



## 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.**

---

Iona Senior Services (Iona) is required by the Health Insurance Portability and Accountability Act (“HIPAA”), to maintain the privacy of your protected health information (PHI). PHI refers to information about you that may identify you and that relates to your past, present or future physical or mental health condition and related health care services. Iona may create or receive PHI in the process of providing you with health services (for example, mental health counseling or our Wellness & Arts adult day health center), or through providing you with other services, such as care management, coordination of home-delivered meals or the congregate meal program.

### **We are committed to protecting your privacy and the confidentiality of your health information.**

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that compromises the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it in person, by posting it on our website, or mailing it to you upon request.
- If a District of Columbia law is more restrictive than HIPAA, we will follow that law.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

### **How Iona uses and discloses your information**

Your health information may be used and released by Iona without your permission in the ways described below, although not every use or disclosure falling within each category is listed:

**Treatment:** Your PHI may be used and disclosed by those who are serving you for the purpose of providing, coordinating, or managing your health care treatment and related services. This includes consultation with clinical supervisors or other team members.

**Payment:** Iona shares your information with Medicare and other insurance providers, Medicaid and other state and federal agencies for monitoring, payment and audit functions. For example, we may share your information with the DC Office on Aging as required by the terms of our

grant to provide lead agency services, or we may share your information with Medicare and a secondary provider in order to receive payment for mental health services.

**Operations:** Iona may use your information to evaluate the quality of services that you receive, and to provide supervision and training to staff members. For example, we may share your PHI with third parties that perform various business activities on our behalf (e.g., billing services) provided we have a written contract with the business that requires it to safeguard the privacy of your PHI.

**There are additional circumstances in which Iona may use or share your information without your authorization. They include, but are not limited to:**

- ◆ A request from your health care power of attorney or legal guardian
- ◆ Public health purposes to control disease;
- ◆ Compliance with federal, state, or local laws that require certain disclosures;
- ◆ Notifying appropriate agencies of reports of abuse, neglect or domestic violence;
- ◆ Assisting the government in overseeing health care programs;
- ◆ Compliance with legal proceedings such as court or administrative orders or a subpoena;
- ◆ Law enforcement purposes;
- ◆ Certain requests for information from coroners, medical examiners and funeral directors;
- ◆ Organ donations;
- ◆ Military and Veterans' purposes;
- ◆ Certain types of research;
- ◆ To avert a serious threat to health or safety;
- ◆ National security purposes; and
- ◆ Workers Compensation

**Other uses and disclosures for which you can opt out. For the uses and disclosures listed below, we may use or disclose your health information unless you object.**

Fundraising.

We may send you fundraising communication. You have the right to opt out of such fundraising communications with each solicitation you receive.

Disaster relief efforts.

We may disclose your health information to disaster relief organizations that seek your health information to coordinate your care or to notify family and friends of your location or condition in a disaster.

Individuals involved in your care or payment for your care.

We may disclose your health information to a family member, close friend or any other person involved in your care or payment for that care.

If you are not able to tell us your preference, for example if you are unconscious, we may share your health information if we believe it will be in your best interest or if it is necessary to prevent or lessen a threat to health or safety.

**Other uses and disclosures will be made only with your written authorization and you may revoke such authorization, but the revocation must be in writing. These additional uses and disclosures include:**

Psychotherapy Notes

With limited exceptions, your authorization is required for use or disclosure of psychotherapy notes, which are notes recorded by a mental health professional documenting the contents of a conversation during a private counseling session or a group, joint, or family counseling session and that are separated from the rest of your health record.

### **YOUR RIGHTS REGARDING YOUR PHI**

You have the following rights regarding PHI we maintain about you.

- **Right of Access to Inspect and Copy.** You have the right, which may be restricted only in exceptional circumstances, to inspect and copy PHI that is maintained in a “designated record set”. A designated record set contains mental health/medical and billing records and any other records that are used to make decisions about your care. Your right to inspect and copy PHI will be restricted only in those situations where there is compelling evidence that access would cause serious harm to you or if the information is contained in separately maintained psychotherapy notes. We may charge a reasonable, cost-based fee for copies. If your records are maintained electronically, you may also request an electronic copy of your PHI. You may also request that a copy of your PHI be provided to another person.
- **Right to Amend.** If you feel that the PHI we have about you is incorrect or incomplete, you may ask us to amend the information although we are not required to agree to the amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us. We may prepare a rebuttal to your statement and will provide you with a copy. Please contact the Privacy Officer if you have any questions.
- **Right to an Accounting of Disclosures.** You have the right to request an accounting of certain of the disclosures that we make of your PHI. We may charge you a reasonable fee if you request more than one accounting in any 12-month period.
- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the use or disclosure of your PHI for treatment, payment, or health care operations. We are not required to agree to your request unless the request is to restrict disclosure of PHI to a health plan for purposes of carrying out payment or health care operations, and the PHI pertains to a health care item or service that you paid for out of pocket. In that case, we are required to honor your request for a restriction.
- **Right to Request Confidential Communication.** You have the right to request that we communicate with you about health matters in a certain way or at a certain location. We will accommodate reasonable requests. We may require information regarding how

payment will be handled or specification of an alternative address or other method of contact as a condition for accommodating your request. We will not ask you for an explanation of why you are making the request.

- **Breach Notification.** If there is a breach of unsecured PHI concerning you, we may be required to notify you of this breach, including what happened and what you can do to protect yourself.
- **Right to a Copy of this Notice.** You have the right to a copy of this notice.

## COMPLAINTS

If you believe we have violated your privacy rights, you have the right to file a complaint in writing with our Privacy Officer (see contact information below) or with the Secretary of Health and Human Services at 200 Independence Avenue, S.W. Washington, D.C. 20201 or by calling (202) 619-0257. **We will not retaliate against you for filing a complaint.**

**The effective date of this Notice is August 2016.**

## CHANGES TO THIS NOTICE

Iona reserves the right to change this notice at any time. Iona may make the revised notice effective for all protected health information it currently maintains about you, as well as any information received in the future. The new notice will be available upon request, in our office, and on our web site.

## CONTACT INFORMATION

To exercise your rights under this notice, request additional information, or to file a complaint contact: Privacy Officer at: 4125 Albemarle Street, NW, Washington, D.C. 20016. Phone: 202-895-9448. Email [Privacy@iona.org](mailto:Privacy@iona.org).