

**Living Arrangements for the Developmentally Disabled, Inc. (LADD)
Victory Parkway Program**

**Notice of Privacy Practices
Health Insurance Portability and Accountability Act (HIPAA) of 1996**

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.

Your Health Information is Private

LADD understands that information we collect about you and your health is personal. Keeping your health information private is one of our most important responsibilities. We are committed to protecting your health information and following all laws regarding the use of your health information. The laws says:

- We must keep health information that identifies you from others who do not need to know it.
- We must provide you with a copy of this notice.
- We must follow and abide by the terms of the notice currently in effect.

Understanding Your Health Information

Each time you visit a health care professional, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnosis, treatment, and a plan for future health care or treatment. This information often is referred to as your health or medical record and is protected. Protected health information means any health information about you that identifies you or for which there is a reasonable basis to believe the information can be used to identify you. Understanding what is in your record and how your health information 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 disclosure to others.

How Your Health Information is Shared and Who Sees It

For Your Treatment: We may use your health information to provide, coordinate, or manage the services, supports, and health care you receive from us and other providers such as, medication administration and appointment reminders. We may disclose information about you to doctors, nurses, psychologists, social workers, direct care staff and other agency staff, and other persons who are involved in supporting you and providing services. This may cover health care services you had in the past, now, or in the future.

For Payment of Services: We may use and disclose health information about you so we can be paid for the services we provide to you. This can include billing a third party payer, such as Medicaid or other government agencies. The bill has all of the information about what services you received.

For Health Care Operations: We may use or disclose your health information for our regular health/office operations. For example, to assess the care and outcomes as related to quality assurance activities, licensure, and CARF accreditation. This information will then be used in an effort to continually improve the quality and effectiveness of the services we provide.

Special Situations Where Your Health Information is Released Without Authorization or Consent

Certain releases of your health information are not tracked or do not have to be recorded by LADD. Other releases made without your authorization are tracked and recorded. We will not use or disclose your health information without your written authorization and the knowledge that you can revoke that authorization at any time, except in the following situations.

- When required by federal, state, or local law, such as when we are ordered by a court to do so.
- For public health activities charged with preventing or controlling disease, injury, or disability such as contagious diseases, to report abuse or neglect, and reactions to medications.
- To avert a serious threat to your health and safety or the health and safety of another person. This would only be reported to someone who could prevent that threat.
- For health oversight activities, such as audits, investigations, inspections, credentialing, licensure and to the government to monitor systems.
- To the police when investigating a crime.
- To worker's compensation for work related injuries.
- Relating to a death to funeral directors, medical examiners, and coroners to carry out their duties consistent with applicable law, such as determining the cause of death.
- To the Federal Government when they are investigating something important to protect our country, the President and/or other government workers or for specialized government functions.
- To our business associates, outside people and entities, so that they can perform the job we have asked them to do. Examples of business associates include consultants, accountants, and attorneys. To protect your health information, however, we require the business associates to appropriately safeguard your information.
- Unless you notify us that you object, we may use your name, location in the facility, general condition, and religious affiliation for directory purposes. This information may be provided to other people who ask for you by name.
- Unless you notify us that you object, we may notify a family member, personal representative, other relative, close personal friend, disaster relief authorities, or another person responsible for your health care, of your health information relevant to that person's involvement in your care, of your location, and your general condition. We may also give information to someone who helps pay for your care.
- For research purposes, we may give information when certain conditions have been met.
- To organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.
- For judicial and administrative proceedings if you are involved in a lawsuit or a dispute in response to a court or administrative order, subpoena, discovery request, or other lawful process.
- To contact you as part of a fund-raising effort.
- To schedule appointments, for appointment reminders, and to inform you of any other health related benefits that may be of interest to you.
- Or as otherwise permitted by law.

What Rights Do You Have?

Although your health record is the physical property of LADD, the information in your health record belongs to you. You also have the following rights:

- *Right to Request Restrictions.* You have the right to request that we restrict the uses or disclosures of health information about you to carry out treatment, payment, and health care operations or to a particular family member, other relative or close personal friend. Although we will consider your request, please be aware that we are under no obligation to accept it or to abide by it.
- *Right to Receive Confidential Communications.* You have the right to request that we communicate health information about you to you in a certain way or location. We will attempt to accommodate all reasonable requests.
- *Right to Inspect and Copy.* You have the right to access and obtain a copy of your health information with a few limited exceptions. If you request to have copies made, we may charge a reasonable fee.
- *Right to Request an Amendment.* You have the right to ask us to amend health information about you if you think some of your information is wrong or missing. In certain instances, we reserve the right to deny your request.
- *Right to an Accounting of Disclosures.* You have the right to receive a list of places where health information about you may have been sent without your authorization, unless it was sent for treatment, for payment, for checking to make sure you receive quality care, or to make sure laws are being followed.
- *Right to a Copy of this Notice.* You have the right to obtain a paper copy of our Notice of Privacy Practices. We are required by law to provide you with it to let you know what we must do with your personal health information under the law and under our privacy policies. We are required to follow the terms of this notice though we reserve the right to change our privacy practices and the terms of this notice at any time. If changes are made, a copy of the notice will be available after the effective date of the change and upon request. You can also view and print the current notice by visiting our web site at www.laddinc.org.

All requests about your above rights or to obtain a current notice shall be made in writing on the appropriate LADD form. Any staff member at LADD can provide you with a copy of the correct form to be completed. Once the form is completely filled out, it should be returned to:

Living Arrangements for the Developmentally Disabled, Inc. (LADD)
3603 Victory Parkway
Cincinnati, Ohio 45229
Attention: Cindy Gartenman
HIPAA Privacy Officer

What If Your Health Information Needs To Go Somewhere Else?

You may be asked to sign a separate form, called an authorization form, allowing your health care information to go somewhere else if:

- Your health care provider needs to send it to other places.
- You want us to send it to another health care provider.
- You want it sent to another person for you.

The authorization form tells us what, where, and to whom the information must be sent. Your authorization is good until the date you put on the form or the passing of an identifiable event you indicate as the end of your authorization. You can cancel the authorization at any time or limit the amount of information sent at any time by letting us know in writing, except to the extent that action has already been taken.

Questions or Complaints: Whom Do You Talk To?

If you have any questions about this notice, or if you believe that we have not protected your private health information and you wish to complain about it, you may file a complaint with us. These complaints must be filed in writing on a form designated by LADD that can be obtained from and returned to:

LADD's Privacy Officer, Cindy Gartenman, who can be reached by any of the following methods:

1. By telephone at 513-861-5233, ext. 31;
2. By e-mail at cgartenman@laddinc.org; or
3. By mail at Living Arrangements for the Developmentally Disabled, Inc. (LADD)
3603 Victory Parkway
Cincinnati, Ohio 45229
Attention: HIPAA Privacy Officer

You may also contact the secretary of the Federal Department of Health and Human Services by writing or calling:

Office of Civil Rights
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Room 509F, HHH Building
Washington, D.C. 20201-0004
(800) 368-1019 or 202-619-0257

What Will Happen To You If You File A Complaint?

Absolutely nothing. You will NOT be affected if you file a complaint. It is against the law for us to take any retaliatory or other negative action against you if you file a complaint.

Effective 3/12/04