



Notice of Privacy Practices

This Notice tells you how Health Information about you may be used and disclosed, and how you can get access to your health information.

Please Review this Carefully

A. Our Commitment to your Privacy.

By law, we are required to keep your health information confidential and private. We also are required to provide you this notice of our legal duties and privacy practices relating to your health information. Senior Care Partners P.A.C.E. is required to follow the terms of the notice that are in effect now. This notice applies to our use and sharing of your health information.

Senior Care Partners P.A.C.E. must provide you with the following information:

- How we may use and disclose you health information
- Your privacy rights regarding your health information
- Our obligations concerning the use and disclosure of your health information.

The terms of this notice apply to all records containing your health information created or retained at Senior Care Partners P.A.C.E. Senior Care Partners P.A.C.E. will post a copy of our Privacy Notice in the PACE Center in a location visible at all times, and you may request a copy of this notice at any time.

B. Senior Care Partners P.A.C.E. may use and share your Health Information in the following ways:

1. **For Treatment.** We may use and share your health information so we can provide you with care and services and coordinate your care. We may share information with other caregivers involved in

your care. Your health information may be used by any person involved in your care. For example, members of the health care team (which includes your primary care doctor, nurses, social workers, physical and occupational therapists, and other caregivers) will talk about your plan of care and talk to any specialists about care given to you.

2. **For Payment.** We may use and share your health information for billing and payment purposes. We may share your health information with a person who represents you, with Medicare, Medicaid or the state agency in charge of Senior Care Partners P.A.C.E. For example, we may share health information with Medicare or the state agency in order to see if you continue to be eligible for Senior Care Partners P.A.C.E. services. We will also ask you to sign a release so that Senior Care Partners P.A.C.E. can share personal information with Medicare and Medicaid.
3. **For Health Care Operations.** We may use and share your health information as needed for health care operations, such as management, staff evaluation, training and to check quality of care. We may share your health information with another person or company with which you have or had a relationship. Information may be shared with another companies health care operations to find health care fraud and abuse or to see if you receive good health care.
4. **Appointment Reminders.** We may use or share health information to remind you about appointments.
5. **Treatment Alternatives and Health-Related Benefits and Services.** We may use or share your health information to tell you about different treatments, health-related benefits and/or services.
6. **Individuals Involved in Your Care or Payment for Your Care.** Unless you object, we may share health information about you with a family member, close personal friend, or other designated person who is helping with your care.
7. **Disclosures Required by Law.** We may use or share your health information when required by law.

C. Special Circumstances Senior Care Partners P.A.C.E. may Use and Disclose your Health Information:

1. **Public Health Activities.** We may share your health information for public health reasons. These reasons may include informing a public health agency: in order to prevent or control disease, injury, or disability, about elderly abuse or neglect or about deaths.
2. **Health Oversight Activities.** We may share your health information with an agency that watches over the health care system. We will ask you to sign a release that says it is okay to share your personal information with Medicare, Medicaid, and the state agency in charge of Senior Care Partners P.A.C.E.
3. **Law Enforcement.** We may share your health information for certain law enforcement reasons, including: to obey the reporting rules; to obey a court order, warrant, or similar legal process; or to answer certain requests for information about crimes.
4. **Judicial and Administrative Proceedings.** We may share your health information because of a court or legal order. We also may share information because of a subpoena, discovery request, or other lawful process.
5. **Serious Threat to Health or Safety.** Senior Care Partners P.A.C.E. will share health information if it is needed to stop a serious threat to your health or safety or the health or safety of the public or another person. We will give only the amount of information needed to someone who can help prevent the serious threat.
6. **Reporting Victims of Abuse, Neglect, or Domestic Violence.** If we think that you have been a victim of abuse, neglect or domestic violence, we may use and share your health information to tell a government agency, if allowed by law or if you agree to the report.
7. **Emergencies.** We may use or share your health information as needed in emergency treatment situations.
8. **Coroners, Medical Examiners, Funeral Directors, Organ Procurement Organizations.** We may share your health information with a coroner, medical examiner, funeral director or, if you are an organ donor, with a company that helps with the donation of organs and tissue.
9. **Business Associates.** Our business associates are people and companies that do services on our behalf. We may share your health information with a person or company who has signed a

contract with Senior Care Partners P.A.C.E. or a business associate. Our business associates are obligated by their contract to keep this health information private.

