

# NOTICE OF PRIVACY PRACTICES

Effective: June 3, 2024

**This notice describes how personal health information about you may be used, disclosed, and how you can get access to this information. Please review carefully.**

## Privacy Promise

Salt Lake County Aging & Adult Services (“AAS”) understands that your medical and health information is personal. Protecting your health information is important. We follow strict federal and state laws that require us to maintain the confidentiality of your personal health information.

## How We Use Your Health Information

When you receive services from AAS, we may use your health information to set up services, bill for services, and conduct our normal business operations. Examples of how we use your information include:

**Services** – We keep records of the care and services provided to you. We use these records to deliver quality care to meet your needs. For example, your nurse or case manager may share your health information with a doctor, specialist or hospital that will assist in setting up and maintaining services. Some personal health records, including confidential communications with a mental health professional or substance abuse treatment records, may have additional restrictions for use and disclosure under state and federal laws.

**Payment** – We keep billing records that include payment information and documentation of the services provided to you. Your information may be used to obtain payment from you, your insurance company, or another third party. We may also contact your insurance company to verify coverage for your care or to notify them of upcoming services that may need prior notice or approval. For example, we may disclose information about the services provided to you to claim and obtain payment from your insurance company, Medicaid, or Medicare.

**Operations** – We use health information to improve the quality of care, train staff and students, provide customer service, manage costs, conduct required business duties, and make plans to better serve our communities. For example, we may use your health information to evaluate the quality of services provided by our providers, nurses, and other supportive service workers.

## Other Services We Provide

We may also use your health information to:

- Recommend service alternatives.
- Tell you about health services and products that may benefit you.
- Share information with family or friends involved in your care or payment for your care.
- Share information with third parties who assist us with services, payment, and operations. Our business associates are required by law to follow our privacy practices.
- Remind you of an appointment (optional, notify the scheduler if you do not wish to be reminded).

## More Information

For more information about the practices and rights described in this notice, visit our website at <https://slco.org/aging-adult-services/> or contact our Privacy Officer at the phone number and address listed on this notice.

## Sharing Your Health Information

There are limited situations that permit or require us to disclose health information without your signed authorization. These situations are:

- For public health purposes such as reporting communicable diseases, work-related illnesses, or other diseases and injuries permitted by law; reporting births and deaths and reporting reactions to drugs and problems with medical devices.
- To protect victims of abuse, neglect, or domestic violence.
- For health oversight activities such as investigations, audits, and inspections.
- To the Food and Drug Administration (FDA) to aid in products recalls, repairs, or replacements.
- For lawsuits and similar proceedings.
- When otherwise required by law.
- When requested by law enforcement as required by law or court order.
- To coroners, medical examiners, and funeral directors.
- For organ and tissue donation.

- For research approved by our review process under strict federal guidelines.
- To reduce or prevent a serious threat to public health and safety.
- For worker's compensation or other similar programs if you are injured at work.
- For specialized government functions such as intelligence and national security.

All other uses and disclosures, not described in this notice, require your signed authorization. You may revoke your authorization at any time with a written statement. See the Privacy Officer for more information.

### **Our Responsibilities**

We are required by law to:

- Maintain the privacy of your personal health information.
- Provide this notice that describes the ways we may use and share your health information.
- Follow the terms of the notice currently in effect.

We reserve the right to make changes to this notice at any time and make the new privacy practices effective for all information we maintain. Current notices will be posted in AAS facilities and on our website, <https://slco.org/aging-adult-services/>. You may also request a copy of any notice from the AAS Privacy Officer.

### **Your Individual Rights**

You have the right to:

- Request restrictions on how we use and share your personal health information. In the event we cannot honor your request, we will notify you of our reasons why and provide you with information on your rights to appeal. We will consider all requests for restrictions carefully but are not required to agree to any restriction.
- Request that we use a specific telephone number or address to communicate with you. Reasonable requests for alternative communications will also be granted.
- Inspect and copy your health information, including medical and billing records. Fees may apply. Under limited circumstances, we may deny you access to a portion of your health information, and you may request a review of the denial. \*
- Request corrections or additions to your health information. \*
- Request an accounting of certain disclosures of your health information made by us. The accounting does not include disclosures made for services, payment, and operations and some disclosures required by law. Your request must state the period of time desired for the accounting, which must be within the six years prior to your request and exclude dates prior to April 14, 2003. Fees may apply. \*
- Request a paper copy of this notice even if you agree to receive it electronically.

*\*Requests marked with an asterisk (\*) must be made in writing. Contact the AAS Privacy Officer for the appropriate form for your request.*

### **Our Organization**

This notice describes the privacy practices of AAS. AAS includes senior centers operated by AAS, as well as the AAS employees and volunteers at those facilities. This notice also describes the privacy practices of affiliated providers while they are performing services in a AAS facility or in a client's home. Affiliated providers are not employed by AAS but are either authorized to provide services to clients in their home or at a AAS facility and have a contractual relationship with AAS. Affiliated providers may have different privacy practices from those described in this notice. For more information about the privacy practices of AAS affiliated providers, please contact the provider directly.

### **Contact Us**

If you would like further information about your privacy rights, are concerned that your privacy rights have been violated, disagree with a decision that we made about access to your personal health information, or would like to file a complaint, please contact the Salt Lake County Aging & Adult Services Privacy Officer:

Salt Lake County Aging & Adult Services  
 Attention: Privacy Officer  
 2001 South State Street, Suite S1-600  
 PO Box 144575  
 Salt Lake City, UT 84114-4575  
 (385) 468-3200  
 Email: [slcoagingprivacy@slco.org](mailto:slcoagingprivacy@slco.org)

We will investigate all complaints and will not retaliate against you for filing a complaint. You may also file a written complaint with the Office of Civil Rights of the U.S. Department of Health and Human Services.