



Homer Senior Citizens, Inc.

3935 Svedlund Street
Homer, Alaska 99603
(907) 235-7655 Fax: (907) 235-3739

Privacy Policy/HIPAA Health Care Disclosure Statement

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.

Typically, your medical information record contains your symptoms, test results, diagnoses, treatment and a plan for future care or treatment. This information, often referred to as your health or medical records, serves as a:

- basis for planning your care and treatment;
- means of communication among the many health professionals who contribute to your care;
- legal document describing the care you received; or are receiving;
- means by which you or a third-party payer can verify that services billed are actually provided;
- a tool in educating health professionals;
- a source of information for public health officials charged with improving the health of the nation;
- a source of data for facility planning and marketing; and
- a tool with which we can assess and continually work to improve the care and services we render and the outcomes we achieve.

Understanding what is in your record and how your health information is used helps you to:

- ensure its accuracy and request a correction if you find an error in its accuracy;
- better understand who, what, when, where, and why others may access your health information;
- make more informed decisions when authorizing disclosure to others.

Although your health record is the physical property of Homer Senior Citizens, Inc. (Assisted Living Facility and Adult Day Services) the information belongs to you. You have the right to:

- request a restriction on certain uses and disclosures of your information as provided by 45 CFR 164.522;
- obtain a paper copy of the notice of information practices upon request;
- inspect and copy your health records as provided for in 45 CFR 164.524;
- obtain an accounting of disclosures of your health information as provided in 45 CFR 164.528;
- request communications of your health information by alternative means or at alternative locations;
- revoke your authorization to use or disclose health information except to the extent that action has already been taken.

Over 40 Years of Great Service Helping Seniors "Live Life to Its Fullest"

www.homerseniors.org



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Homer Senior Citizens, Inc. is required to:

- maintain the privacy of your health information;
- provide you with notice as to our legal duties and privacy practices with respect to information we collect and maintain about you;
- abide by the terms of this notice;
- notify you if we are unable to agree to a requested restriction;
- accommodate reasonable requests you may have to communicate health information by alternatives means or at alternative locations.

Due to the nature of our operations, you should be aware that all care providers and other healthcare practitioners of Homer Senior Citizens, Inc. have access to all of our residents' and participants medical information/records.

If this is an issue for you or creates a problem, please discuss it with our care providers, healthcare practitioner, care coordinator or family member, Assisted Living Manager (R.N.), or the Adult Day Services Manager. It does not mean we will be able to change our mode of operation but a discussion with any of the mentioned care providers could help alleviate any concerns you might have.

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. You will be notified by mail at the last address you have provided.

We do not and will not use or disclose your health information without your authorization, except for core health care activities of treatment, payment, and "Health Care Operations" as defined in the Privacy Rule of 45CFR 164.506 or as otherwise described in this notice.

If you believe your privacy rights have been violated, you may file a complaint with the Homer Senior Citizens, Inc. Executive Director, or with the Secretary of Health and Human Services. Generally a complaint to HHS should be filed within 180 days of the incident you believe violated your rights. Contact Health and Human Services, 200 Independence Ave, SW, Wash, DC 20201, telephone 202/619-0257 or toll free: 877-696-6775.

Resident/POA Signature _____ Date _____

Housing Representative _____ Date _____