



NOTICE OF PRIVACY PRACTICES

This Notice describes how protected health information about you may be used or disclosed and how to get access to this information. **Please review it carefully.**

We are required by law to maintain the privacy of Public Health Information (“PHI”) and to provide you with notice of our legal duties and privacy practices with respect to PHI. We are required to abide by the terms of this Notice of Privacy Practices. We reserve the right to change the terms of our Notice at any time. Any new Notice will be effective for all PHI that we maintain at that time. This Notice applies to all of the products and services, offered by Meals on Wheels and More, Inc. DBA Meals on Wheels Central Texas (MOWCTX). If you are currently receiving active services from this agency, a copy of the revised Notice of Privacy Practices will be provided to you.

A copy of our most current Notice of Privacy Practices will be maintained on our website at www.mealsonwheelscentral.org Copies can also be requested by calling our Privacy Official at 512-476-6325.

1. USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

The routine ways we use and disclose your protected health information is described in this section.

A. Treatment / Delivery of Services

MOWCTX may use and disclose your protected health information with our trained employees, interns and volunteers to facilitate the delivery of services to you. This may include your name and address printed on a route sheet, we may share information with professionals at other agencies such as; your physician’s office and other non-profit partners we refer contract and/or collaborate with. In our programs that facilitate social and recreational interactions, your name, month and day of birth may be recognized in a group setting. In all cases use or disclosure of PHI will be limited to the minimum necessary to fulfill the authorized purpose.

B. Business Associates

MOWCTX will use and disclose your protected health information with a third party known as a business associate for some activities, such as billing and collections, or for audit or insurance purposes. In these cases, a contract exists between MOWCTX and the other agency that requires careful and confidential management of your information. Business associates are not to disclose your information for activities other than those specified in the contract.

2. OTHER USES

MOWCTX may use and disclose your protected health information in the following instances. You have the opportunity to agree or object to the use or disclosure of all or part of this information.

A. Donations

MOWCTX is a nonprofit organization and we seek donations to assist in the provision of our services. Only your name and residence address will be given to another MOWCTX department in that process. We may send you newsletters or other letters seeking donations. Any donations made to MOWCTX are completely voluntary. If you tell us that you do not wish to be contacted about donating, we will respect your wishes.

3. USES OR DISCLOSURES THAT REQUIRE YOUR AUTHORIZATION

Federal law requires your written authorization in order to use and disclose your protected health information in some circumstances. This written authorization can be revoked at any time. However, the revocation does not cover information used and disclosed prior to the signature terminating the authorization. Authorizations can only be signed by those who have the ability to make their own medical decisions, or their legally appointed representatives.

A. Marketing

An authorization is required if we use or disclose your protected health information for marketing activities. MOWCTX agency policy prohibits the sale of client or resident names to any third party for marketing purposes.

B. Sale of Protected Health Information

MOWCTX will not sale of your PHI.

C. Fundraising

MOWCTX will require your written authorization to share your protected health information for fundraising purposes.

D. Disclosure to You

MOWAM may disclose your medical information to you or to a third party to whom you request with written authorization.

4. PERMITTED AND REQUIRED USES AND DISCLOSURES THAT MAY BE MADE WITHOUT YOUR AUTHORIZATION

Following is a list of the categories of uses and disclosures permitted by HIPAA without an authorization. Applicable law and ethical standards permit MOWCTX to disclose information about you without your authorization only in a limited number of situations. Many of these reports must be made to comply with state or federal laws. You will be notified, if required by law.

A. Abuse, Neglect, Domestic Violence or Exploitation

MOWCTX may disclose your PHI to a state or local agency that is authorized by law to receive reports of domestic violence, child abuse or neglect, or the abuse, neglect or exploitation of the elderly or disabled.

B. Judicial and Administrative Proceedings

MOWCTX may disclose your PHI in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), in certain conditions in response to a subpoena, discovery request or other lawful process.

C. Medical Emergencies

MOWCTX may use or disclose your PHI in a medical emergency situation to medical personnel only in order to prevent serious harm. Our staff will try to provide you a copy of this notice as soon as reasonably practicable after the resolution of the emergency.

D. Others Involved in Providing Services

MOWCTX we may use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care.

E. Health Oversight

If required, we may disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies and organizations that provide financial assistance to the program (such as third-party payors based on your prior consent) and peer review organizations performing utilization and quality control.

F. Law Enforcement / National Security

MOWCTX may disclose PHI to a law enforcement official as required by law, in compliance with a subpoena (with your written consent), court order, administrative order or similar document, for the purpose of identifying a suspect, material witness or missing person, in connection with the victim of a crime, in connection with a deceased person, in connection with the reporting of a crime in an emergency, or in connection with a crime on the premises. Your information may be disclosed as required for national security or intelligence activities as required by law.

G. Specialized Government Functions

MOWCTX may review requests from U.S. military command authorities if you have served as a member of the armed forces, authorized officials for national security and intelligence reasons and to the Department of State for medical suitability determinations, and disclose your PHI based on your written consent, mandatory disclosure laws and the need to prevent serious harm.

H. Public Health

If required, MOWCTX may use or disclose your PHI for mandatory public health activities to a public health authority authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury, or disability, or if directed by a public health authority, to a government agency that is collaborating with the public health authority.

I. Public Safety

MOWCTX may disclose your PHI if necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. If information is disclosed to prevent or lessen a serious threat it will be disclosed to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat.

J. Research

PHI may only be disclosed after a special approval process or with your authorization.

