



HIPAA NOTICE OF PRIVACY PRACTICES

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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.

This notice covers services and medical information for all Assisted Independence services. If you have any questions about this notice, please contact Assisted Independence.

Our pledge about health information:

We are required by law to maintain the privacy of your health information. We will provide you with a notice of our legal duties and privacy practices. “Protected health information” is your health information or other individually identifiable information, such as demographic data, that may identify you. Protected health information relates to your past, present or future physical or mental health or condition related to healthcare services.

The categories below describe ways that we use and disclose your health information. For each category, we will explain what we mean and give an example. Not every use or disclosure in a category will be listed. All of the ways we are allowed to use and disclose information will fall within one of the categories. Information may be disclosed in writing, orally, or electronically.

TREATMENT

We will use your medical information to provide treatment with services. The treatment you need often requires coordination of care between interdisciplinary healthcare professionals. We may give your medical information to doctors, nurses, technicians, medical students, therapists, direct support professionals, case managers, teachers, or others involved in your care. These healthcare professionals may work at our offices, or other places, like another doctor’s office, therapist’s office, social workers office, school system, or any type of healthcare provider. For example, a doctor treating you for a broken leg may need to know if you have diabetes. This may affect the healing process.

Assisted Independence participates in certain information exchanges. For example, Assisted Independence participates in the Bureau of Developmental Disabilities Services (BDDS) Provider Online Portal and the Indiana Healthcare Coverage Program (IHCP), which helps to make information available to other providers who may need access it in order to provide care or treatment to you.

PAYMENT

We may use and disclose your medical information to be reimbursed for the treatment and services you receive. Prior to disclosing any medical information or internal documentation to the Indiana Healthcare Coverage Program (IHCP), Assisted Independence, LLC will receive a Notice of Action

(NOA) providing authorization for services to be reimbursed through the Family Support Waiver (FSW) or Community Integration and Habilitation Waiver (CIH).

For example, we may give information about your health and the treatment you receive to Indiana Medicaid in order to receive 100% reimbursable payment, avoiding all out-of-pocket costs.

HEALTH CARE OPERATIONS

We may use and disclose your health information to run our business. We need this information to make sure that all of our patients get quality care. For example, we may use health information to review our treatment and services to check how we are doing.

We may combine health information about many patients to decide what services we should offer, what services are not needed, and what new treatments would be useful. We may combine this health information with medical information from other healthcare places.

This helps us to see how we are doing compared to others and where we can improve. We may remove information that tells who you are. Others may use it to study health care and health care delivery without learning who you are.

BUSINESS ASSOCIATES

We hire outside organizations, called business associates, who perform some services for us.

Assisted Independence has written contracts with its business associates to protect the privacy of your protected health information, and business associates are also required by law to comply with the same privacy and security requirements that apply to Assisted Independence.

For example, Assisted Independence, LLC obtains accreditation through surveys, interviews, document reviews from the Commission on Accreditation for Rehabilitation Facilities (CARF).

APPOINTMENT REMINDERS

We may use and disclose your medical information to remind you of services. Assisted Independence may contact you by mail or telephone. Assisted Independence may leave messages at the telephone number you provide.

TREATMENT OPTIONS

We may use and disclose medical information to tell you about treatment options. For example, a program for Autism treatment.

HEALTH BENEFITS AND SERVICES

We may use and disclose medical information to tell you about health benefits or services.

INDIVIDUALS INVOLVED IN YOUR CARE

If written consent is provided by you, we will share your health information with a family member or close friend that is involved in your care. If you are unable to agree or to object to sharing this information, we will not disclose any of your medical information. Assisted Independence may disclose medical information to notify or assist in notifying a family member or personal representative (or any other person who is responsible for your care) of your location, general condition, or death. We may use or disclose your health information to help in disaster relief efforts.

THE FOLLOWING AREAS ARE REQUIRED OR ALLOWED BY LAW

To Avert a Serious Threat to Health or Safety

We may use and disclose your health information when needed to prevent a serious threat to your health and safety. This includes the health and safety of the public or another person. We would only give this information to someone that can help stop the threat.

Organ and Tissue Donation

Assisted Independence may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation, or to an organ-donation bank as necessary to facilitate organ or tissue donation and transplantation.

Public Health Risks and Patient Safety Issues

We may disclose your health information to public health programs or to keep you safe. For example: purposes of preventing or controlling disease, disability or injury; to report births and deaths; to report reactions to medications or problems with products; and to notify people of recalls of products that they maybe be using.

Health Oversight Activities

We may disclose your health information to a health group that oversees activities allowed by law. This includes but is not limited to, the Bureau of Developmental Disability Services (BDDS), the Division of Disability and Rehabilitative Services (DDRS), Bureau of Quality Improvement Services (BQIS), Indiana Medicaid, and the Commission on Accreditation for Rehabilitative Facilities. Health oversight could include disclosure of information in order to obtain licensure, certification, accreditation, or authorization to provide services. Both state and federal governments conduct auditing of patient information for the overall well-being of health care systems, as well as corporate compliance with government benefit programs and civil rights laws. Examples of health oversight activities are audits, investigations and inspections.

Communicable diseases

Assisted Independence may disclose medical information to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition, and to comply with stat-mandatory disease reporting, such as cancer registries.

