

ASSOCIATION FOR THE BLIND AND VISUALLY IMPAIRED

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU (AS A CLIENT OF THIS OFFICE) MAY BE USED AND DISCLOSED, AND HOW YOU MAY GET ACCESS TO YOUR PROTECTED HEALTH INFORMATION.

This Notice describes the legal obligations of Association for the Blind and Visually Impaired (“ABVI”) and your legal rights regarding your protected health information (“PHI”) held by ABVI under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Among other things, this Notice describes how your PHI may be used or disclosed to carry out treatment, payment, or health care operations, or for any other purposes that are permitted or required by law.

We are required to provide this Notice of Privacy Practices (the “Notice”) to you pursuant to HIPAA.

The HIPAA Privacy Rule protects only certain medical information known as “protected health information” or “PHI”. Generally, PHI is individually identifiable health information, including demographic information, collected from you or created or received by a health care provider, a health care clearinghouse, a health plan, or your employer on behalf of a group health plan that relates to:

1. your past, present or future physical or mental health or condition;
2. the provision of health care to you; or
3. the past, present or future payment for the provision of health care to you.

If you have any questions about this Notice or about our privacy practices, please contact the Director of Rehabilitation Services, 456 Cherry Street, S.E., Grand Rapids, Michigan 49503, (616) 458-1187.

Effective Date

This Notice is effective August 1, 2014.

Our Policy Regarding Health Information

We understand that health information about you obtained in connection with ABVI’s services is personal, and we are committed to protecting your health information. We maintain a record of the health care treatment that identifies you

and relates to your physical or mental health and related health care services. This information is called “Protected Health Information” (PHI). ABVI’s “Privacy Policy” controls how all PHI we maintain may be used and disclosed.

Our Responsibilities

We are required by law to:

- maintain the privacy of your PHI;
- provide you with certain rights with respect to your PHI;
- provide you with a copy of this Notice of our legal duties and privacy practices with respect to your PHI;
- notify affected individuals following the breach of unsecured PHI; and
- follow the terms of the Notice that is currently in effect.

We reserve the right to change the terms of this Notice and to make new provisions regarding your PHI that we maintain, as allowed or required by law. If we make any material change to this Notice, we will provide you with a copy of our revised Notice of Privacy Practices by giving you a copy of the revised policy at your next office visit.

How We May Use and Disclose Your Protected Health Information

Under the law, we may use or disclose your PHI under certain circumstances without your permission. The following categories describe the different ways that we may use and disclose your PHI. For each category of uses or disclosures we will explain what we mean and present some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and, disclose information will fall within one of the categories.

For Treatment. Our office may use or disclose your PHI to determine your current level of vision and establish an individual rehabilitation plan for you. We might use your PHI in order to write a prescription for corrective devices for you, or we might disclose your PHI to an optician when we order corrective devices for you. Many of the people who work for our office – including, but not limited to, our optometrists, orientation and mobility instructors, rehabilitation teachers and social worker – may use or disclose your PHI in order to treat you or to assist others in your treatment. We may also disclose your PHI to other health care providers for purposes related to your treatment. Finally, we may disclose your PHI to the Michigan Commission for the Blind to coordinate services provided by the two agencies. This also includes occasions where we may disclose your PHI in

order to tell you about or recommend to you possible alternatives, other treatments, and related benefits or services that may be of benefit to you.

For Payment. Our office may use and disclose your PHI in order to bill and collect payment for the services and items you may receive from us. For example, we may contact your health insurer to certify that you are eligible for benefits (and for what range of benefits), and we may provide your insurer with details regarding your treatment to determine if your insurer will cover, or pay for, your treatment, to determine benefit responsibility under the health plan or to coordinate health plan coverage. For example, we may tell your health plan about your medical history to determine whether the health plan will cover the treatment. We also may use and disclose your PHI to obtain payment from third parties that may be responsible for such costs, such as family members. Also, we may use your PHI to bill you directly for services and items. We may disclose your PHI to other health care providers and entities to assist in their billing and collection efforts.

For Health Care Operations. We may use and disclose your PHI for other ABVI operations. These uses and disclosures are necessary to run ABVI. For example, we may use medical information in connection with conducting quality assessment and improvement activities; conducting or arranging for medical review, legal services, audit services, and fraud & abuse detection programs; business planning and development such as cost management; and business management and general ABVI administrative activities.

Treatment Alternatives or Health-Related Benefits and Services. We may use and disclose your protected health information to send you information about treatment alternatives or other health-related benefits and services that might be of interest to you.

To Business Associates. We may contract with individuals or entities known as Business Associates to perform various functions on our behalf or to provide certain types of services. In order to perform these functions or to provide these services, Business Associates will receive, create, maintain, use and/or disclose your PHI, but only after they agree in writing with us to implement appropriate safeguards regarding your PHI. For example, we may disclose your PHI to a Business Associate to administer claims or to provide support services, but only after the Business Associate enters into a Business Associate Agreement with us.

