



## NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, AS WELL AS HOW YOU MAY OBTAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW CAREFULLY.**

If you have any questions or wish to receive additional information about the matters covered by this Notice of Privacy Practices, please contact CICOA's Privacy Officer CICOA's Privacy Officer by phone at 317-254-5465, by email at [privacyofficer@cicoa.org](mailto:privacyofficer@cicoa.org), or in writing at 8440 Woodfield Crossing Boulevard, Suite 175, Indianapolis, IN 46240.

CICOA Aging & In-Home Solutions ("CICOA"), including its workforce members, is required to provide you with notice of its legal duties and privacy practices with respect to PHI, and abide by the terms of this Notice of Privacy Practices (this "Notice"). Workforce members include, for example, any paid or unpaid individuals performing work or acting on behalf of CICOA, such as an employee, intern, volunteer, temporary or contracted worker, or member of the CICOA Board. CICOA reserves the right to change the terms of this Notice at any time. The revised Notice will apply to all protected health information CICOA received or created in the past as well as all protected health information CICOA receives or creates in the future. A current copy of the Notice will be posted in CICOA's office and on CICOA's website. If this Notice has been changed since your last notification, CICOA will provide a copy of the current Notice when the care manager visits you or by mail. Additionally, you may obtain a copy of the current Notice by calling your care manager and requesting that one be sent to you or by asking for one when you are in the CICOA main office located at 8440 Woodfield Crossing Blvd, Ste 175, Indianapolis, IN 46240.

Your "protected health information" or "PHI" consists of all individually identifiable information, which is created or received by CICOA, and which relates to your past, present, or future physical or mental health condition, the provision of health care to you or the past, present, or future payment for health care provided to you. CICOA is required to maintain the privacy of your protected health information.

### **USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION FOR WHICH YOUR CONSENT OR AUTHORIZATION IS NOT REQUIRED**

CICOA accesses, uses, and discloses protected health information for many different reasons; however, applicable laws governing sensitive information (including behavioral health information, drug and alcohol treatment information, and HIV status) may further limit these uses and disclosures. This section describes examples of CICOA's potential uses and disclosures of protected health information. Not every potential use or disclosure of your protected health information is listed here, but all of the ways CICOA is permitted to use and disclose protected health information will fall into one of the categories listed below. CICOA describes uses and disclosures that CICOA must have your authorization for in the next section.

1. **Treatment:** CICOA will use and disclose your protected health information to provide, coordinate, or manage your health care and related services by CICOA and other health care providers, including consulting with other health care providers about your health care or referring you to another health care provider for treatment. For example, CICOA may disclose



your protected health information to a home health agency to ensure that the agency has the necessary information needed to serve you. CICOA's staff or volunteers, who are part of the CICOA workforce, may call to check in on you as needed.

2. Payment: CICOA will use and disclose your protected health information, as needed, to obtain payment for the health care services CICOA provides to you. When CICOA performs an assessment of your needs for in-home services such as the home health aide service, the assessment process is considered a health care service, and CICOA bills Medicaid and other funding sources for health care services provided to you. CICOA will disclose protected health information to receive payment.
3. Health Care Operations: CICOA may use or disclose your protected health information to support the operations of CICOA. These activities include, but are not limited to, quality assessment and improvement activities, reviewing the competence or qualification of health care professionals, conducting training programs in which students provide assessment under the supervision of one of CICOA's skilled care managers, business planning and development, and business management and general administrative activities. For example, CICOA may use protected health information to track trends in clients' conditions and care. Additionally, CICOA may use your protected health information to help ensure that all in-home service providers provide the highest quality health care.
4. De-Identified PHI: CICOA may de-identify your health information as permitted by law. CICOA may use or disclose to others the de-identified information for any purpose, without your further authorization or consent, including but not limited to, research studies and health care/health operations improvement activities.
5. Business Associates: CICOA provides some services through contracts with business associates, such as consultants, cloud service providers, and other vendors. When such services are contracted, CICOA may disclose protected health information about you to CICOA's business associates so that they can perform the tasks that CICOA has assigned to them. To protect your protected health information, CICOA requires the business associate to appropriately safeguard health information about you.
6. Required by Law: CICOA may disclose protected health information when a law requires or allows CICOA to do so. For example, CICOA may report information about suspected abuse and/or neglect, relating to suspected criminal activity, for FDA-regulated products or activities, or in response to a court order. CICOA must also disclose protected health information to authorities monitoring compliance with these privacy requirements.
7. Appointment Reminders: CICOA may use or disclose your protected health information to contact you and remind you of a scheduled appointment. CICOA may contact you by mail, e-mail, or telephone. We may use the telephone number(s) you provide us to leave voice messages or send text messages.
8. Treatment Alternatives: CICOA may use or disclose your protected health information to inform you about treatment alternatives.



