

102 Spear Rd., Athens, GA 30602 706-542-2539 (phone) | 706-583-0109 (fax) carecenter@uga.edu | iog.publichealth.uga.edu

## Notice of Health Information Privacy Practices at the CARE Center

This notice describes how your protected health information may be used and disclosed and how the information is accessed. Please review carefully.

### **Understanding Clinic Record Information**

At The CARE Center, a record of each visit is made. Typically, this record contains presenting concerns, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as health or medical records, serves as:

- A basis for planning care and treatment;
- A means of communication among the many health professionals who contribute to the client's care;
- A legal document describing the care received;
- A means by which the client or a third-party payer can verify that services billed were actually provided;
- A tool in education health professionals;
- · A source of data for medical research;
- · A source of information for public health of individuals; and
- A tool with which we can assess and continually work to improve the care we render and the outcomes we achieve.

Notice helps the client to have an understanding of what is in the record and how health information is used in:

- Ensuring the accuracy of the record;
- Knowing who, what, when, where, and why others may access the client's health information; and
- Making more informed decisions when authorizing disclosure to others.

## **Health Information Rights**

Although the health record is the physical property of the on-care practitioner or facility that compiled it, the information belongs to the client. Federal law provides the client the right to:

Request a restriction on certain uses and disclosures of information. The CARE
Center is not required to agree to a restriction, except in limited circumstances,
such as for psychotherapy notes or information gathered for judicial proceedings;

- Upon request the client may at any time receive a paper copy of this notice, even if the client earlier agreed to receive this notice electronically;
- Inspect and obtain a copy of the health records;
- Amend the health record if the client believes it is incorrect or incomplete.
  However, The CARE Center is not required to amend the health information and if
  a request is denied the client will be provided with information about our denial and
  how the client can disagree with our denial;
- Obtain an accounting of disclosures of the health information. In some limited instances, the client has the right to ask for a list of the disclosures of health information we have made during the previous six years. This list must include the date of each disclosure, who received the disclosed health information, a brief description of the health information disclosed, and why the disclosure was made. The list will not include disclosures made for the purposes of treatment, healthcare operations, national security, law enforcement/corrections, and certain health oversight activities. We must comply with the client's request for a list within 60 days, unless the client agrees to a 30-day extension. The first accounting in any 12-month period is provided without charge. We may charge for subsequent requests;
- Receive communications of protected health information from The CARE Center by alternative means or at alternative locations. The Center must accommodate reasonable requests;
- Authorize use or disclosure of any protected health information by using the Authorization for Use & Disclosure Health Information Form; and
- Revoke authorization to use or disclose health information except to the extent that action has already been taken.

## **Our Responsibilities**

The CARE Center agrees to:

- Maintain the privacy of health information as required by law;
- Provide a Notice of our legal duties and privacy practice with respect to information we collect and maintain;
- · Provide notification if we are unable to agree to a requested restriction; and
- Accommodate reasonable requests the client may have to communicate health information by alternative means or at alternative locations.

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will post a new revision on the CARE Center website (<u>https://publichealth.uga.edu/research/research-institutes/institute-of-gerontology/care-center/</u>). We will not use or disclose health information without written authorization, except as described in this notice.

# Uses and/or Disclosures for Treatment and Healthcare Operations Without Written Authorization

The following areas describe the ways the CARE Center may use or disclose health information. For each area, an example will be given. Not every use or disclosure in the respective areas will be listed, however, all the manners in which the CARE Center is permitted to use and disclose information will fall within one of these areas.

#### We will use health information for treatment

For example, information obtained by the clinician and other health care professionals will be recorded in the client's file and used to determine the course of treatment that should work best. The clinician will document in the record the treatment recommendations of the professional staff with whom the client is working. Members of the professional staff (e.g., physicians, neuropsychologists, pharmacists, social workers, and their respective students) will also record their activities and observations.

We will also provide the client's physician or subsequent healthcare provider with copies of various reports that should be of assistance in on-going treatment once diagnostic services are no longer being provided at the CARE Center.

