



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.

If you have any questions about this Notice please contact our Privacy Contact, Tana Beckstead, at 435-797-0350.

This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out services or coordinate delivery of services with allied agencies as well as other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information which may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

We are 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. You may make your request either in person, via phone to the individual at the number above, or in writing to:

AgrAbility of Utah
ASTE Department
2300 Old Main Hill
Logan, UT 84322-2300

Your information may be used or transferred by different formats including paper documents, video, audio-tape or electronic means. Always, careful measures will be utilized to ensure protection of your confidentiality during transfer.

1. Uses and disclosures of Protected Health Information (PHI)

You will be asked to sign an acknowledgement of receipt of protected health information form. Once you have acknowledged the potential use and disclosure of your protected health information for services, payment and health care operations by signing the acknowledgement form; we will use or disclose you PHI as described below. Your PHI may also be used and disclosed by our staff and others outside of our office that are involved in your care for the purposes of coordinating services to you. Your PHI may also be used and disclosed to secure payment for services determined necessary to achieve your established goals with the program.

Following are examples of the types of uses and disclosures of you PHI that we are permitted to make once you have signed our authorization for disclosure form, other



types of disclosure may be determined necessary through the course of your involvement with AgrAbility.

Disclosures which will be conducted only with your written consent:

- **Services:** We will use and disclose your PHI to provide, coordinate or manage services rendered to you through AgrAbility of Utah, including continuity of care. This includes the coordination or management of you health care with a third party that has already obtained your permission to have access to you PHI. For example, we would disclose you PHI, as necessary, to another agency or individual which provides care to you; a health care provider, case manager, family member or agency representative.
- **Coordination:** Your PHI will be used, as needed, to assist you in obtaining payment for services identified in your treatment plan. This may include, but are not limited to: disclosure to your health insurance plan, or other providers, such as Vocational Rehabilitation, Utah Assistive Technology Program, or your local Independent Living Center. This may include certain activities that your health insurance plan or other providers may undertake before it approves or pays for the health care services we recommend for you such as: making a determination of eligibility, reviewing services provided to you, and undertaking utilization review activities.

Required uses and disclosure of your PHI which may be made:

- **Required by law:** We may be required to use or disclose your PHI to the extent that the use or disclosure is required or allowed 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. You will be notified, as required by law, or any such uses or disclosures.
- **Public Health:** We may be required to disclose your PHI for public health purposes 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. We may also disclose your PHI, if directed by the public health authority, to a foreign government agency that is collaborating with the public health authority.
- **Communicable Diseases:** We may be required to disclose your PHI, 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.
- **Health Oversight:** We may be required disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigations, and

inspections. Oversight agencies which may seek this information include: government agencies that oversee the health care system. Government benefit programs, other government regulatory programs and agencies authorized to uphold civil rights law.

- **Abuse or Neglect:** We may be required to disclose your PHI to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your PHI if we believe that you are a member of a protected population and have been a victim of abuse or neglect. This disclosure will be restricted to appropriate governmental entities, agencies, or public service authorities 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 be required to disclose PHI in the course of any judicial or administrative proceeding, only in responses an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), this may occur, in certain conditions in response to a subpoena, discovery request or other lawful purposes.
- **Law Enforcement:** We may also disclose PHI, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include: 1) Legal processes and otherwise required by law; 2) Limited information request for identification and location purposes; (3) pertaining to victims or a crime; 4) suspicion that death has occurred as a result of criminal conduct;
- **Criminal Activity:** consistent with applicable federal and state laws we may be required to disclose your PHI, if we believe the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health and safety of yourself, a person or the public.
- **Emergencies:** We may use or disclose you PHI in an emergency treatment situation. If this happens, we shall try to obtain your consent as soon as possible after the delivery of treatment. If we have attempted to obtain your consent, but are unable to do so, we may still use or disclose you PHI to ensure appropriate emergency treatment.

Your rights

Federal law grants you certain rights with respect to you protected information. Following is a statement of your rights with respect to your PHI and a brief description of how you may exercise these rights.

- ***You have the right to receive notice of you policies and procedures used to protect you PHI.*** This means you may request about how AgrAbility of Utah is making sure that your PHI is private and only shared with those named above to whom we are required to disclose and/or to those whom you have given us permission to share.
- ***You have the right to inspect and copy you PHI, however the request must be made in writing and may be denied in certain limited situations.*** This means you may inspect and obtain a copy of PHI about you that is contained in a designated record set for as long as we maintain the PHI. A designated record set contains medical and billing records and any other records we use in providing services to you.

Under federal law, however, you may not inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation or, or use in, a civil, criminal or administrative action or proceeding and PHI that is subject to law that prohibits access to PHI. Depending on the circumstances, a decision to deny access may be reviewable. In some circumstances, you may have a right to have this decision review. Please contact our privacy contact if you have questions about access to your medical record.

- ***You have the right to request a restriction of your PHI.*** This means you may ask us not to use or disclose any part of your PHI for the purposes of services received and payment, or to restrict access to an individual (family member, provider etc.) who had been authorized previously by your written request.
- ***You have the right to receive confidential communications from us by alternative means or at an alternative location.*** 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 to our privacy contact.
- ***You have the right to revoke in writing any prior authorizations for release of information of protected health information,*** except to the extent that the action has already been taken. This means that you can request in writing that we no longer release information to a party which you had earlier given us permission to release information.
- ***You may have the right to request amendments to your PHI.*** This means you may request an amendment of PHI about you in a designated record set for as long as we maintain this information. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with

a copy of any such rebuttal. Please contact our privacy contact if you have questions about amending your medical record.

- ***You have the right to receive an accounting of certain disclosures we have made, if any, of your PHI.***

Our Responsibilities

- Federal law also imposes certain obligations and duties upon us with respect to your PHI. Specifically we are required to:
- Provide you with notice of your legal duties and our program policy regarding the use and disclosure of your PHI.
- Maintain the confidentiality of your PHI in accordance with state and federal law;
- Allow you to inspect and copy your PHI during our regular business hours in accordance with any legal restrictions;
- Act on your request to amend PHI within 60 days and notify you of any delay which would require us to extend the deadline by the permitted 30 days extension. Although this does not guarantee that amendment is appropriate;
- Accommodate reasonable requests to communicate PHI by alternative means or methods; and
- Abide by the terms of this notice

4. Complaints

You may complain to us 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.

You may contact our privacy contact, Tana Beckstead at 435-797-0350 for further information about the complaint process.

This notice becomes effective August 1, 2008. Please note we reserve the right to revise this notice. Should we revise this notice, you have the right to request a written copy of the request by contacting the individual named above