

Alzheimer's Family Center, Inc.

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.

This Notice of Privacy Practices describes how the Alzheimer's Family Center, Inc. (AFC) may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

Alzheimer's Family Center, Inc. (AFC) is required to abide by the terms of this Notice of Privacy Practices. We may change the terms of our notice, at any time. The new notice will be effective for all protected health information that we maintain at that time. Upon your request, we will provide you with any revised Notice of Privacy Practices by: accessing our website, www.alzcenter.org; calling the office and requesting that a revised copy be sent to you in the mail or asking for one at the time of your next appointment.

ACKNOWLEDGEMENT OF RECEIPT OF THIS NOTICE

You will be asked to sign an acknowledgement of receipt of this notice. Our intent is to make you aware of the possible uses and disclosures of your protected health information and your privacy rights. The delivery of your services will in no way depend on your signed acknowledgement. If you decline to sign an acknowledgement, we will continue to provide our services. We can and will also use and disclose your protected health information for provision, payment, and reporting of services, when necessary.

HOW WE MAY USE OR DISCLOSE YOUR PROTECTED HEALTH INFORMATION

The following are examples of permitted uses and disclosures of your protected health care information. These examples are not meant to be exhaustive.

Required Uses and Disclosures: By law, we must make disclosures to you unless a competent medical authority has determined that it would be harmful to you. We must also disclose health information when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500 et.seq.

Treatment: We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party. For example, we would disclose your protected health information, as necessary, to a home health agency that provides care to you. We will also disclose protected health information to other Alzheimer's Family Center associates who may be involved in providing your services.

Payment: Your protected health information will be used, as needed, to obtain payment for your health care services. This may include certain activities that AFC may undertake before it approves or pays for the health care services we recommend for you such as; making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities. For example, your protected health information might be disclosed to a business associate to arrange payment for respite services.

Healthcare Operations: We may use or disclose, as-needed, your protected health information in order to support the daily activities related to healthcare. These activities include, but are not limited to, quality assessment activities, investigations; communications about a service; conducting or arranging for other healthcare related activities; and care coordination.

We will share your protected health information with third party “business associates” that perform various activities for the AFC. The business associates will also be required to protect your health information. We may use or disclose your protected health information, as necessary, to provide you with appointment reminders or other health-related benefits and services that may be of interest to you. For example, your name and address may be used to send you a newsletter about our nonprofit organization and the services we offer.

Others Involved in Your Healthcare: We may disclose to a member of your family, caregiver, a close friend or any other person you identify, your protected health information that directly relates to that person’s involvement in your health care. We may use or disclose protected health information to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location, general condition or death. Finally, we may use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care. If there is a family member, other relative or close friend to whom you do not want us to disclose your protected health information, please notify the Alzheimer's Family Center.

Required By Law: We may use or disclose your protected health information to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law.

Public Health: We may disclose your protected health information to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury or disability. The Alzheimer's Family Center may disclose your protected health information, if authorized by law, to a person, who may have been exposed to a communicable disease, or may otherwise be at risk of contracting or spreading the disease or condition. In addition, we may disclose your protected health information, if we believe that you have been a victim of abuse, neglect or domestic violence, to the government entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

Health Oversight: The Alzheimer's Family Center may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.

Abuse or Neglect: We may disclose your protected health information to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your protected health information if we believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

Legal Proceedings: We may disclose protected health 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), in certain conditions in response to a subpoena, discovery request or other lawful process.

Law Enforcement: We may also disclose protected health information for law enforcement purposes. These law enforcement purposes include (1) legal processes required by law, (2) information requests for identification and location purposes, (3) issues pertaining to victims of a crime, (4) suspicion that death has occurred as a result of criminal conduct, (5) in the event that a crime occurs on the premises the Alzheimer's Family Center.

Research: We may disclose your protected health information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information.

Criminal Activity: Consistent with applicable federal and state laws, we may disclose your protected health information, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

Military Activity and National Security: When the appropriate conditions apply, the Alzheimer's Family Center may use or disclose protected health information of individuals who are Armed Forces personnel (1) for activities deemed necessary by appropriate military command authorities; (2) for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits, or (3) to foreign military authority if you are a member of that foreign military services. We may also disclose your protected health 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.

YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

Following is a statement of your rights with respect to your protected health information and a brief description of how you may exercise these rights.

You have the right to inspect and copy your protected health information. This means you may inspect and obtain a copy of protected health information about you that is contained in your client record set for as long as we maintain the data. A client record contains medical, financial and service information and any other information necessary to provide services to you. Under certain circumstances, such as protected health information that is subject to law prohibiting access, you may be denied access to protected health information. Depending on the circumstances, you may have a right to have this decision reviewed. Please contact AFC if you have questions about access to your client record.

You have the right to request a restriction of your protected health information. This means you may ask the Alzheimer's Family Center not to use or disclose any part of your protected health information. We will consider all requests for restrictions carefully, but are not required to agree to any restrictions.

You must request a restriction in writing to the Alzheimer's Family Center. In your request, you must tell us: (1) what information you want restricted; (2) whether you want us to restrict our use, disclosure, or both; (3) to whom you want the restriction to apply, for example, disclosure to family members or friends who may be involved in your care; and (4) an expiration date.

If we believe it is in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted. If AFC does agree to the requested restriction, we may not use or disclose your protected health information in violation of that restriction unless it is needed to provide emergency treatment.

You may revoke a previously agreed upon restriction, in writing, at any time.

You have the right to request to receive confidential communications. We will accommodate reasonable requests. We will not request an explanation from you as to the basis for the request. Please make this request in writing.

You may have the right to have your physician amend your protected health information. If you believe that the information we have about you is incorrect or incomplete, you may request an amendment to your protected health information as long as we maintain this information. While we will accept requests for amendment, we are not required to agree to the amendment.

You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information. This right applies to disclosures for purposes other than treatment, payment or healthcare operations as described in this Notice of Privacy Practices. It excludes disclosures we may have made to you, to family members or friends involved in your care, or for notification purposes. You have the right to receive specific information regarding these disclosures that occurred after April 14, 2003. You may request a shorter timeframe. The right to receive this information is subject to certain exceptions, restrictions and limitations.

You have the right to obtain a paper copy of this notice from us, upon request, even if you have agreed to accept this notice electronically. To obtain a paper copy, send your written request to the Alzheimer's Family Center, or visit our website at www.alzcenter.org.

Complaints

You may complain to the Alzheimer's Family Center or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our privacy contact of your complaint. We will not retaliate against you for filing a complaint.

CONTACT INFORMATION

You may contact the Alzheimer's Family Center, Inc. for further information about the complaint process, or for further explanation of this document at:

Alzheimer's Family Center, Inc.
4900 West Atlantic Blvd. Suite # 4
Margate, Florida 33063
Phone: 954 971 – 7155 Fax: 954 971 – 4797

Region IV, Office of Civil Rights
US Department of Health and Human Services
Atlanta Federal Center
Suite 3B70, 61 Forsyth Street, SW
Atlanta, GA 30303 – 8909
Phone: 404 562 – 7886
Fax: 404 562 – 7881
TDD: 404 331 – 2867

This notice was published and became effective April 14, 2003.