

Notice of Privacy Practices



As required by the privacy regulations created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA):

This notice describes how medical information about the clients of Senior Planning Group, Inc. may be used and disclosed, and how clients may gain access to this information.

A. OUR COMMITMENT TO YOUR PRIVACY

Our practice is dedicated to maintaining the privacy of your health information. In conducting our business, we will create records regarding the care of the clients we serve. We are required by law to maintain confidentiality of the health information that identifies those clients. We are also required by law to provide you with this notice of the legal duties and privacy practices that we maintain in our practice concerning your health information. By federal and state law, we must follow the terms of the Notice of Privacy Practices that we have in effect at the time.

We realize that these laws are complicated, but we must provide you with the following important information:

- How we may use and disclose your health information,
- Your privacy rights regarding the use and disclosure of 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 that are created or retained by our practice. We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all of the records that our practice has created or maintained in the past, and for any of the records that we may create or maintain in the future. Our practice will post a copy of our current Notice in our office in a visible location at all times, and you may request a copy of our most current Notice at any time.

B. IF YOU HAVE QUESTIONS ABOUT THIS NOTICE, PLEASE CONTACT:

Barbara Horstmeyer, Privacy Officer

Senior Planning Group, Inc. • 909 North Mayfair Road • Suite 202 • Wauwatosa, WI 53226

C. WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION IN THE FOLLOWING WAYS:

1. **Assessment, Care Management, Consulting & Counsel.** Our practice may use your health information to perform a comprehensive assessment for developing a care management plan of action for you or your loved one, and the implementation of this plan. For example, we may ask you to fill out information regarding you or your loved ones past medical history, current medical history, medications, physician information, financial summary of income and assets, medications, etc. We may use the information extracted during this assessment to help us develop a care management plan of action for you or your loved one. We may also use this health information to make recommendations to other health care providers or financial officers that require this information in order to act in your best interest. We may share this information between care managers in our practice to optimally serve the care management needs of you or your loved one. Additionally, we may disclose this health information to others who may assist in your care, such as your spouse, children, assigned guardians, trust officers or to the members of your designated client system as specified in the engagement agreement
2. **Payment.** We may use and disclose health information about you so that the treatment and services you receive at this office may be billed to and payment may be collected from you, or a third party as appropriate.
3. **Health Care Operations.** We may use and disclose health information about you in order to run the office and make sure that you and our other clients receive quality care and service. For example, we

- may use your health information to evaluate the performance of our staff in caring for you. We may also use other health information about all or many of our clients to help us decide what additional services we should offer, how we can become more efficient, or whether certain care approaches are effective.
4. **Appointment Reminders.** We may contact you as a reminder that you have an appointment at our office.
 5. **Treatment Options.** We may tell you about or recommend possible treatment options that may be of interest to you.
 6. **Health-Related Benefits and Services.** We may tell you about other health-related benefits or services that may be of interest to you.
 7. **Release of information to Family/Friends.** Senior Planning Group, Inc. may disclose your information to the members of your designated client system as specified in the engagement agreement. We may also disclose health information about you to your family members or friends if we obtain your verbal agreement to do so or if we give you an opportunity to object to such a disclosure and you do not raise an objection. We may also disclose health information to your family or friends if we can infer from the circumstances, base upon our professional judgment, which you would not object. For example, we may assume that you agree to our disclosure of your personal health information to your spouse or grown children that come with you to the assessment interview and are present when the assessment is being done. In situations where you are not capable of giving consent (because you are not present or you are incapacitated) we may, using our professional judgment, determine that a disclosure to your family member or friend is in your best interest. In that situation, we will disclose only health information that is relevant to the person's involvement in your care. We may also use our professional judgment and experience to make reasonable inferences that it is in your best interest to allow another person to act on your behalf to pick up for example, personal documents or records.
 8. **Disclosures Required by Law.** Our practice will use and disclose your health information when we are required to do so by federal, state or local law.

