



## Notice of Privacy Practices

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### **Your Information.**

### **Your Rights.**

### **Our Responsibilities.**

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.**

# Your Rights

## When it comes to your health information, you have certain rights.

This section explains your rights and some of our responsibilities to help you.

### **Get a copy of your client records**

You can ask to see or get an electronic or paper copy of your health record and other information. Ask us how to do this.

We will provide a copy or summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

### **Ask us to correct your medical record**

You can ask us to correct health information you think is incorrect or incomplete. Requests must be made in writing and may be submitted electronically. Ask us how to do this.

We may say “no” to your request and will tell you why in writing within 60 days.

### **Request confidential communications**


You can ask us to contact you in a specific way (for example, home or cell phone) or to send mail to a different address.

We will consider all reasonable requests and must say “yes” if you tell us you would be in danger if we do not.

### **Ask us to limit what we use or share**

You may ask us not to use or share certain health information for treatment, payment, or operations.

We are not required to agree to your request and may say “no” if it will impact your care.



**Get a list of those with whom we've shared information**

You can ask for a list (accounting) of the times we have shared your health information for six years prior to the date you ask, who we shared it with, and why.

We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). Requests must be made in writing and may be submitted electronically. Ask us how to do this.

We'll provide one accounting a year for free, but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

**Get a copy of this privacy notice**

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

**Choose someone to act for you**

If you have given someone medical power of attorney or if you have a legal guardian, that person can exercise your rights and make choices about your health information.

We will make sure the person has this authority and can act for you before we take any action.

**File a complaint if you feel your rights were violated**

You can complain if you feel we have violated your rights by contacting us using the information on the last page. We will not retaliate against you for filing a complaint.

You can file a complaint with the U.S. Department of Health and Human Services Office. Reference the directions on the final page.

# Your Choices

**For certain health information, you can tell us your choices about what we share.** If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

**You have both the right and choice to tell us:**

Share information with your family, close friends, or others involved in your care.

Share information in a disaster relief situation.

*If you are not able to tell us your preference, for example, if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

**In these cases, we never share your information unless you give us written permission**

Marketing purposes.

Sale of your information.

**In the case of fundraising:**

We may contact you for fundraising efforts. If you do not wish to be contacted in this way, notify the privacy officer listed on the last page.

# Uses & Disclosures

## How do we typically use or share your health information?

We typically use or share your health information in the following ways.

### Manage the services you receive

We can use your health information and share it with other professionals who are treating you.

***Example:** A home care provider sends us information about your service plan so we can adjust your services.*

### Run our organization

We can use and disclose your information to run our organization and contact you when necessary.

***Example:** We use health information about you to manage your service plan and develop better services in the future.*

### Bill for your services

We can use and share your health information to bill and get payment from health plans or other entities.

***Example:** We may be required by the Central Ohio Area Agency on Aging to provide details on your health when billing services.*

### Appointment reminders

We can use and disclose your health information to contact you as a reminder you have an appointment with our staff. You may request we do not send reminders.

***Example:** We may call your preferred method of contact to provide the date and time of an upcoming meeting with our insurance team.*

### Service alternatives

We may use and disclose your health information to tell you about or recommend possible service options that may be of interest to you.

***Example:** We may explain additional service options based on your personal health information.*

## How else can we use or share your health information?

We are allowed or required to share your information in other ways—usually in ways that contribute to the public good, such as public health and research. We must meet many conditions in the law before we can share your information for these purposes. For more information, visit [hhs.gov/hipaa/filing-a-complaint/what-to-expect/index.html](https://hhs.gov/hipaa/filing-a-complaint/what-to-expect/index.html).

### **Help with public health and safety issues**

Including certain situations such as:

- ✓ Preventing disease.
- ✓ Helping with product recalls.
- ✓ Reporting adverse reactions to medications.
- ✓ Reporting suspected abuse, neglect, or domestic violence.
- ✓ Preventing or reducing a serious threat to anyone’s health or safety.

### **Do research**

We can use or share your information for health research.

### **Comply with the law**

We will share health information if State or Federal laws require it, including with the Department of Health and Human Services if it wants to see we are complying with privacy laws.

### **Work with a medical examiner or funeral director**

We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

**Address workers' compensation, law enforcement, and other government requests**

- We can use or share health information:
- ✓ For workers' compensation claims.
  - ✓ For law enforcement purposes or with a law enforcement official.
  - ✓ With health oversight agencies for activities authorized by law.
  - ✓ For special government functions, such as military, national security, and presidential protective services.

**Respond to lawsuits and legal actions**

We can share health information in response to a court or administrative order or in response to a subpoena.

SourcePoint never markets or sells personal information. Additionally, SourcePoint does not create or maintain a hospital directory or psychotherapy notes.

SourcePoint will never share any substance abuse treatment records without your written permission.

## Our Responsibilities

We are required by law to maintain the privacy and security of your health information.

We will let you know promptly if a breach occurs that may have compromised 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.

We will not use or share your information other than described here, unless you tell us we can in writing. If you tell us we can, you may change your mind at any time and let us know in writing.

### Changes to the Terms of This Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office and at **MySourcePoint.org**.


### Questions and Concerns

If you have any questions, wish to limit how SourcePoint utilizes your information, or want to make a complaint as to the disclosure of your health information, please contact Amelia Tucciarone, MA, LISW-S, Quality Assurance Administrator, at 740-363-6677 or in person at SourcePoint, 800 Cheshire Road, Delaware, Ohio 43015.

You may also express any complaints to the Secretary of the U.S. Department of Health and Human Services by:

<b>Letter</b>	U.S. Department of Health & Human Services Office for Civil Rights 200 Independence Ave. S.W. Washington, D.C. 20201
<b>Phone</b>	1-877-696-6775
<b>Website</b>	<a href="https://www.hhs.gov/ocr/privacy/hipaa/complaints">hhs.gov/ocr/privacy/hipaa/complaints</a>





SourcePoint encourages you to express any concerns you may have regarding the privacy of your information. You will not be retaliated against in any way for filing a complaint.

For more information on your rights or our responsibilities, visit [hhs.gov/hipaa](https://hhs.gov/hipaa).

**Effective Date: July 1, 2021**