9. Health Related Benefits and Services: CICOA may use and disclose your protected health information to inform you about health-related benefits and services that may be of interest to you.
10. Fundraising Activities: CICOA may use or disclose your protected health information to send you fundraising communications to raise funds for CICOA. CICOA may disclose to a business associate or to an institutionally related foundation, your following protected health information for the purpose of raising funds for CICOA's benefit: (i) demographic information relating to an individual, including name, address, other contact information, age, gender, and date of birth; (ii) dates of health care provided to an individual; (iii) department of service information; (iv) treating physician; (v) outcome information; and (vi) health insurance status. You have the right to opt out of receiving fundraising communications by contacting CICOA's Privacy Officer by phone at 317-254-5465, by email at [privacyofficer@cicoa.org](mailto:privacyofficer@cicoa.org), or by mail at 8440 Woodfield Crossing Boulevard, Suite 175, Indianapolis, IN 46240.
11. Others Involved in Your Health Care and Disaster Relief: Unless you object, CICOA may disclose to a family member, other relative, close friend, or any other person identified by you, protected health information related to that person's involvement in your health care or payment related to your health care. CICOA may also use or disclose to a person responsible for your care your protected health information that relates to your location, general condition, or death. If the opportunity for you to agree or object to any such disclosure cannot be provided due to emergency circumstances, CICOA will make these disclosures if they are in your best interest and consistent with any prior wishes you have expressed, provided that you must be informed and given an opportunity to object to further uses or disclosures for patient directory purposes as soon as you are able to do so. Additionally, CICOA may disclose protected health information relating to your location, general condition, or death to any public or private entity authorized to assist in disaster relief efforts.
12. Public Health: Under certain circumstances, CICOA may disclose your protected health information for public health activities to collect such information for the purpose of:
  - a. preventing or controlling communicable disease, injury, or disability;
  - b. reporting disease or injury;
  - c. reporting vital events such as births or deaths;
  - d. conducting public health surveillance, public health investigations, and public health interventions; or
  - e. at the direction of a public health authority, to an official of a foreign government agency acting in collaboration with a public health authority; or
  - f. reporting child abuse or neglect.
13. Food and Drug Administration: CICOA may disclose your protected health information to a person subject to the jurisdiction of the Food and Drug Administration ("FDA") for the purpose of activities related to the quality, safety, or effectiveness of FDA regulated products.
14. Employer: In certain circumstances, CICOA may disclose your protected health information to your employer if CICOA is providing health care to you for workers' compensation in compliance with applicable laws.



15. Abuse, Neglect, or Domestic Violence: CICOA may disclose your protected health information to a government authority authorized to receive reports of abuse, neglect, or domestic violence if CICOA reasonably believes that you are a victim of abuse, neglect, or domestic violence. Any such disclosure will be made (1) to the extent it is required by law, (2) to the extent that the disclosure is authorized by statute or regulation and CICOA believes the disclosure is necessary to prevent serious harm to you or other potential victims, or (3) if you agree to the disclosure. This may include reporting to Adult Protective Services or Child Protective Services.
16. Health Oversight Activities: CICOA may disclose your protected health information to a health oversight agency for any oversight activities authorized by law, including audits, investigations, inspections, licensure or disciplinary actions, civil, criminal, or administrative actions or proceedings, or other activities necessary for the oversight of the health care system, government benefit programs, compliance with government regulatory program standards, or compliance with applicable civil rights laws.
17. Judicial and Administrative Proceedings: CICOA may, upon certain conditions, disclose your protected health information in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal, a subpoena, discovery request, or other lawful process. Mental Health Records, as defined by Ind. Code § 16-18-2-226, are only released without your consent if a court order is obtained following a showing of good faith at a hearing. Mental health Records can also be disclosed to court appointed counsel and to the Indiana protection and advocacy services commission without your consent.
18. Law Enforcement Purposes: CICOA may disclose your protected health information for law enforcement purposes to a law enforcement official in certain circumstances, such as to locate a suspect, fugitive, or missing person; in response to a court order, subpoena, warrant, summons, or other similar processes; about the victim of a crime under certain situations; about a death that CICOA believes could be the result of criminal conduct; criminal conduct in a facility; or emergency circumstances to report a crime, the location of a crime, the victims of a crime, or the identity, description, or location of the person who committed a crime.
19. Coroners, Medical Examiners, and Funeral Directors: CICOA may disclose your protected health information to a coroner or medical examiner for the purpose of identifying you, determining a cause of death, or other duties authorized by law. If you are an organ or tissue donor, CICOA may use or disclose health information about you to organizations that help with organ, eye, and tissue donation and transplantation.
20. Research: CICOA may disclose your protected health information for research purposes, provided that an institutional review board authorized by law, or a privacy board, waives the authorization requirement and provided that the researcher makes certain representations regarding the use and protection of the protected health information to be disclosed.
21. Serious Threat to Health or Safety: CICOA may disclose your protected health information, in compliance with applicable laws, if the disclosure is necessary to prevent or lessen a serious threat to health or safety or the information is necessary to apprehend an individual.



