

HIPAA Notice of Privacy Practices

Case Manager(s):	and	Case Manager(s) Phone #:
------------------	-----	--------------------------

According to the Health Insurance Portability and Accountability Act (HIPAA) Southwest Mississippi Planning & Development District/Area Agency on Aging (SWMPDD/AAA) must by law keep each beneficiary's health information private and give each beneficiary notice of its legal duties and privacy practices for your health information. If a beneficiary should have questions about any part of this notice or if they want more information about the privacy practice at SWMPDD/AAA, please contact:

Southwest Mississippi Planning & Development District
 Privacy Officer
 2265 Hwy 84 East
 Meadville, MS 39653
 (601) 384-5200

Please Retain for Your Records. Effective Date of This Notice: April 14, 2003.

Understanding Your Case Management Record

Each time a case manager, home health provider, homemaker, meal provider or other service provider visits you in your home, a record of the visit is recorded and placed in your file (also known as your record).

Your file consists of a client Intake Form, Plan of Care, Correspondence, Provider Referral Forms, Authorization to Release Medical/Health Information, Bill of Rights, Determination of Service, Physician Certification Form, Assessment Form and Activity Notes.

The information contained in your record is useful for a number of reasons. For example, this information:

- It serves as a basis for planning your level of care.
- Describes the care you received.
- Identifies the agencies and persons providing the care you received.
- Provides a means of communication among the many health professionals who contribute to your care.
- Allows SWMPDD/AAA involved in your care to verify that services were received and accurately billed.

Understanding what is in your record and how it is used helps you to better understand who, what, when, where and why others may access and/or inquire of certain information. This in turn allows you to make more informed decisions about its use and disclosure.

I. How SWMPDD/AAA May Use or Disclose a Beneficiary's Health/Medical Information

1. **Service Delivery:** SWMPDD/AAA will obtain or keep information regarding a beneficiary's services through the HCBS programs. Aside from Case Management the services are not given directly to the clients through SWMPDD/AAA, however, SWMPDD/AAA will obtain medical history information and coded information about each individual beneficiary's health and treatments they may be receiving. SWMPDD/AAA does use and keep this specific health information to make sure proper payment of benefits, and many times the best benefits have been given to each beneficiary within the HCBS guidelines. The use or disclosure by SWMPDD/AAA does not mean that each beneficiary's service providers are not responsible to provide the best care to each beneficiary. Along with SWMPDD/AAA case managers, each beneficiary must decide what care is best for them.
2. **Billing and Payment:** SWMPDD/AAA does obtain information about each beneficiary and will use and disclose this information to Home Health Agencies, Home Delivered Meal Providers, Homemaker Agencies, In-Home Respite Providers, Institutional Respite Care Providers, other health care providers, business associate, and other covered entities in order for each provider to send and obtain payments for services each beneficiary receives from these providers.
3. **Information Provided to Beneficiaries:** SWMPDD/AAA does let individuals request an opportunity to see the health information about themselves. Beneficiaries sign and are given a copy of the Bill of Rights, which describes their rights and responsibilities as a beneficiary of certain HCBS programs. These rights include his/her right to review his/her case record.

4. **Information Provided to Family:** SWMPDD/AAA may disclose a beneficiary's health information to a family member, their personal representative or another person responsible for their care about where they are, their general condition or if they die. If the beneficiary is able and can agree or object SWMPDD/AAA will give the beneficiary a chance to object prior to making this notification. If the beneficiary is unable or cannot agree or object SWMPDD/AAA health professionals will use their best judgment in telling the beneficiary's family and others.
5. **Required by law:** Under any circumstances, as required by law, SWMPDD/AAA may use and disclose any beneficiary's health information.
6. **Public Health:** As required by law, SWMPDD/AAA may disclose a beneficiary's health information to public health authorities for purposes related to: preventing or controlling disease, injury or disability; reporting child abuse or neglect, reporting domestic violence, reporting violation of the vulnerable adults act, reporting to the Food and Drug Administration problems with products and reactions to medications, and reporting disease or infection exposure.
7. **Health or Administrative Oversight Activities:** SWMPDD/AAA may disclose a beneficiary's health information to health agencies during the course of audits, investigation, inspections, licensure and other proceedings.
8. **Judicial and Administrative Proceedings:** SWMPDD/AAA may disclose a beneficiary's health information in the course of any administrative or judicial proceeding.
9. **Law Enforcement:** SWMPDD/AAA may disclose a beneficiary's health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order or subpoena, and other law enforcement purposes.
10. **Deceased Person Information:** SWMPDD/AAA may disclose a beneficiary's health information to coroners, medical examiners, and funeral directors.
11. **Organ Donations:** SWMPDD/AAA may disclose a beneficiary's health information to organizations involved in procuring, banking or transplanting organs or tissues.
12. **Research:** SWMPDD/AAA may disclose a beneficiary's health information to researchers conducting research that has been approved by Division of Medicaid.
13. **Public Safety:** SWMPDD/AAA may disclose a beneficiary's health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.
14. **Specialized Government Functions:** SWMPDD/AAA may disclose your health information for military, national security, correctional institutions and government benefits purposes.

