

## **NOTICE OF PRIVACY PRACTICES EFFECTIVE 4/29/2025**

*"This notice describes how medical information, to include substance use disorder treatment, about you may be used and disclosed and how you can get access to this information. Please review it carefully."*

1. The Area Agency on Aging 3 is required by Federal law to maintain the privacy of any health care information it receives and must provide individuals with notice of its legal duties and privacy practices relating to such information.
2. The medical information, to include substance use disorder treatment, received from you will be utilized by Area Agency on Aging 3 in disclosing to other agencies or providers in order to provide health care services and alternatives to you.
  - a. For example, Area Agency on Aging 3 will disclose your information to health care providers and home health agencies for the purpose of arranging health care services and/or services for you which are needed based upon your assessment.
  - b. Psychotherapy notes created by the mental health providers at Area Agency on Aging 3 and kept confidential with Area Agency on Aging 3 will only be released with prior authorization from the individual. Exceptions do exist to releasing psychotherapy notes when the disclosure is required by law. This would include mandated reporting, abuse reporting, and the duty to warn when regarding threats of serious or imminent harm.
  - c. Any medical records that include female reproductive health information will not be disclosed for any purpose prohibited by the HIPAA final rule to support healthcare privacy. The prohibited reasons include the purpose of conducting a criminal, civil or administrative investigation into or imposing criminal, civil or administrative liability on any person for the mere act of seeking, obtaining, providing or facilitating reproductive health care that is lawful under the circumstances in which it is provided. If medical records are requested that include reproductive health information, Area Agency on Aging 3 will obtain a signed attestation from the requester that it will not be used for a prohibited purpose.
3. Your information may be disclosed without your written consent only if you have been informed in advance of the use or disclosure and you have had the opportunity to agree to the disclosure or to prohibit or restrict the disclosure.
4. Any other uses or disclosures of information will be made only with your written authorization, which may be revoked by you at any time.

5. Regarding any information or disclosures about you, you have the right to:
  - a. Request restrictions on the information or disclosure;
  - b. Receive confidential communication of protected health care information;
  - c. Inspect and copy health care information about you;
  - d. Amend information about you; and
  - e. Receive an accounting of the different disclosures of your health care information.
6. You can request a copy of your healthcare record created by Area Agency on Aging 3 at any time.
7. Area Agency on Aging 3 is required by Ohio law to only disclose a consumer's information if all the following requirements have been met:
  - a. The consumer has given consent through a written release of information;
  - b. The release of information must be directly for the purpose of administration of a program; and
  - c. The individual or agency receiving the information is subject to the same or similar confidentiality standards as Area Agency on Aging 3.
8. The Area Agency on Aging 3 participates in one or more Health Information Exchanges. Your healthcare providers can use this electronic network to securely provide access to your health records for a better picture of your health needs. The Area Agency on Aging 3, and other healthcare providers, may allow access to your health information through the Health Information Exchange for treatment, payment, or other healthcare operations. This is a voluntary agreement. You may opt-out at any time by notifying Area Agency on Aging 3.
9. Area Agency on Aging 3 is required to abide by the terms of this notice and may not receive or disclose health care information in a manner that conflicts with the requirements of this notice.
10. The Area Agency on Aging 3 does reserve the right from time to time to change the terms of this notice.
11. Any individual that believes their privacy rights have been violated by Area Agency on Aging 3 may file a complaint with the agency's Privacy Officer and with the U.S. Department of Health and Human Services, 200 Independent Avenue SW, Washington DC, 20201 or call 1-877-696- 6775.
12. There shall be no retaliation in the provision of services or in any other fashion against any individual who files such a complaint.
13. If you desire any further information regarding the collection and disclosure of health care information you may contact Area Agency on Aging 3 Privacy Officer by calling 419-222-7723.
14. A copy of this privacy notice will be distributed to all individuals receiving services upon intake or assessment. This notice and any updates will be available at our physical office at 2423 Allentown Rd Lima, OH 45805, upon request or on our website at [www.AAA3.org](http://www.AAA3.org) .