### We will use health information for regular healthcare operations

We may use and disclose protected health information about the client for Center operations. These uses and disclosures are necessary to operate the Center and make sure that all clients receive quality care. For example, we may review protected health information to assess our treatment and service practices and procedures and to evaluate the performance of our staff in caring for the client. We also may combine information about many clients to decide what additional clinical services should be offered, what services are not needed and whether new treatments are effective. We may disclose information to the professionals, staff and students for review and learning purposes. We may combine the information with information from other clinical programs to compare how we are doing and to see where we can make improvements in the care and services we offer. We will remove information that identifies the client from this set of health information so others may use it to study healthcare and healthcare delivery without learning who the specific clients are.

#### Other Uses and Disclosures of Health Information Made Without Authorization

Business Associates: There are some services provided in our organization through contract with business associates. Examples include accreditation organizations and vendors of products or services that support our clinical activities. When these products or services are contracted, we may disclose protected health information to our business associates so that they can perform the job we have asked them to do. In these circumstances, we will limit disclosure of protected health information to the minimal amount necessary.

Those involved with care of the client: In the case of an emergency when the health and welfare of the client or that of another person is at imminent risk, we may release information about the client to a friend, family member, or provider outside of the CARE Center, who is involved in that person's care. Also, if an individual is mandated by court or is receiving services at the direction of an employer or other person who has commissioned services, information about progress and course of treatment may be disclosed. If this circumstance applies, the client should discuss the implications in regard to rights and limits of confidentiality with the primary clinician.

Research: We may disclose 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 protected health information.

Workers' Compensation: We may disclose protected health information to the extent authorized by and to the extent necessary to comply with laws relating to workers' compensation or other similar programs established by law.

Public Health Risks: We may disclose protected health information about the client for public health activities. These activities generally include the following:

- To report elder abuse or neglect.
- To prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.
- To be in compliance with court mandated ruling.

Required by Law: We may disclose protected health information as required by federal, state or local law or in response to a valid subpoena.

## For More Information or to Report a Problem

If a client or legal representative believes her or his privacy rights have been violated, a complaint may be filed in writing with the CARE Center Privacy Officer or with the Secretary of Health and Human Services. There will be no retaliation for filing a complaint.

If a client or legal representative would like to act upon any of the protected health information rights, as provided herein, have any questions or would like additional information, please contact the CARE Center at 706-542-2539.

Effective Date: February 9, 2023

- 1 Within the privacy Notice sections of (1) Understanding Clinic Record/Information, (2) Health Information Rights and (3) Our Responsibilities, the term client is defined as the recipient of services and legal representatives of recipients.
- 2 Within the privacy Notice sections of (1) Uses and/or Disclosures for Treatment and Health Care Operations Without Written Authorization and (2) Other Uses and Disclosures of Health Information Made Without Authorization, the term is defined as the recipient of services.



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## Acknowledgement of Receipt of Health Information Privacy Practices at the CARE Center

**Notice of Private Practices:** You have the right to read our Privacy Practices before you decide whether or not to sign this consent. A copy of our Notice and/or this consent is available upon request. Our Notice provides a description of our treatment and healthcare operations, of the uses and disclosures we make of your protected health information.

**Purpose of Consent:** By signing this form, you will consent to our use and disclosure of your protected health information to carry out treatment and healthcare operations.

I have been shown a copy of this office's Notice of Privacy Practices and have had full opportunity to read and consider its contents. I understand that by signing this consent form, I am giving my consent to your use and disclosure of my protected health information to carry out treatment and health care operations.

Patient Name:	Date:
Signature of Patient (or Legally Authorized Representative):	
Name of Legally Authorized Representative (if applicable):	
Relationship to Patient (if applicable):	
For Off	ice Use Only
We attempted to obtain written acknowledgement of receip	ot of our Notice of Privacy Practices, but acknowledgement

Individual refused to sign

could not be obtained because:

Communication barriers prohibited obtaining the acknowledgement

Other (please specify)