As Required by Law. We will disclose your PHI when required to do so by federal, state or local law. For example, we may disclose your PHI when required by national security laws or public health disclosure laws.

To Avert a Serious Threat to Health or Safety. We may use and disclose your PHI when necessary to prevent a serious threat to your health and safety, or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat. For example, we may disclose your protected health information in a proceeding regarding the licensure of a physician.

Appointment Reminders. Our office may use and disclose your PHI to contact you and remind you of an appointment.

Incidental Disclosure. While your privacy is very important to use, please be aware that your PHI may be inadvertently used or disclosed in the course of using your PHI in a manner permitted by law. For example, while every effort is made to prevent this, in the course of discussing your care, it may be possible for information to be overheard. Please be aware that we do take steps to avoid these situations where possible.

Fund Raising. We may disclose and use limited aspects of your PHI (including but not limited to name, address, telephone number, dates of service, age, gender and other contact information) to contact you about fund raising activities conducted by our office. If you do not wish to be contacted please notify in writing the Office Administrator, Association for the Blind and Visually Impaired, 456 Cherry Street, S.E., Grand Rapids, Michigan 49503, or send your request by email to abvi@abvimichigan.org.

More Stringent State and Federal Laws Regarding your PHI. Both the State of Michigan and the federal government have created laws that in some instances are more stringent than the requirements of HIPAA. These areas include when an individual is entitled to greater access to the records kept on them or when the records are more protected from disclosure. Examples of these laws include at the federal level the Children's Online Privacy Protection Act and at the state level the minimum necessary standards to release mental health information and information pertaining to minors. Please note that this is not an exhaustive list of situations and others may exist. We will always use the most appropriate laws concerning your PHI.

Health Related Benefits or Services. To provide information about benefits available to you under your current coverage and about health-related products or services that may be of interest to you.

Other Uses Permitted by HIPAA that are too Detailed to Recite in this Notice. We will use PHI in any manner that is permitted by the HIPAA regulations as they exist now or as they may be amended in the future.

Other Uses of PHI Authorizations. Other uses and disclosures of PHI not covered by this Notice or the laws that apply to us will be made only with your written permission. Authorization to use or disclose PHI may be revoked, in writing, at any time. If you revoke an authorization, PHI will not be used or disclosed for the reasons covered in the written authorization after the revocation, but we are unable to take back any disclosures already made and we are required to retain our records of the health care coverage that we provide to you.

Special Situations

In addition to the above, the following categories describe other possible ways that we may use and disclose your PHI. For each category of uses or disclosures, we will explain what we mean and present some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

Organ and Tissue Donation. If you are an organ donor, we may release your PHI to organizations that handle organ procurement or organ, eye, or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

Military and Veterans. If you are a member of the armed forces, we may release your PHI as required by military command authorities. We may also release PHI about foreign military personnel to, the appropriate foreign military authority.

Workers' Compensation. We may release your PHI for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Public Health Risks. We may disclose your PHI for public health actions. These actions generally include the following:

- to prevent or control disease, injury, or disability;
- to report births and deaths;
- to report child abuse or neglect;
- to report reactions to medications or problems with products;
- to notify people of recalls of products they may be using;
- to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;

- to notify the appropriate government authority if we believe that a patient has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree, or when required or authorized by law;
- Notifying your employer under limited circumstances related primarily to work place injury or illness or medical surveillance.

Health Oversight Activities. We may disclose your PHI to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, we may disclose your PHI in response to a court or administrative order. We may also disclose your protected health information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Serious Threats to Health or Safety. Our office may use and disclose your PHI when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.

Law Enforcement. We may disclose your PHI if asked to do so by a law enforcement official:

- in response to a court order, subpoena, warrant, summons or similar process;
- to identify or locate a suspect, fugitive, material witness, or missing person;
- about the victim of a crime if, under certain limited circumstances, we are unable to obtain the victim's agreement;
- about a death that we believe may be the result of criminal conduct;
- about criminal conduct; and
- in an emergency, to report a crime (including the location or victims of the crime or the description, identity or location of the perpetrator).

Coroners, Medical Examiners and Funeral Directors. We may release protected PHI to a coroner or medical examiner. This may be necessary, for

example, to identify a deceased person or determine the cause of death. We may also release medical information about patients to funeral directors as necessary to carry out their duties.

National Security and Intelligence Activities. We may release your PHI to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

Inmates. If you are an inmate of a correctional institution or are in the custody of a law enforcement official, we may disclose your PHI to the correctional institution or law enforcement official if necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

Research. We may disclose your PHI to researchers when:

1. the individual identifiers have been removed; or
2. when an institutional review board or privacy board has (a) reviewed the research proposal; and (b) established protocols, to ensure the privacy of the requested information, and approves the research.