22. National Security and Protection of the President and Others: CICOA may disclose your protected health information to authorized federal officials for the conduct of lawful intelligence, counterintelligence, and other national security activities authorized by law. Additionally, CICOA may disclose your protected health information to authorized federal officials for the provision of protective services to the President, foreign heads of state, or other people authorized by law and to conduct investigations authorized by law.
23. Inmates: CICOA may disclose your protected health information to a correctional institution or a law enforcement official having lawful custody of you if the correctional institution or law enforcement official represents that the information is necessary under specific circumstances.
24. Workers' Compensation: CICOA may disclose your protected health information as authorized by, and in compliance with, laws relating to workers' compensation and other similar programs established by law that provide benefits for work-related illnesses and injuries without regard to fault.

### **OTHER USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION**

Any use or disclosure of your protected health information that is not listed above will be made only with your written authorization. For example, the following uses and disclosures of your protected health information will be made only with your written authorization:

1. Uses and disclosures of protected health information for marketing purposes;
2. Disclosures that constitute a sale of your protected health information; and
3. Use and disclosures of Psychotherapy notes. Some circumstances in which CICOA will disclose your psychotherapy notes include the following: for your continued treatment; training of medical students and staff; to defend CICOA during litigation; if the law requires disclosure; health oversight activities regarding your psychotherapist; to avert a serious or imminent threat to yourself or others; and to the coroner or medical examiner upon your death.

You have the right to revoke your authorization at any time, except to the extent that CICOA has already used or disclosed your protected health information in reliance on the authorization.

### **YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION**

1. Restriction of Use and Disclosure: You have the right to request that CICOA restrict the protected health information CICOA uses and discloses in carrying out treatment, payment, and health care operations. You also have the right to request a restriction of the protected health information CICOA discloses to a family member, other relative, or any other person identified by you which is relevant to such person's involvement in your treatment or payment for your treatment. If you have paid in full for a service and have requested that CICOA not share your protected health information related to that service with a health plan, CICOA must agree to the request. For any other request to limit how CICOA uses or discloses your protected health information, CICOA will consider your request, but is not required to agree to the restriction.



If CICOA agrees to a restriction, however, CICOA may only disclose your protected health information in accordance with that restriction, unless the information is needed to provide emergency health care to you.

- a. If you wish to request a restriction on the use and disclosure of your protected health information, please send a written request to the Privacy Officer which specifically sets forth
  - i. whether you are restricting the use or the disclosure of your protected health information;
  - ii. what protected health information you wish to limit; and
  - iii. to whom you wish the limits to apply.

The Privacy Officer will review your request and notify you of CICOA's determination to agree or not to agree to your requested restriction. CICOA reserves the right to terminate its agreement to a restriction by notifying you. The restriction will no longer apply to protected health information obtained after the revocation of the restriction.

2. Confidential Communications: You have the right to request that you receive communications of your protected health information from CICOA in alternative means or at alternative locations. CICOA will make reasonable efforts to accommodate all reasonable requests. To request that CICOA make communications of your protected health information by alternative means or at alternative locations, please send a written request to the Privacy Officer setting forth the alternative means by which you wish to receive communications or the alternative location at which you wish to receive such communications. CICOA will not ask why you are making such a request. When appropriate, CICOA may condition the provision of a reasonable accommodation upon receiving information relating to how payment, if any, will be received.
3. Access to Protected Health Information: You have the right to inspect and obtain a copy of your protected health information that CICOA maintains in a designated record set, for so long as that protected health information is maintained in a designated record set. A "designated record set" is a group of records maintained by or for CICOA which includes medical records, case management records, billing records, and records used in whole or in part to make decisions about you. However, CICOA may withhold you records if your provider determines that the information requested: 1) is detrimental to your physical or mental health or 2) is likely to cause you to harm another person.
4. If you wish to inspect or obtain a copy of your protected health information, please send a written request to CICOA's Privacy Officer by email at [privacyofficer@cicoa.org](mailto:privacyofficer@cicoa.org) or by mail at 8440 Woodfield Crossing Boulevard, Suite 175, Indianapolis, IN 46240. If you request a copy of your protected health information, CICOA may charge a reasonable, cost-based fee for the cost of copying and mailing the information when permitted by law. If you request an electronic copy of your protected health information that CICOA maintains electronically, CICOA will provide an electronic copy, and will do so in the electronic form or format you requested if the protected health information is readily producible in that form or format.



