

**CUMBERLAND COUNTY OFFICE OF AGING AND COMMUNITY SERVICES**  
**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.**

**Understanding Your Record/Information**

Each time you are in contact with the Cumberland County Office of Aging and Community Services, a record of the contact is made. Typically, this record contains information about your health and functioning and may include your symptoms, diagnoses, treatment, and your Care Plan. This information, which is referred to as your consumer record, serves as a:

- Basis for planning your care and the services you receive through the Cumberland County Office of Aging and Community Services.
- A means of communication among our agency, your service provider and health professionals who contribute to your care.
- Legal document describing the services and care you receive.
- Means by which you and this agency can verify that services billed to this agency and to you were actually provided.
- A source of information for Federal and State officials who oversee the delivery of services by this agency.
- A source of data for agency planning.
- A tool with which we can assess and continually work to improve the services we render and the outcomes we achieve.

Understanding what is in your record and how the health information it includes is used helps you to: ensure its accuracy, better understand who, what, when where and why others may access your health information, and make more informed decisions when authorizing disclosures to others.

## **Our Responsibilities**

Cumberland County Office of Aging and Community Services is required to:

- Maintain the privacy of your health information.
- Provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you.
- Notify you if we are unable to agree to a requested service.
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternate locations.

We reserve the right to change our practices and to make new provisions effective for all protected health information we maintain. Should our information practices change, we will mail you a revised notice.

## **How We Will Use or Disclose Your Health Information**

1. **Service Provision:** We will use your health information for service provision. For example, information obtained by a Care Management staff member will be recorded in your record and used to determine the services that should work best for you. Designated members of our staff will have access to your record and document in your record information related to your services. Members of your team at the Office of Aging and Community Services will then record the actions they took and their observations. In that way, we will know how you are responding to services. We will share with service providers with only that information which is required to provide the services you have agreed upon.
2. **Payment.** We will use your health information for payment. For example, a bill may be sent to you for services provided by the Agency. On some occasions, information from your file may be used to bill a third-party payer for your services. The information on or accompanying the bill may include information that identifies you, as well as the services you receive.
3. **Health Care Operations.** We will use your health information for regular agency operations. For example, members of our staff and administration may use information in your health record, without your name, to assess the services and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the services we provide.
4. **Business Associates.** There are some services provided by our agency through contracts with business associates. Examples include our

consultants, attorney and contracted service providers. When these services are contracted, we may disclose such information as is necessary to the business associates to perform the job we asked them to do. To protect your health information, however, we require the business associates to appropriately safeguard your information.

5. Notification. We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, of your location and general condition. If we are unable to reach your family member or personal representative, then we may leave a message for them at the phone number that they have provided to us, e.g. on an answering machine or with another person.
6. Communication with family: Agency staff and administration, using their best judgment, may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care.
7. Research. We may disclose information to researchers when their research has been approved by an educational institution review board that has reviewed the research proposal; and established protocols to ensure the privacy of your health information.
8. Funeral Director/Coroner: We may disclose health information to funeral directors and coroners to carry out their duties consistently with applicable law.
9. Marketing: We may contact you to provide appointment reminders or information about service alternatives or other health-related benefits or services that may be of interest to you.
10. Fund Raising: We may contact you as part of a fund-raising effort.
11. Food and Drug Administration (FDA): Should it be essential, we may disclose to the FDA health information relative to adverse events with respect to food, supplements, product defects, or post marketing, surveillance information to enable product recalls, repairs, or replacement.
12. Workers Compensation or other required insurance programs: We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar insurance programs established by law.

13. Public Health: As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury or disability.
14. Law enforcement: We may disclose health information for law enforcement purposes as required by law or in response to a valid court order.
15. Reports: Federal and State law make provisions for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more consumers, workers or the public.

## **Your Health Information Rights**

Although your health record is the physical property of Cumberland County Office of Aging and Community Services, the information in your health record belongs to you. You have the following rights:

- You may request that we not use or disclose your health information for a particular reason related to treatment, payment, general health care operations, and/or to a particular family member, other relative or close personal friend. We ask that such requests be made in writing. Although we will consider your request, please be aware that we are not obligated to accept it or abide by it. For more information about this right, see 45 Code of Federal Regulations (CFR) § 164.522 (s).
- If you are dissatisfied with the manner in which or the location where you are receiving communications from us that are related to your health information, you may request that we provide you with such information by alternative means or at alternative locations. Such a request must be made in writing and submitted to:

Cumberland County Privacy Officer  
Human Resources Department  
One Courthouse Square  
Carlisle, PA 17013  
717-240-7793

For a request form please contact the Privacy Officer. For more information about this right see 45 CFR § 164.526.

- You may request that we provide you with a written accounting of all disclosures made by us during the time period which you request (not to exceed 6 years). We ask that such requests be made in writing on a form provided by Cumberland County. Please note that an accounting will not apply to any of the following types of disclosures: disclosures made for reasons of treatment, payment, or healthcare operations; disclosures made to you or your legal representative, or any other individual involved with your care, disclosures to correctional institutions or law enforcement officials; and disclosures for national security purposes. You will not be charged for your first accounting request in any 12 month period. However, any requests that you make thereafter, you will be charged a reasonable, cost-based fee. For more information about this right, see 45 CFR § 164.528.
- You have the right to obtain a paper copy of our Notice of Privacy Practices upon request.
- You may revoke an authorization to use or disclose health information, except to the extent that action has already been taken. Such request must be made in writing.

### **For More Information or to Report a Problem**

If you have questions and would like additional information, you may contact Cumberland County's Privacy Officer at 717-240-7793.

If you believe that your rights have been violated, you may file a complaint with us. These complaints must be filed in writing on a form provided by Cumberland County Office of Aging and Community Services. The complaint form may be obtained from the Cumberland County Office of Aging and Community Services. It shall be returned when completed, to the Cumberland County Privacy Officer. You may also file a complaint with the Secretary of the Federal Department of Health and Human Services. There will not be retaliation for filing a complaint.

Effective Date: April 14, 2003

By my signature, I acknowledge receipt of Cumberland County Office of Aging and Community Services Notice of Privacy Practices.

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Signature of consumer or family member

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Date

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Relationship to consumer

Please note that consumers must sign this statement and be given a copy of it. Should a consumer refuse to sign this statement, documentation of efforts to obtain signature must be documented and signed below.

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Staff signature

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Date