



**Advancing Abilities
Policies and Procedures
HIPAA / PRIVACY**

Applies to: employees, volunteers, participants, guardians, parents, visitors

Effective Date: 02/28/2012

Advancing Abilities

P.O. Box 40110

Casper, WY 82604

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

Advancing Abilities is required by law to provide you with this Notice so that you will understand how we may use or share your information from your Designated Record Set. The Designated Record Set includes health, medical and financial information referred to in this Notice as “Protected Health Information” (“PHI”) or simply “health, medical and financial information.” We are required to adhere to the terms outlined in this Notice. If you have any questions about this Notice, please contact ***Rick Lamotte***.

UNDERSTANDING YOUR RECORDS AND INFORMATION

When Advancing Abilities provides services to you as a “Participant”, a record of your stay is made containing health, medical and financial information. Typically, this record contains information about your condition, the services we provide and payment/billing for the services provided. We may use and/or disclose this information to:

- plan your services
- communicate with health professionals involved in your care
- document the services you receive
- educate health professionals
- provide information for research
- provide information to public health officials
- evaluate and improve the service we provide
- obtain payment for the service we provide



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Understanding what is in your record and how your health, medical and financial information is used helps you to:

- ensure it is accurate
- better understand who may access your information
- make more informed decisions when authorizing disclosure to others

HOW WE MAY USE AND DISCLOSE PROTECTED INFORMATION ABOUT YOU

The following categories describe the ways that we use and disclose health, medical and financial information. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall into one of the categories.

- **For Services.** We may use or disclose health, medical and financial information about you to provide you with services. We may disclose health, medical and financial information about you to doctors, nurses, therapists or other Advancing Abilities personnel who are involved in service we provide to you. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell the dietitian if you have diabetes so that we can plan your meals. We may also disclose health, medical and financial information about you to providers outside Advancing Abilities who may be involved in your care or provides services to you after you leave Advancing Abilities. This may include family members, or visiting nurses to provide care in your home.
- **For Billing / Payment.** We may use and disclose health, medical and financial information about you so that the services you receive at Advancing Abilities may be billed for.
- **For Service Operations.** We may use and disclose health, medical and financial information about you for our day-to-day service operations. This is necessary to ensure that all participants receive quality services. For example, we may use health, medical and financial information for quality assessment and improvement activities and for developing and evaluating service protocols. We may also combine health, medical and financial information about many participants to help determine what additional services we should offer, what services should be discontinued, and whether services are effective. Health, medical and financial information about you



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may be used business development and planning, cost management analyses, insurance claims management, risk management activities, and in developing and testing information systems and programs. We may also use and disclose information for professional review, performance evaluation, and for training programs. Other aspects of service operations that may require use and disclosure of your health, medical and financial information include accreditation, certification, licensing and credentialing activities, review and auditing, including compliance reviews, Plan of Care reviews, legal services and compliance programs. Your health, medical and financial information may be used and disclosed for the business management and general activities of Advancing Abilities including resolution of internal grievances. In limited circumstances, we may disclose your health, medical and financial information to another entity subject to HIPAA for its own service operations. We may remove information that identifies you so that the health, medical and financial information may be used to study services and service delivery without learning the identities of participants. We may disclose your age, birth date and general information about you in Advancing Abilities newsletters, on activities calendars, and to entities in the community that wish to acknowledge your birthday or commemorate your achievements on special occasions. If you are receiving therapy services, we may post your photograph and general information about your progress.

OTHER ALLOWABLE USES OF YOUR HEALTH, MEDICAL AND FINANCIAL INFORMATION

- **Business Associates.** There may be some services provided in our Advancing Abilities through contracts with business associates. When these services are contracted, we may disclose your health, medical and financial information so that they can perform the job we've asked them to do and bill for services rendered. To protect your health, medical and financial information, however, we require the business associate to appropriately safeguard your information.
- **Providers.** Some services provided to you, as part of your Plan of Care at Advancing Abilities, are offered by outside providers. These include a variety of providers such as physicians (e.g., MD, DO, Podiatrist, Dentist, Optometrist), nurses, therapists (e.g., Physical therapist, Occupational therapist, Speech therapist), portable radiology units, clinical labs, hospice caregivers, pharmacies, psychologists, LCSWs, and suppliers (e.g., prosthetic, orthotics).



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- **Service Alternatives.** We may use and disclose health, medical and financial information to tell you about possible service options or alternatives that may be of interest to you.
- **Health-Related Benefits and Services and Reminders.** We may contact you to provide appointment reminders or information about services alternatives or other health-related benefits and services that may be of interest to you.
- **Individuals Involved in Your Services.** Unless you object, we may disclose health, medical and financial information about you to a friend or family member who is involved in your services. We may also give information to someone who helps pay for your services. In addition, we may disclose health, medical and financial 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 disclose health, medical and financial information about you when required to do so by federal, state or local law.
- **To Avert a Serious Threat to Health or Safety.** We may use and disclose health, medical and financial information about you to prevent a serious threat to your health and safety or the health and safety of the public or another person. We would do this only to help prevent the threat.
- **Military and Veterans.** If you are a member of the armed forces, we may disclose health, medical and financial information about you as required by military authorities. We may also disclose health, medical and financial information about foreign military personnel to the appropriate foreign military authority.
- **Research.** Under certain circumstances, we may use and disclose health, medical and financial information about you for research purposes. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of health, medical and financial information, trying to balance the research needs with participants' need for privacy of their health, medical and financial information. Before we use or disclose health, medical and financial information for research, the project will have been approved through this research approval process. We may, however, disclose health, medical and financial information about you to people preparing to conduct a research project so long as the health, medical and financial information they review does not leave Advancing Abilities facilities.