5. CICOA may, for certain limited reasons, deny your request to inspect or obtain a copy of your protected health information. If CICOA denies your request, you may be entitled to a review of that denial. If you are entitled to a review, and you wish to have CICOA's decision reviewed, please contact the CICOA's Privacy Officer by phone at 317-254-5465, by email at [privacyofficer@cicoa.org](mailto:privacyofficer@cicoa.org), or in writing at 8440 Woodfield Crossing Boulevard, Suite 175, Indianapolis, IN 46240. The Privacy Officer will designate a licensed health care professional to review your request. This reviewing health care professional will not have participated in the original decision to deny your request. CICOA will comply with the decision of the reviewing health care professional.
6. Amended Protected Health Information: You have the right to request that CICOA amend your protected health information in a designated record set for so long as that information exists in a designated record set. To request that an amendment be made to your protected health information, please send a written request to CICOA's Privacy Officer by email at [privacyofficer@cicoa.org](mailto:privacyofficer@cicoa.org) or by mail at 8440 Woodfield Crossing Boulevard, Suite 175, Indianapolis, IN 46240. Your written request must provide a reason that supports the requested amendment.

CICOA may deny your request if it does not contain a reason that supports the requested amendment. Additionally, CICOA may deny your request to have your protected health information amended if CICOA determines that (1) the information was not created by CICOA, unless the person or entity that created the information is no longer available to make the amendment; (2) the information is not part of a designated record set; (3) the information is not available for your inspection; or (4) the information is accurate and complete.

7. Accounting of Disclosures of Your Protected Health Information: You have the right to request a listing of certain disclosures of your protected health information made by CICOA during the period of up to six (6) years prior to the date on which you make your request.

The right to receive an accounting is subject to certain other exceptions, restrictions, and limitations set forth in applicable statutes and regulations.

To request an accounting of the disclosures of your protected health information made by CICOA, please send a written request to CICOA's Privacy Officer by email at [privacyofficer@cicoa.org](mailto:privacyofficer@cicoa.org) or by mail at 8440 Woodfield Crossing Boulevard, Suite 175, Indianapolis, IN 46240. Your written request must set forth the format in which you want the accounting (i.e., hard copy or electronically) and the period for which you wish to receive an accounting. CICOA will provide one (1) free accounting during each twelve (12) month period. If you request additional accountings during the same twelve (12) month period, you may be charged a reasonable, cost-based fee. CICOA will inform you of the fee for each accounting in advance and will allow you to modify or withdraw your request to reduce or avoid the fee.

8. Obtaining a Copy of this Notice: You have the right to request and receive a paper copy of this Notice of Privacy Practices from CICOA at any time, even if you have agreed to receive an electronic copy of this Notice. You can also get a copy of this Notice at CICOA's website.
9. Right to Receive Notice of a Breach: You have the right to be notified upon a breach of any of



your unsecured protected health information. CICOA will notify you of a breach of your unsecured protected health information experienced by CICOA or one of CICOA’s Business Associates in accordance with applicable law.

- 10. Personal Representatives. You have the right to appoint a personal representative, such as a medical power of attorney or legal guardian. Your personal representative may be authorized to exercise these rights for you and make choices about your protected health information. CICOA will confirm the person has this authority and can act for you before CICOA takes any action based on their request.

**COMPLAINTS**

If you believe that your privacy rights have been violated, you may file a complaint with CICOA or with the Secretary of Health and Human Services. All complaints must be submitted in writing.

To file a complaint with the Secretary of Health and Human Services, please contact:  
 U.S. Department of Health and Human Services Office for Civil Rights  
 200 Independence Avenue, S.W.,  
 Washington, D.C. 20201  
 877-696-6775  
[www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/)

To file a complaint with CICOA, please contact:  
 CICOA Aging & In-Home Solutions  
 Attn: Privacy Officer  
 8440 Woodfield Crossing Blvd, Suite 175  
 Indianapolis, IN 46240  
 317-254-5465  
[privacyofficer@cicoa.org](mailto:privacyofficer@cicoa.org)

**CICOA WILL NOT RETALIATE AGAINST YOU FOR FILING A COMPLAINT.**

Effective Date	Review Date	Reason for Review	Identified Changes/Updates	Policy Owner	Approval Date
09.15.2023	07.01.2022	Legal review	n/a	PO	07.01.2022
09.15.2023	01.01.2023	Annual review	n/a	PO	01.01.023
09.15.2013	05.14.2024	Revision	p.4, #17 - added language regarding mental health notes p.6, #3 - added language regarding withholding records if it may cause harm	PO	05.14.2024