Required Disclosures

The following is a description of disclosures of your PHI we are required to make.

Government Audits. We are required to disclose your PHI to the Secretary of the United States Department of Health and Human Services when the Secretary is investigating or determining our compliance with the HIPAA privacy rule.

Disclosures to You. When you request, we are required to disclose to you the portion of your PHI that contains medical records, billing records, and any other records used to make decisions regarding your health care benefits. We are also required, when requested, to provide you with an accounting of most disclosures of your PHI if the disclosure was for reasons other than for payment, treatment, or health care operations, and if the protected health information not disclosed pursuant to your individual authorization.

Marketing Uses and Sale of Your PHI. We may not sell your PHI to third parties without first obtaining your authorization. In the event we wish to market our products and services to you, we must first obtain your consent to use your PHI to do so. Marketing does not include communication made:

- to provide refill reminders or otherwise communicate about a drug or biologic you are currently using but only if any remuneration received by us for making the communication is reasonably related to our cost in making the communication;
- for your treatment, including case management or to direct alternative treatments, therapies , providers or settings of care;
- to describe health-related products or services that we provide;
- for case management or care coordination, contacting you about treatment alternatives and related functions to the extent these activities do not fall within the definition of treatment.

Other Disclosures

Personal Representatives. We will disclose your PHI to individuals authorized by you, or to an individual designated as your personal representative, attorney-in-fact, etc., so long as you provide us with a written notice/authorization and any supporting documents (i.e., power of attorney). Note: Under the HIPAA privacy rule, we do not have to disclose information to a personal representative if we have a reasonable belief that:

1. you have been, or may be, subjected to domestic violence, abuse or neglect by such person; or
2. treating such person as your personal representative could endanger you; and
3. in the exercise of professional judgment, it is not in your best interest to treat the person as your personal representative.

Spouses and Other Family Members. With only limited exceptions, we will send all mail and restrict all communications regarding a client to the client. The only common exception is that we are permitted to disclose PHI relating to a minor child to a parent. A limited exception involves the administration of health care plans. If the covered employee contacts us regarding the payment related issues of a dependent of the covered person, we may disclose PHI related to the covered person’s involvement with the dependent’s payment issues. If a person treated by the Provider has requested Restrictions or Confidential Communications (see below under “Your Rights”), and if we have agreed to the request, we will send mail as provided by the request for Restrictions or Confidential Communications.

Authorizations. Other uses or disclosures of your PHI not described above will only be made with your written authorization. You may revoke written authorization at any time, so long as the revocation is in writing. Once we receive

your written revocation, it will only be effective for future uses and disclosures. It will not be effective for any information that may have been used or disclosed in reliance upon the written authorization and prior to receiving your written revocation.

Your Rights

You have the following rights with respect to your PHI:

Right to Inspect and Copy. You have the right to inspect and copy certain PHI that may be used to make decisions about your health care benefits, including patient medical records and billing records, but not including psychotherapy notes. To inspect and copy your PHI, you must submit your request in writing to the Director of Rehabilitation Services, Association for the Blind and Visually Impaired, 456 Cherry Street, S.E., Grand Rapids, Michigan 49503. If you request a copy of the information, we may charge a reasonable fee for the costs of copying, mailing, or other supplies associated with your request.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to your medical information, you may request that the denial be reviewed by submitting a written request to the Director of Rehabilitation Services at the address above. Another licensed health care professional chosen by the Association for the Blind and Visually Impaired will conduct the review.

If the information you request is maintained electronically, and you request an electronic copy, we will provide a copy in the electronic form and format you request, if the information can be readily produced in that form and format; if the information cannot be readily produced in that form and format, we will work with you to come to an agreement on form and format. If we cannot agree on an electronic form and format, we will provide you with a paper copy.

If your PHI is held as an electronic health record (EHR), you may obtain a copy of that information in an electronic format and you may direct us to transmit a copy of that EHR to an entity or person you designate if your instruction is clear, conspicuous and specific.

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. You have the right to request an amendment for as long as the information is kept by or for ABVI.

To request an amendment, your request must be made in writing and submitted to Association for the Blind and Visually Impaired, 456 Cherry Street, S.E., Grand

Rapids, Michigan 49503. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- is not part of the medical information kept by or for ABVI;
- was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- is not part of the information that you would be permitted to inspect and copy; or
- is already accurate and complete.

If we deny your request, you have the right to file a statement of disagreement with us and any future disclosures of the disputed information will include your statement.

