



County of Delaware
Office of Services for the Aging (COSA)
Notice of Privacy Practices for
Protected Health Information

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

A. PURPOSE OF THE NOTICE.

Delaware County (the “County”) is committed to preserving the privacy and confidentiality of your health information that is created and/or maintained by the County. We are required by law to protect the privacy of your health information. We are also required to give you this Notice, which explains how we may use information about you and when we can give out or “disclose” that information to others. You also have rights regarding your health information that are described in this Notice.

The terms “information” or “health information” in this Notice include any personal information that is created or received by the County that relates to your physical or mental health or condition, the provision of health care to you, or the payment for such health care.

We are required to abide by the terms of this Notice currently in effect. We also have the right to change our privacy practices. If we do, we will provide you with a copy of the new Notice.

B. HOW WE USE OR DISCLOSE HEALTH INFORMATION.

1. We must use and disclose your health information to provide information:
 - a. To you or someone who has the legal right to act for you (your personal representative).
 - b. To the Secretary of the Department of Health and Human Services, if necessary, to make sure your privacy is protected.
 - c. Where required by law.
2. We have the right to use and disclose health information to treat you, pay for your health care, and operate our business. For example, we may use your health information:
 - a. For Treatment. We may disclose health information to other health care providers, like your doctor or case manager, to help them provide care to you. We may use your health information to plan your care and treatment, arrange for placement, and monitor the care provided to you.
 - b. For Payment. We may use your health information to bill and receive payment from you, an insurance company, or a government program for the services that you receive from us. We may use your health information to pay other health care providers for the services you receive. We may also use your health information to verify that services that a provider billed were actually provided to you.

- c. *For Health Care Operations.* We may use or disclose your health information as necessary to administer the County’s programs, which provide public benefits and/or health or human services. For example, we might use your health information to evaluate the performance of our staff in caring for you. We might use your health information to assess and improve the services that we provide. We may also use health information about you to educate health care professionals.
 - d. *For Health Care Coordination.* COSA participates with a secure health information organization network (HIO) called “HealthShare Exchange of Southeastern PA, Inc., (HSX), which makes it possible for COSA to share your Health Information electronically through a secure connected network. COSA may share or disclose your Health Information to HSX and other secure HIOs contracted with the Commonwealth of PA and even HIOs in other states. You have the right to “opt-out’ or decline to participate in having COSA share your Health Information through networked HIOs. If you choose to opt-out of data sharing through HIOs, COSA will no longer share your information through the HIO network, however it will not prevent how your information otherwise is typically accessed and released to authorized individuals in accordance with the law, including being transmitted through other source mechanisms (i.e., by fax or an equivalent technology). Opt- Out forms can be obtained by calling 1-855-479-7372.
3. We may use or disclose your health information for the following purposes in limited circumstances:
- a. *For Appointment Reminders.* We may use or disclose your health information for purposes of contacting you to remind you of an appointment.
 - b. *For Treatment Alternatives & Health-Related Products and Services.* We may use or disclose your health information for purposes of contacting you to inform you of treatment alternatives or services that may be of interest to you.
 - c. *To Family Members and Friends.* We may disclose your health information to individuals, such as family members and people who identify themselves as close personal friends, who are involved in your care or who help pay for your care. We may make such disclosures when: (a) we have your verbal agreement to do so; (b) you are also present and you do not object; or (c) we can infer from the circumstances that you would not object to such disclosures. For example, if your spouse comes to an interagency team meeting with you, we will assume that you agree to our disclosure of your information while your spouse is present at the meeting.
 - d. *In an Incidental Disclosure.* We may disclose your health information as a byproduct of another use or disclosure. For example, if a County employee is talking to you on the phone in the County offices, another County employee may inadvertently overhear the conversation.
 - e. *To Comply With the Law.* We may use or make disclosures of your information if the use or disclosure is required by law.
 - f. *For Public Health Activities* such as reporting disease outbreaks and other public health reporting, including public health activities administered by the County.
 - g. *For Reporting Victims of Abuse, Neglect or Domestic Violence* to government authorities, including a social service or protective service agency.

