

NOTICE OF PRIVACY PRACTICES

This notice describes how Protected Health Information (here after referred to as PHI) about you may be used and disclosed and how you can get access to this information. Please review it carefully.

If you have any questions about this notice, please contact _____, Care Management Regional Supervisor, at (906) ____-____.

WHO WILL FOLLOW THIS NOTICE

This notice describes the privacy practices of UPCAP Services, Inc. and that of:

- Any staff person authorized to enter information into your chart.
- All departments of the agency including care management, administration and billing.
- Any member of a volunteer group that we allow to help you while you are in the program.
- All employees, staff and other agency personnel.
- Doctors, health care agencies, and community organizations that are able to help locate, receive and monitor services and benefits to which you may be entitled.

OUR COMMITMENT REGARDING YOUR PROTECTED HEALTH INFORMATION

We understand the importance of your Protected Health Information (PHI) and follow strict policies (in accordance with state and federal privacy laws) to keep your PHI private. PHI is information about you, including demographic data, that can be reasonably used to identify you and that relates to your past, present and future physical or mental health, the provision of care to you or the payment for that care.

In this notice, we explain how we protect the privacy of your PHI, and how we will allow it to be used and given out or “disclosed”. We must follow the privacy practices described in this notice while it is in effect. This notice takes effect April 14, 2003 and will remain in effect until we replace or modify it.

Where multiple state or federal laws protect the privacy of your PHI, we will follow the requirements that provide greatest privacy protection.

HOW WE MAY USE AND DISCLOSE PROTECTED HEALTH INFORMATION

We do not sell your PHI to anyone or disclose your PHI to other organizations who may want to sell their products to you (catalog or telemarketing firms).

We must have your written authorization to use and disclose your PHI, **except for the following uses and disclosures:**

To You and Your Personal Representative: We may disclose your PHI to you or to your personal representative (someone who has the legal right to act for you).

For Treatment: We may use and disclose your PHI to people outside the agency who may be involved in your care. Care Managers may share information about you in order to coordinate the different services you may need. For example, if you agree that a certain piece of equipment would help you, care managers would contact your doctor to discuss your situation and get a prescription; or, in order to establish a service with a home care agency, care managers may share necessary information about you to begin care.

For Payment: We may use or disclose information about you so that the treatment and services you receive may be billed to the appropriate party. For example, UPCAP Services, Inc. works with the Center for Information Management (CIM) to submit claims to the state for billing purposes.

For Health Care Operations: We may use and disclose information about you for operations. These uses and disclosures are necessary to run the agency and make sure that all of our participants receive quality care, for example:

- Conducting quality assessment and improvement activities.
- Review of services and evaluation of staff performance.
- Review of the overall services offered by the agency.
- Performing business management and other general administrative activities including data management.

To Others Involved in Your Care: We may disclose information about you to a friend or family member who is actively involved with your care or to someone who helps pay for your care. In addition we may disclose information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

As Required by Law: We will use and disclose your PHI if we are required to do so by law. For example, we will use and disclose your PHI in responding to court or administrative orders and subpoenas, and when required by the Secretary of Health and Human Services, the Administration of Aging and state regulatory authorities such as the Michigan Department of Community Health and the Michigan Office of Services to the Aging.

For Matters in the Public Interest: We may use or disclose your PHI without your written authorization for matters in the public interest, including for example:

- To prevent a serious threat to your health and safety or the health and safety of the public or another person.
- Public health and safety activities, including disease and vital statistic reporting.

- For Food and Drug Administration oversight with regard to medication reactions or problems with products.
- Reporting adult abuse, neglect or domestic violence.

For Research: We may use your PHI to perform select research activities, provided that certain established measures to protect your privacy are in place. For example, UPCAP Services, Inc., through its contract with the Department of Community Health, is required to participate with the University of Michigan and the Institute of Gerontology in the design and development of appropriate screening and assessment tools which will be used to validate eligibility for Long Term Care in Michigan.

To Our Business Associates: We may engage third parties to provide various services for you or for the agency. Whenever an arrangement with such a third party involves the use or disclosure of your PHI, we will have a written contract with that third party designed to protect the privacy of your PHI.

Disclosures You May Request

You may instruct us, and give your written authorization, to disclose your PHI to another party for any purpose. We require your authorization to be on our standard form. To obtain this form, contact your Care Manager.

Your Rights Regarding Protected Health Information

You have the following rights regarding the PHI we maintain about you:

Access: You have the right to look at or receive a copy of your PHI contained in the group of records that are used by us in the coordination of your care, including enrollment information, payment and claims, and care management notes. We reserve the right to charge a fee for the costs of copying, mailing or other supplies associated with your request. If we deny your request for access, we will tell you the basis for our decision and whether you have the right to further review. To inspect or copy your PHI, you must submit your request in writing directly to UPCAP Services, Inc. Forms may be obtained from your Care Manager.

Accounting of Disclosures: You have the right to an accounting of certain disclosures of your PHI, such as disclosures required by law. This accounting requirement applies to disclosures we make beginning on or after April 14, 2003. If you request this accounting more than once in a 12-month period, we may charge you a fee covering the cost of responding to these additional requests.

Restriction Requests: You have the right to request that we place restrictions on the way we use or disclose your PHI for treatment, payment or health care operations. *We are not required to agree to these additional restrictions*; but if we do, we will abide by them (except as needed for emergency or as required by law) unless we notify you that we are terminating our agreement. To request restrictions you must make your request in writing directly to UPCAP Services, Inc. Forms may be obtained from your Care Manager.

Amendment: You have the right to request that we amend your PHI in the set of records described above under Access. If we deny your request, we will provide you a written explanation. If you disagree, you may have a statement of your disagreement placed in our records. If we accept your request to amend the information, we will make reasonable efforts to inform others, including individuals you name, of the amendment.

Copy of Privacy Notice: You have the right to a paper copy of this notice. You may ask for a copy at any time. To obtain a paper copy of this notice, call the agency at 616-456-5664. You may also obtain a copy of this notice at our website, www.upcap.org.

Complaints

If you believe that your privacy rights have been violated, you may file a complaint with the UPCAP Services, Inc., or with the Secretary of the Department of Health and Human Services. To file a complaint with the UPCAP Services, Inc., contact the Quality Assurance Supervisor, at (906) 786-4701. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

Changes to This Notice

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for PHI we already have about you as well as any information we receive in the future. We will post a copy of the current notice on the website. This notice will contain the effective date on the bottom left corner of the actual notice, and on the main page on the website.

May 16, 2008

**ACKNOWLEDGEMENT OF RECEIPT OF
NOTICE OF PRIVACY PRACTICES**

Check all that are true:

- I have received a copy of UPCAP Services, Inc.'s Notice of Privacy Practices.
- UPCAP Services, Inc. has given me the chance to discuss my concerns and questions about the privacy of my health information.

Signature of Client or Personal Representative

Date

Name of Client or Personal Representative

Description of Personal Representative's Authority

UPCAP Services, Inc. staff should complete this section if the participant declines to sign the Acknowledgement Form:

1. Does participant have a copy of the Privacy Notice?

Yes No

2. Please explain why the participant was unable to sign an acknowledgement

Signature of Staff

Date