10. **Research.** We may use or share your health information for research reasons in certain limited situations: if we look and give permission and directions on how the information will be kept private, if the researcher is preparing a research plan, if the research happens after your death, or if you agree to the use or sharing of your information.
11. **Disaster Relief.** We may share health information about you to a disaster relief company.
12. **Military, Veterans and other Specific Government Functions.** If you are in the armed forces, we may use and share your health information if we are asked to by the military. We may share health information for national security purposes, to protect the President of the United States, other officials or for special investigations.
13. **Fundraising Activities.** We may use certain limited information to contact you in an effort to raise money for Senior Care Partners P.A.C.E.

D. Special rules regarding sharing of Psychiatric, Substance Abuse, and HIV-related Information.

Laws in Michigan may have more rules to keep information about mental health, drug or alcohol abuse treatment, and HIV private. Senior Care Partners P.A.C.E. will obey any Michigan law that may have additional rules for keeping information about mental health, drug and alcohol abuse treatment, and HIV private.

E. Your Rights Regarding Privacy. Each of these rights has rules, limits, and exceptions. In order to use these rights you may have to ask Senior Care Partners P.A.C.E. in writing. When you ask Senior Care Partners P.A.C.E., we will give you the form to fill out.

1. **Request Confidential Communications.** You have the right to ask us to communicate with you about your health matters in confidence. We will agree to your request if it is reasonable.

2. **Request Restrictions.** Restrictions mean limits. You have the right to:

- a. Ask for limits on how Senior Care Partners P.A.C.E. uses or shares your health information for treatment, payment, or health care operations. This includes the right to give Senior Care Partners P.A.C.E. a written consent that limits the information shared and limits to whom we can give the information.
- b. Request limits on the health information we share about you with a family member, friend, or other person who helps with your care or the payment for your care.

We do not have to agree to the limits that you ask for on how we use your health information within Senior Care Partners P.A.C.E. We will limit sharing your information outside of Senior Care Partners P.A.C.E. (except to Medicare and the State Agency that reviews Senior Care Partners P.A.C.E.) to match with your written consent. We will agree to the limits you asked for on how to use your health information within Senior Care Partners P.A.C.E. if the limits are reasonable and if we can do them. If we do agree to the limits you asked for, we will do what you ask unless the information is needed for emergency treatment.

3. **Access to Personal Health Information.** You have the right to look at and get a copy of your medical or billing records or other written information that may be used to make decisions about your care, with some exceptions. You must ask in writing.
4. **Request Amendment.** Amendment means change. You have the right to ask for a change of your health information that Senior Care Partners P.A.C.E. has. You must ask in writing and must include the reason for the change.

We may not agree to the change if the information:

- a. Was not made by Senior Care Partners P.A.C.E., unless the person who first made the information is no longer able to make the change that you are asking for;
- b. Is not part of the health information held by or for Senior Care Partners P.A.C.E.;
- c. Is not part of the information to which you have a right of access; or

d. Is already right and complete, as thought by Senior Care Partners P.A.C.E.

If we do not agree to what you asked for, we will tell you why in writing. We will also tell you that you have the right to let us know in writing that you do not agree with us.

5. **Request a paper copy of this notice.** You have the right to get a paper copy of this Notice. You may ask for a copy of this Notice at any time. You can also see a copy of this Notice on our website.
6. **Accounting of Disclosures of your Protected Health Information.** You can ask for a list (accounting) of the times we've 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).

F. If Senior Care Partners P.A.C.E. Uses Or Shares Your Health Information In Other Ways, We Need Your Written Authorization.

Except as described in this Notice, we will ask for your written okay to use and share your health information. This written okay is called an Authorization. You may take away your authorization in writing at any time. If you take away your authorization, we will no longer use or share your health information for the reasons written down, unless we have already used the information in the way to which you agreed.

G. For More Information or to File a Complaint

If you have any questions about this notice, would like more information about your privacy rights or if you think your privacy rights have not been followed, please contact the **Senior Care Partners P.A.C.E. Privacy Officer at:**

Senior Care Partners P.A.C.E., Privacy Officer

200 W. Michigan Avenue, Suite 103

Battle Creek, MI, 49017

(269) 441-9300

Toll Free: (877) 284-4071

Or

Office for Civil Rights
U.S. Department of Health and Human Services
233 N. Michigan Ave. Suite 240
Chicago, IL 60601
(312) 886-2359; or (312) 353-5693 (TDD)

Changes to this Notice

We have the right to change this Notice and to make the new Notice rules apply for all health information already received by Senior Care Partners P.A.C.E. as well as all health information we receive in the future. We will provide to you a copy of the new Notice.

Effective Date: January 25, 2021

By Signing below, I acknowledge that I understand Senior Care Partners P.A.C.E. Privacy Practices and that I have received a copy of this notice.

Signature of Participant

Date

Name of Participant

Signature of Witness

Date

Name of Witness