- h. *For Health Oversight Activities* such as governmental audits by agencies that are charged with overseeing the services provided by the County, or by the County in overseeing services provided by others for the County.
- i. *For Judicial or Administrative Proceedings* such as in response to a court order, search warrant or subpoena.
- j. *For Law Enforcement Purposes* such as providing limited information to locate a missing person.
- k. *To Provide Information Regarding Decedents*. We may disclose information to a coroner or medical examiner to identify a deceased person, determine a cause of death, or as authorized by law. We may also disclose information to funeral directors as necessary to carry out their duties.
- l. *For Organ Procurement Purposes*. We may use or disclose information for procurement, banking or transplantation of organs, eyes or tissue.
- m. *To Avoid a Serious Threat to Health or Safety* by, for example, disclosing your health information to a police officer if we reasonably believe it is necessary to prevent a serious threat to your safety.
- n. *For Specialized Government Functions* such as military and veteran activities, national security and intelligence activities, and the protective services for the President and others.
- o. *For Workers Compensation* including disclosures required by state workers compensation laws of job-related injuries.
- p. *To Disaster Relief Agencies*. We may disclose your health information to disaster relief agencies, such as the Red Cross.

C. MORE STRINGENT LAW

Highly Confidential Information. Federal and applicable state laws may require special privacy protections for highly confidential information about you. “Highly confidential information” may include confidential information under Federal and Pennsylvania law governing alcohol and drug abuse information as well as Pennsylvania laws that often protect information such as that dealing with HIV/AIDS.

D. USES AND DISCLOSURES PURSUANT TO YOUR WRITTEN AUTHORIZATION.

Except for the purposes identified in Section B, we will not use or disclose your health information for any other purposes unless we have your specific written authorization. You have the right to revoke a written authorization at any time as long as you do so in writing. If you revoke your authorization, we will no longer use or disclose your health information for the purposes identified in the authorization, except to the extent that we have already taken some action in reliance upon your authorization.

E. YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION.

You have the following rights regarding your health information. You may exercise each of these rights, **in writing**, by providing us with a completed form that you can obtain from COSA's Privacy Officer, who can be reached by calling (610) 490-1300. However, you are permitted to request **access to your clinical records either orally or in writing**. In some instances, we may charge you for the cost(s) associated with providing you with the requested information. Additional information regarding how to exercise your rights, and the associated costs, can be obtained from COSA's Privacy Officer.

1. **Right to Inspect and Copy.** You have the right to see and obtain a copy of your health records and other health information maintained by the County that may be used to make decisions about your care. In certain limited circumstances, we may deny your request to inspect and copy your health information and you have a right to review such denial.
2. **Right to Amend.** You have the right to ask to amend health information that we maintain about you if you believe that the information about you is wrong or incomplete. We may deny your request if it was not properly submitted or for other reasons, including that the information is accurate or not kept by us. If we deny your request, you may have a statement of your disagreement added to your file.
3. **Right to an Accounting of Disclosures.** You have the right to request an accounting of certain disclosures of your health information made by us. We may charge a reasonable cost or fee for the second request made by you within the same 12 months. This accounting will not include certain disclosures of health information including those that we made to you or for purposes of treatment, payment or health care operations, incidental disclosures, or pursuant to a written authorization that you have signed.
4. **Right to Request Restrictions.** You have the right to request a restriction or limitation on how we use or disclose your health information. You also have a right to restrict disclosures to family members or others who are involved in your health care or payment for your health care. Please note that while we will consider your request and will permit requests consistent with its policies, we are not required to agree to any restriction.
5. **Right to Request Confidential Communications.** You have the right to request that we communicate with you about your health care in certain reasonable ways or at certain locations (for example, by sending information to a P.O. box rather than your home). We will accommodate all reasonable requests.
6. **Right to a Paper Copy of this Notice.** You have the right to receive a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time.

H. QUESTIONS OR COMPLAINTS.

If you have any questions regarding this Notice or wish to receive additional information about our privacy practices, please contact our Privacy Officer who can be reached by calling (610) 490-1854. If you believe your privacy rights have been violated, you may file a complaint with the County or with the Secretary of the DHHS (1-800-368-1019). To file a complaint with the County, contact our Privacy Officer at (610) 490-1854 or the COSA office c/o COSA Privacy Officer 206 Eddystone Ave. Eddystone, PA 19022 or e-mail at gambles@co.delaware.pa.us. All complaints must be submitted in writing. You will not be penalized or retaliated against for filing a complaint.