlined below, we will not use or disclose your personal health information for any purpose unless you have signed a form authorizing the use or disclosure. This form will describe what information will be disclosed, to whom, for what purpose, and when. You have the right to revoke that authorization in writing, except to the extent we have already relied upon it.

Treatment, Payment and Health Care Operations

Treatment. We will use and disclose your personal health information as necessary for your care; for example, by sharing it with doctors, nurses and others involved in assessing and implementing your care plan.

Payment. We will use and disclose your personal health information for billing and payment purposes. For example, we will disclose your personal health information to your personal representative or to a private insurance company, Medicare, Medicaid or the Pennsylvania Department of Public Welfare, or the local Area Agency on Aging to determine eligibility regarding payment for services. As a condition of eligibility for enrollment, LIFE will require you to sign a release permitting LIFE to disclose personal information to Medicare, Medicaid, and the Pennsylvania Department of Public Welfare, and the local Agency on Aging.

Health Care Operations. We will use and disclose your personal health information as necessary, and as permitted by law, for management of our health care operations. For example, we may disclose your personal health information in order to conduct an evaluation of the services we provide and for education and training purposes.

Research. We may use and disclose your personal health information as permitted or required by law, for research, subject to your explicit authorization, and/or oversight by the University of Pennsylvania Institutional Review Boards, committees charged with protecting the privacy rights and safety of human subject research, or similar committee. For example, you may be approached by your physician to ask if you would be interested in participating in a clinical trial of a new drug for your condition. Or, your health information may be used with the approval of the committee charged with protecting the rights of research subjects, described above, to conduct outcomes research to see if a particular procedure is effective.

Individuals Involved in Your Care or Payment for Your Care. Unless you object, we may disclose your personal health information about you to a family member, close personal friend or other person you identify, including clergy, who is involved in your care or payment for your care.

Appointments and Services. We may use your personal health information to remind you about appointments or to follow up on your visit.

Health Products and Services. We may use your personal health information to communicate with you about treatment alternatives and other health related benefits and services that may be of interest to you.

Other Uses and Disclosures. We are permitted or required by law to make certain other uses and disclosures of your personal health information without your consent or authorization, such as:

- We may release your personal health information for any purpose required by law;
- We may release your personal health information for public health activities, such as required reporting of disease, injury, and birth and death, and for required public health investigations;

Other Uses and Disclosures cont.....

- We may release your personal health information to certain governmental agencies if we suspect child abuse or neglect; we may also release your personal health information to certain governmental agencies if we believe you to be a victim of abuse, neglect, or domestic violence;
- We may release your personal health information to entities regulated by the Food and Drug Administration if necessary to report adverse events, product defects, or to participate in product recalls;
- We may release your personal health information if required by law to a government oversight agency conducting audits, investigations, inspections and related oversight functions;
- We may use or disclose your personal health information in emergency circumstances, such as to prevent a serious and imminent threat to a person or the public;
- We may release your personal health information if required to do so by a court or administrative order, subpoena or discovery request; in most cases you will have notice of such release;
- We may release your personal health information to law enforcement officials to identify or locate suspects, fugitives or witnesses, or victims of crime, or for other allowable law enforcement purposes;
- We may release your personal health information to coroners, medical examiners, and/or funeral directors;
- We may release your personal health information if necessary to arrange an organ or tissue donation from you or a transplant for you.
- We may release your personal health information if you are a member of the military for activities set out by certain military command authorities as required by armed forces services; we may also release your personal health information if necessary for national security, intelligence, or protective services activities

Confidentiality of Alcohol and Drug Abuse Patient Records, HIV Related Information and Mental Health Records. The confidentiality of alcohol and drug abuse patient records, HIV-related information and mental health records maintained by us is specifically protected by state and/or federal law and regulations. Generally, we may not disclose such information unless you consent in writing, the disclosure is allowed by a court order, or in limited and regulated other circumstances.

Business Associates. Certain components of our services are performed through contracts with outside persons or organizations, such as auditing, accreditation, legal services, transportation services, medical equipment suppliers, etc. At times it may be necessary for us to provide some of your protected health information to one or more of these outside persons or organizations who assist us with our health care operations. In all cases, we require these Business Associates to appropriately safeguard the privacy of your information as required by law and as practiced by LIFE.

RIGHTS THAT YOU HAVE

Listed below are **your rights** regarding your health information. Each of these rights is subject to certain requirements, limitations and exceptions. Exercise of these rights may require submitting a written request to LIFE. At your request, LIFE will supply you with the appropriate form to complete to make your request.

Access Your Personal Health Information. Generally, you have the right to access, inspect, and /or obtain a copy of your personal health information that we maintain. Requests for access must be made in writing on a LIFE access request form. You may obtain this form from the Medical Record Personnel or the Privacy Officer. We may choose to charge you a small processing fee in accordance with a schedule of fees established by applicable state law.

Request Amendments to Your Personal Health Information. You have the right to request that personal health information that we maintain about you be amended or corrected. We are not obligated to make all requested amendments but will give each request careful consideration. All amendment requests, in order to be considered by us, must be in writing, signed by you or your legally responsible representative, and must state the reasons for the amendment/correction request. If an amendment or correction you request is made by us, we may also notify others who work with us and have copies of the uncorrected record if we believe that such notification is necessary. Please note that even if we accept your request, we may not delete any information already documented in your medical record. You may obtain an amendment request form from the Medical Record Personnel or the Privacy Officer.

Accounting for Disclosures of Your Personal Health Information. You have the right to receive an accounting of certain disclosures made by us of your personal health information after April 14, 2003 except for disclosures made for purposes of treatment, payment, and healthcare operations or for certain other limited exceptions. Requests must be made in writing and signed by you or your legally responsible representative. Forms are available from the Medical Record Personnel or the Privacy Officer. You may be charged a nominal fee to process such request.

Restrictions on Use and Disclosure of Your Personal Health Information. You have the right to request restrictions on certain of our uses and disclosures of your personal health information for treatment, payment, or health care operations. For example, you may request that we do not share your health information with a certain family member. A restriction request form can be obtained from Medical Record Personnel or the Privacy Officer. We are not required to agree to your restriction request but will attempt to accommodate reasonable requests when appropriate and we retain the right to terminate an agreed-to restriction if we believe such termination is appropriate. In the event we have terminated an agreed upon restriction, we will notify you of such termination. You also have the right to terminate the restriction, in writing, by communicating such termination notice to LIFE's HIPAA Privacy Officer.

Confidential Communications. You have the right to request that we communicate with you concerning your health matters in ways that most respect your privacy. We will accommodate reasonable requests.

Paper Copy of Notice. As a Member you have the right to obtain a paper copy of this Notice of Privacy Practices, even if you already have requested such copy by e-mail or other electronic means. Our notice may also be obtained on our website at www.lifeupenn.org.

ADDITIONAL INFORMATION

Complaints. If you believe your privacy rights have been violated, you can file a complaint with LIFE's Privacy Officer. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services in Washington D.C. All complaints must be made in writing and in no way will affect the quality of care you receive from us.

For further information. If you have questions or need further assistance regarding this Notice, please contact LIFE's Privacy Officer at 215-573-7200.

Effective Date. This Notice of Privacy Practices is effective April 14, 2003.

Revised: March 1, 2007

Revised: October 6, 2008