II. When SWMPDD/AAA May Not Use or Disclose a Beneficiary's Health Information

Except as described in this HIPAA Guideline of Privacy Practices, SWMPDD/AAA will not use or disclose a beneficiary's health information without the beneficiary's written authorization. If a beneficiary does authorize SWMPDD/AAA to use or disclose their health information for another purpose, a beneficiary may take back their authorization in writing at any time.

III. Beneficiary's Health Information Rights

1. A beneficiary has the right to ask for restrictions on certain uses and disclosures of their health information. SWMPDD/AAA does not have to agree to the restriction asked for. However, the beneficiary will be explained that he/she may not receive certain services due to this restriction, which may result in loss of services and/or termination from the HCBS program.
2. A beneficiary has the right to obtain their health information through a reasonable alternative means or at an alternative location. A beneficiary must present SWMPDD/AAA something in writing, which tells their specific request. There may be charges to honor this request if another agency is involved. The beneficiary will be told of these charges in advance.
3. A beneficiary has the right to see and copy their health information. There may be fees involved with this request if another agency is involved.
4. A beneficiary has the right to request that SWMPDD/AAA change their health information that is incorrect or incomplete. SWMPDD/AAA does not have to change their health information and will give the beneficiary information about SWMPDD/AAA not changing the information. The beneficiary will be told how they can disagree with the denial by contacting the Division of Medicaid.

IV. Complaints

If any beneficiary has any complaints about this Notice of Privacy Practices or how SWMPDD/AAA handles their health information they must send their complaint to the following location:

Privacy Officer
Southwest Mississippi Planning & Development District
2265 Hwy 84 East
Meadville, MS 39653

If any beneficiary is not satisfied with the manner in which this office handles a complaint, they may submit a formal complaint to:

Department of Health and Human Services
Office of Civil Rights
Hubert H. Humphrey Building
200 Independence Avenue, S.W.
Room 509F HHH Building
Washington, DC 20201

V. Changes to these Guidelines of Privacy Practices

SWMPDD/AAA reserves the right to change these Guidelines of Privacy Practices at any time in the future and to make the new provisions effective for all information that it keeps including information that was created or received prior to the date of such change. Until such change is made, SWMPDD/AAA must by law comply with these Privacy Guidelines.

Please show that you received this notice by signing or marking the Acknowledgement of Notice of Privacy Practices.

Report Abuse, Neglect, or Exploitation of a Vulnerable Adult

Critical incidents are identified as follows:

- Abuse(A) - Wilful or non-accidental infliction of a single or more incidents of physical pain, injury, mental anguish, unreasonable confinement, wilful deprivation of services necessary to maintain mental and physical health, and sexual abuse.
- Neglect (N) - Can include but is not limited to a single incident of the inability of a vulnerable person living alone to provide for himself, failure of a caretaker to provide what a reasonably prudent person would do.
- Exploitation (E) - Illegal or improper use of a vulnerable person or his resources for another's profit or advantage with or without the consent of the vulnerable person. This can include acts committed pursuant to a power of attorney and can include but is not limited to a single incident.

**To report abuse, neglect, and/or
exploitation of a vulnerable adult, call:**

The Department of Human Services

1-800-222-8000