K. Fundraising

MOWCTX may send you fundraising communications at one time or another. You have the right to opt out of such fundraising communications with each solicitation you receive.

L. Verbal Permission

MOWCTX may also use or disclose your information to family members that are directly involved in your care with your verbal permission.

M. Employers / Worker's Compensation

MOWCTX will use and disclose protected health information if this agency provides health care to employees at the request of the agency in order to conduct an evaluation of the workplace or to evaluate whether or not the employee has a work related injury. Your information may be disclosed by our staff as authorized to comply with workers' compensation laws, or investigations and other similar legally established programs.

N. Criminal Activity

Consistent with applicable federal and state laws, we may disclose your protected health information, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

O. Coroners, Funeral Directors, and Organ Donation

MOWCTX may disclose protected health information to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law.

P. Military Activity and National Security

When the appropriate conditions apply, we may use or disclose protected health information of individuals who are Armed Forces personnel (1) for activities deemed necessary by appropriate military command authorities; (2) for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits, or (3) to foreign military authority if you are a member of that foreign military services. We may also disclose your protected health information to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or others legally authorized.

Q. Communication Barriers

MOWCTX may use and disclose your protected health information if our staff is not able to communicate effectively with you due to substantial communication barriers. MOWCTX will work to obtain the services of an appropriate translator to assure your understanding of your situation.

R. Required Uses and Disclosures

Under the law, MOWCTX must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500 et. seq.

S. Deceased Client or Employee

A release of information regarding deceased clients or employees may be limited to an executor or administrator of a deceased person's estate or the person identified as next-of-kin. PHI of persons that have been deceased for more than fifty (50) years is not protected under HIPAA.

5. YOUR RIGHTS

Federal law establishes your rights to access and amend your protected health information. The following instructions tell you how you can exercise the rights. All requests must be made in writing to the Privacy Official listed on the last page, or the Program Executive Director. In some cases, your request might be denied. If this happens, you can file a grievance or complaint or ask that another professional review the record on your behalf.

A. You have the right to inspect and copy your protected health information You have the right, which may be restricted only in exceptional circumstances, to inspect and copy PHI that is maintained including mental health, medical health, billing records and any other records that are used to make decisions about your care. This right will be accommodated within the limits of state law and licensing regulations. Federal law limits and restricts your access to certain types of records, such as psychotherapy notes. You may also request that a copy of your PHI be provided to another person. We may charge a reasonable, cost-based fee for copies.

B. You have the right to request an amendment of your protected health information
You may request an amendment or correction in your information. The request can ask that MOWCTX make the change in your record, or you may insert your own statement into the medical record.

C. You have the right to receive an accounting of certain disclosures made by MOWCTX of your protected health information

This right applies to disclosures for purposes other than treatment, payment or healthcare operations as described in this Notice of Privacy Practices. Certain exclusions apply.

D. You have the right to request a restriction of your protected health information

You may ask MOWCTX to restrict some uses or disclosures of your protected health information. This can include requesting that MOWCTX not make disclosures to family members. Your written request must state the specific restriction requested and to whom you want the restriction to apply. MOWCTX will consider your request, but reserves the right to deny these requests. Please discuss any restriction you wish to request with your case manager. Any restrictions requested by you and agreed to by MOWCTX will be documented in a written agreement.

E. You have the right to request to receive confidential communications from us by alternative means or at an alternative location. MOWCTX will accommodate reasonable requests, but our staff may not agree if it prevents us from delivering prompt service or receiving payment.

F. You have the right to obtain a paper copy of this notice from us.

MOWCTX will provide a paper copy of this notice upon determination of eligibility and any time significant changes are made. A paper copy will be given if requested, even if you have agreed to accept this notice electronically.

6. BREACH NOTIFICATIONS

MOWCTX makes every effort to secure your health information, including the use of encryption whenever possible. In the event that any of your medical information that has not been encrypted is the subject of a breach, MOWCTX will provide you a written or electronic notice about the breach as required by federal law.

7. EMPLOYEES & VOLUNTEERS

MOWCTX employees and volunteers are trained and required to protect the privacy of health information that identifies you.

8. COMPLAINTS

You may file a complaint if you believe your privacy rights have been violated by MOWCTX. You may file an internal complaint by notifying our Privacy Official at the address below. You can also call the Privacy Official if you have questions about our complaint process or this Notice. We will not retaliate against you for filing a complaint.

Privacy Official

Meals on Wheels and More, Inc DBA Meal on Wheels Central Texas
3227 E. 5th Street, Austin, TX 78702
Email:email@mealsonwheelsandmore.org

To obtain further information about the federal privacy rules or to submit a complaint to the Department of Health and Human Services, you may contact the Department by telephone at 1-800-368-1019, by electronic mail at ocrmail@hhs.gov, or by regular mail addressed to:

Regional Manager, Region IV
Office of Civil Rights
US Department of Health and Human Services
1301 Young Street, Suite 1169
Dallas, TX 75202
800-368-1019
Fax 214-767-0432
TDD 800-537-7697

9. ELECTRONIC COPY OF THIS NOTICE

You may obtain an electronic copy of the most current version of this Notice at the following website: www.mealsonwheelscentraltexas.org.

10. RIGHT TO REVISE THIS NOTICE

MOWCTX reserves the right to change the terms of this Notice at any time. MOWCTX also reserves the right to make the revised noticed effective for medical information MOWCTX already has about you as well as any information received while such notice is in effect.

This notice was published by MOWCTX and becomes effective on April 1, 2016.