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- **Workers' Compensation.** We may disclose health, medical and financial information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.
- **Reporting.** Federal and state laws may require or permit Advancing Abilities to disclose certain health, medical and financial information related to the following:
 - *Public Health Risks.* We may disclose health, medical and financial information about you for public health purposes, including:
 - Prevention or control of disease, injury or disability
 - Reporting births and deaths;
 - Reporting abuse or neglect;
 - Reporting reactions to medications or problems with products;
 - Notifying people of recalls of products;
 - Notifying a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease;
 - Notifying the appropriate government authority if we believe a participant has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.
 - *Health Oversight Activities.* We may disclose health, medical and financial information to a health oversight agency for activities authorized by law. These oversight activities may include audits, investigations, inspections, accreditation, and licensure. These activities are necessary for the government to monitor the provider system, government programs, and compliance with civil rights laws.
 - *Judicial and Administrative Proceedings:* If you are involved in a lawsuit or a dispute, we may disclose health, medical and financial information about you in response to a court or administrative order. We may also disclose health, medical and financial information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the



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dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

- *Reporting Abuse, Neglect or Domestic Violence:* Notifying the appropriate government agency if we believe a participant has been the victim of abuse, neglect or domestic violence.
- **Law Enforcement.** We may disclose health, medical and financial information when requested by a law enforcement official:
 - 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 you, the victim of a crime if, under certain limited circumstances, we are unable to obtain your agreement;
 - About a death we believe may be the result of criminal conduct;
 - About criminal conduct at Advancing Abilities; 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 disclose medical information to a coroner or medical examiner. This may be necessary to identify a deceased person or determine the cause of death. We may also disclose medical information to funeral directors as necessary to carry out their duties.
- **National Security and Intelligence Activities.** We may disclose health, medical and financial information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.
- **Institution:** Should you be an inmate of an institution, we may disclose to the institution or its agents health, medical and financial information necessary for your health and the health and safety of others.



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OTHER USES OF HEALTH, MEDICAL AND FINANCIAL INFORMATION

Other uses and disclosures of health, medical and financial information not covered by this Notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose health, medical and financial information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose health, medical and financial information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

YOUR RIGHTS REGARDING INFORMATION ABOUT YOU

Although your records are the property of Advancing Abilities, the information belongs to you. You have the following rights regarding your health, medical and financial information:

- **Right to Inspect and Copy.** With some exceptions, you have the right to review and copy your health, medical and financial information.

*You must submit your request in writing to **RICK LAMOTTE**. We may charge a fee for the costs of copying, mailing or other supplies associated with your request.*

- **Right to Amend.** If you feel that health, medical and financial information in your record is incorrect or incomplete, you may ask us to amend the information. You have this right for as long as the information is kept by or for Advancing Abilities.

*You must submit your request in writing to **RICK LAMOTTE**. In addition, you must provide a reason for your request.*

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the health, medical and financial information kept by or for Advancing Abilities; or
- Is accurate and complete.



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- **Right to an Accounting of Disclosures.** You have the right to request an "accounting of disclosures". This is a list of certain disclosures we made of your health, medical and financial information, other than those made for purposes such as services, billing / payment, or service operations.

*You must submit your request in writing to **RICK LAMOTTE**. Your request must state a time period which may not be longer than six years from the date the request is submitted and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper or electronically). The first list you request within a twelve month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.*

- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the health, medical and financial information we use or disclose about you. For example, you may request that we limit the health, medical and financial information we disclose to someone who is involved in your service plan. You could ask that we not use or disclose information about a surgery you had to a family member or friend.

We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency services.

*You must submit your request in writing to **RICK LAMOTTE**. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.*

- **Right to Request Alternate Communications.** You have the right to request that we communicate with you about health, medical, and financial matters in a confidential manner or at a specific location. For example, you may ask that we only contact you via mail to a post office box.

*You must submit your request in writing to **RICK LAMOTTE**. We will not ask you the reason for your request. Your request must specify how or where you wish to be contacted. We will accommodate all reasonable requests.*

- **Right to a Paper Copy of This Notice.** You have the right to a paper copy of this Notice of Privacy Practices even if you have agreed to receive the Notice electronically. You may ask us to give you a copy of this Notice at any time.



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- *You may obtain a copy of this Notice at our website, www.advancing-abilities.com.*

To obtain a paper copy of this Notice, contact **RICK LAMOTTE**.

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 health, medical and financial information we already have about you as well as any information we receive in the future. We will post a copy of the current Notice in Advancing Abilities and on the website. The Notice will specify the effective date on the first page, in the top right-hand corner. In addition, if material changes are made to this Notice, the Notice will contain an effective date for the revisions and copies can be obtained by contacting Advancing Abilities administrator.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with Advancing Abilities, Office for Civil Rights, and the U.S. Department of Health and Human Services, 200 Independence Avenue SW, Washington, D.C. 20201. To file a complaint with Advancing Abilities, contact **RICK LAMOTTE**. All complaints must be submitted in writing. Your services will not be affected by any complaints you make. Advancing Abilities cannot retaliate against you for filing a complaint, cooperating in an investigation or refusing to agree to something that you believe to be unlawful.

Privacy Officer: Rick Lamotte

Advancing Abilities

P.O. Box 40110

Casper, WY 82604

(307) 333-5071

FAX: (307) 333-5073

If you have any questions about this notice or need more information, please contact the Privacy Officer list above.