Abuse and Neglect

Assisted Independence may disclose your medical information to public health authority authorized by law to receive reports of child abuse or neglect, and to notify the appropriate government authority if Assisted Independence believes a patient has been the victim of abuse, neglect or domestic violence. Assisted Independence will only make this disclosure when required or authorized by law. These agencies include, but not limited to, local, state, federal law enforcement agencies, Child Protective Services (CPS) Department of Child Services, Adult Protective Services (APS).

Food and Drug Administration (FDA)

Assisted Independence may disclose your medical information to a person or company required by the Food and Drug Administration for the purpose of quality, safety, or effectiveness of FDA-regulated products or activities, which include; to report adverse events, product defects or problems; biologic product deviations; to track products; to enable product recalls; to make repairs or replacements; or to conduct post-marketing surveillance, as required.

Legal Proceedings

Assisted Independence may disclose medical information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized) or, in certain conditions, in response to a subpoena, discovery request or other lawful process.

Law Enforcement

Assisted Independence may disclose medical information for certain law-enforcement purposes, such as: in response to a court order, subpoena, warrant, summons or similar process; to identify or locate a suspect, fugitive, material witness or missing person; about the victim of a crime, if under certain limited circumstances, it is unable to obtain the person's agreement; about a death it believes may be the result of criminal conduct; about criminal conduct at the facility; and, in emergency circumstances, to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.

Coroners, Medical Examiners and Funeral Directors

We may release health information to a coroner or medical examiner. This may be needed to identify a deceased person or find the cause of death. We may also release health information to funeral directors when asked to do so.

Military Activity and National Security

We may use or disclose medical information of individuals who are armed forces personnel for activities deemed necessary by appropriate military-command authorities, for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits or to a foreign military authority if you are member of that foreign military service. It may also disclose your medical information to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the president or others legally authorized.

Inmates

If you are in custody, we may release your health information to law enforcement. The release would be for them to treat you, protect your health and safety, or the health and safety of others.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION THAT DO REQUIRE YOUR AUTHORIZATION

As described above, Assisted Independence may use or disclose your protected health information to third parties for treatment, reimbursement, healthcare operations, and when permitted or required by law. Assisted Independence will not disclose your protected health information for marketing purposes, unless authorized written consent is provided by the individual. Assisted Independence will not disclose your protected health information for the sale of protected health information. In addition, certain disclosures of your treatment records may require your prior written authorization.

YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

Although your health record belongs to Assisted Independence, the information belongs to you. You have the:

Right to Look Over and Copy.

You have the right to request to look over and/or get an electronic or paper copy of your medical information. This includes medical and billing records. You can look over or copy this information as long as we keep it. Your request must be given in writing.

Right to Amend.

If you feel that your health information is wrong, you may ask to change the information. You have the right to ask for a change for as long as we keep the information. Your request must be given in writing and include a reason. We may deny your request if:

- It is not in writing or does not include a reason;
- We did not create the information, unless the provider that created it is no longer available;
- It is not part of the health information kept by Assisted Independence;
- It is accurate and complete.

Right to Receive Notification

Individuals will receive notifications of their unsecured protected health information that is breached.

Right to an Accounting of Disclosures.

You have the right to request a list of the disclosures we made that are not related to treat you, get reimbursement for services, to run our business, or that you authorized. To request an accounting of disclosures, submit your request in writing and include the specific time period to Assisted Independence. Your request must be given in writing. It must state a time period that may not be longer than seven years and may not include dates before April 14, 2003. We will mail you a list of disclosures within 90 days.

Right to Request Restrictions

You have the right to ask us to give your health information only to the people that are helping with your care or in the reimbursement for your care. For example, you could ask that we not use or give information about a surgery you had to a family member or friend. To request a restriction, submit your restriction in writing to Assisted Independence. The request should include what information you want to limit, whether you want to limit use or disclosure, or both, and to whom you want the limits to apply. We will comply with your restrictions unless the information is needed to provide emergency medical treatment.

Right to Request Confidential Communications

You have the right to request that we communicate with you about health matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. **Your request must be in writing. We will not ask you the reason for your request. We will try to comply with your request. Your request must state how or where you wish to be contacted.**

Right to a Paper Copy of This Notice

You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically – by computer, you can still get a paper copy of this notice.

OTHER USES OF MEDICAL INFORMATION

Other uses and disclosures of health information not in this notice or allowed by law will be made only with your written consent. If you give us consent, you may cancel it in writing at any time. If you cancel your consent, we will no longer use or disclose your health information for the reasons in your consent. This does not apply to any disclosures we have already made. We are required to keep your original records.

CHANGES TO THIS PRIVACY NOTICE

We have the right to change this notice. The notice will have the effective date. Each time you receive services, you can get a copy of the notice. You may also request that a revised copy be sent to you in the mail or obtain one at the time of an appointment.

QUESTIONS OR COMPLAINTS

You will not be penalized for filing a complaint. If you have a complaint about your privacy rights, submit a formal complaint with one of the following options:

1. utilizing our website to file a grievance by visiting www.assistedindependence.care/contact
2. completing in writing a Complaint Form and mailing to Assisted Independence, LLC. The Complaint Form and return envelope with postage can be found in the Individual Intake Packet at the site of service delivery.
3. emailing or phone calling the Corporate Compliance Officer directly (see contact information below).
4. completion and mailing of the Annual Survey of Individual Satisfaction.

If you have further questions about this Notice of Privacy Practices, please contact Assisted Independence.

CONTACT INFORMATION

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