Right to an Accounting of Disclosures. You have the right to request an “accounting” of certain disclosures of your PHI. An “accounting of disclosures” is a list of certain non-routine disclosures our office has made of your PHI for non-treatment, non-payment or non-operations purposes. Use of your PHI as part of the routine patient care in our office is not required to be documented. For example, a doctor sharing information with the rehabilitation staff; or the billing department using your information to file your insurance claim. The accounting will not include (1) disclosures for purposes of treatment, payment, or health care operations; (2) disclosures made to you; (3) disclosures made pursuant to your authorization; (4) disclosures made to friends or family in your presence or because of all emergency; (5) disclosures for national security purposes; and (6) disclosures incidental to otherwise permissible disclosures.

To request this list or accounting of disclosures, you must submit your request in writing to the Executive Director, Association for the Blind and Visually Impaired, 456 Cherry Street, S.E., Grand Rapids, Michigan 49503. Your request must state a time period of no longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, paper or electronic). The first list you request within a 12-month period will be provided free of charge. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

The exclusion of disclosures for treatment, payment or health care operation will not apply if we maintain the PHI in an electronic health record (EHR). But disclosures of such information will be limited to information disclosed in the three (3) year period prior to your request and will be made pursuant to regulations promulgated by the Secretary of Health and Human Services, when issued and final.

Right to Request Restrictions. You have the right to request a restriction or limitation on your PHI that we use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on your PHI that we disclose to someone who is involved in your care or the payment for your care, such as a family member or friend. For example, you could ask that we not use or disclose information about a surgery that you had.

Except as provided in the next paragraph, we are not required to agree to your request. However, if we do agree to the request, we will honor the restriction until you revoke it or we notify you.

We will comply with a restriction request if: (1) except as otherwise required by law, the disclosure is to the health care plan for purposes of carrying out payment or health care operations (and is not for purposes of carrying out treatments); and (2) the PHI relates solely to a health care item or service for which the health care provider involved has been paid in full by you or another person. However, if we do agree to the request, we will honor the restriction until you revoke it or we notify you. We will not agree to restrictions on uses or disclosures that are legally required. We will not agree to requests where disclosure is necessary to operate the Company's business or that are burdensome.

To request restrictions, you must make your request in writing to the Executive Director, Association for the Blind and Visually Impaired, 456 Cherry Street, S.E., Grand Rapids, Michigan 49503. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure, or both; and (3) to whom you want the limits to apply--for example, disclosures to your spouse.

Right to Request Confidential Communications. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you must make your request in writing to the Executive Director, Association for the Blind and Visually Impaired, 456

Cherry Street, S.E., Grand Rapids, Michigan 49503. We will not ask you the reason for your request. Your request must specify how or where you wish to be contacted. We will accommodate all **reasonable** requests if you clearly provide information that the disclosure of all or part of your protected information could endanger you.

Right to be Notified of a Breach. You have a right to be notified in the event that we (or a business associate) discover a breach of unsecured PHI.

Right to a Paper Copy of This Notice. You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

You may obtain a copy of this notice at our website, www.abvimichigan.org.

To obtain a paper copy of this notice, contact the Director of Rehabilitation Services, Association for the Blind and Visually Impaired, 456 Cherry Street, S.E., Grand Rapids, Michigan 49503, (616) 458-1185.

Changes to this Notice. We may revise this Notice and reserve the right to make the revised Notice effective for PHI we possess as of the date of the revision as well as any information we receive after the change. If we revise this Notice, we will post a copy of the current Notice on the Provider website and mail a copy to your address of record. The effective date will be on the first page of the revised Notice.

Complaints. If you believe that your privacy rights have been violated, you may file a complaint with ABVI or with the Office for Civil Rights of the United States Department of Health and Human Services. To file a complaint with ABVI, contact the Director of Rehabilitation Services, Association for the Blind and Visually Impaired, 456 Cherry St., S.E., Grand Rapids, Michigan 49503, (616) 458-1185. All complaints must be submitted in writing. If the Director of Rehabilitation Services does not respond to your complaint within 30 days or you are not satisfied with the response, you may appeal your complaint to the privacy officer (address and phone number).

You will not be penalized, or in any other way retaliated against, for filing a complaint with the Office of Civil Rights or with us.

Effective Date of this Notice: 8/1/2014

ASSOCIATION FOR THE BLIND AND VISUALLY IMPAIRED

**RECEIPT OF NOTICE OF PRIVACY PRACTICES
WRITTEN ACKNOWLEDGEMENT FORM**

I, _____, (please type or print client's name), have received a copy of the Association for the Blind and Visually Impaired's Notice of Privacy Practices.

Signature of Patient

Date

If ABVI is unable to obtain a signed written acknowledgement from our client, then the staff member who presented the Notice of Privacy Practices to the client must explain in writing on this sheet the efforts he/she made to obtain the written acknowledgement and the reason why the written acknowledgement was not obtained.

After it is completed, this form is to be placed in the client's file.