D. USE AND DISCLOSURE OF HEALTH INFORMATION IN CERTAIN SPECIAL CIRCUMSTANCES

The following categories describe unique scenarios in which we may use or disclose your health information:

1. Public Health Risks. Our practice may disclose your health information to public health authorities that are authorized by law to collect information for the purpose of:

- Maintaining vital records, such as birth and deaths;
- Reporting elder or child abuse/ neglect;
- Preventing or controlling disease, injury or disability;
- Notifying a person regarding potential exposure to communicable disease;
- Notifying a person regarding the potential risk for spreading or contracting a disease or condition;
- Reporting reactions to drugs or problems with products or devices;
- Notifying individuals if a product or device that is being used, has been recalled;
- Notifying appropriate government agency (ies) and authority (ies) regarding the potential abuse or neglect of a patient (including domestic violence); however, we will only disclose information if the patient agrees to where required or authorized by law to disclose this information;
- Notifying your employer under limited circumstances related primarily to workplace injury, illness or medical surveillance.

2. Health Oversight Activities. We may disclose health information to a health oversight agency for audits, investigations, inspections, or licensing purposes. These disclosures may be necessary for certain state and federal agencies to monitor the health care system, government programs, and compliance with civil rights laws.

- a) **Lawsuits and Similar Proceedings.** Our practice may use and disclose your health information in response to a court or administrative order, if you are involved in a lawsuit or similar proceeding. We also may disclose your information in response to discovery requests, subpoenas, or other lawful processes by another party involved in the dispute. (We will make every effort to inform you of this type of request.)
- b) **Law Enforcement.** We may release your health information if asked to do so by law-enforcement official.
- c) **Deceased Patients.** Our practice may release health information to a medical examiner, coroner, or funeral director. This may be necessary, for example, to identify a deceased individual or to identify the cause of death.
- d) **Organ and Tissue Donation.** Our practice may release health information to organizations that handle organ, eye or tissue procurement or transplantation, including organ donation banks, as necessary to facilitate organ or tissue donation and transplantation if you are an organ donor.

- e) **Research.** We may use and disclose health information about you for research projects that are subject to a special approval process. We will ask you for your permission if the researcher will have access to your name, address, or other information that reveals who you are, or will be involved in your care at the office.
- f) **Serious Threats to Health or Safety.** We may use and disclose health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.
- g) **Military, Veterans, National Security and Intelligence.** If you are or were a member of the armed forces, or part of the national security or intelligence communities, we may be required by military command or other government authorities to release health information about you. We may also release information about foreign military personnel to the appropriate foreign military authority
- h) **Inmates.** Our practice may disclose health information to correctional institutions or law enforcement officials if you are an inmate or under the custody of a lot of enforcement official. Disclosure for these purposes would be necessary; (a) for the institution to provide health care services to you. (b) For the safety and security of the institution, (c) and/or to protect your health and safety, or the health and safety of other individuals.
- i) **Workers Compensation.** Our practice may disclose your health information for workers compensation and similar programs.

E. YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU

You have the following rights regarding the health information that we maintain about you:

1. **Confidential Communications:** You have the right to request that our practice communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than work. In order to request a type of confidential communication, you must make a written request to the Privacy Officer. Your request must specify the method of contact and the location with appropriate information (phone, address, fax, email, etc.) Our practice will accommodate **reasonable** requests. You do not need to give a reason for your request.
2. **Requesting Restrictions:** You have the right to restrict who we disclose your health information to. **We are not required to agree to your request.** However, if we do agree, we are bound by our agreement except when otherwise required by law, or in emergencies, when the information is necessary to treat you. Your request to restrict our use or disclosure of your health information must be made in writing to the Privacy Officer. Your request must describe in clear and concise fashion:
 - o What information you wish to have restricted;
 - o What restrictions you want imposed;
 - o Who the restrictions will apply to.
3. **Inspection and Copies:** You have the right to inspect and obtain a copy of your health information, such as medical and billing records, that may be used to make decisions about your care. Our company's internal notes are considered proprietary and not available for your review. To review medical records, you must submit your request in writing to our privacy officer. We may charge a fee for the costs of copying, mailing, labor and supplies to comply with your request. We may deny your request to inspect and / or copy in certain limited circumstances. If you are denied access to your health information, you may ask that the denial be reviewed. If such a review is required by law, we will select a licensed health care professional to review your request and our denial. The person conducting the review will not be the person who denied your request, and we will comply with the outcome of the review.
4. **Amendment:** You may ask us to amend your health information if you believe it is incorrect or incomplete. You have the right to amend information in your health record for as long as this office maintains the record. The request for an amendment must be made in writing and submitted to our privacy officer. You must provide us with a reason that supports the request for the amendment. You must also provide appropriate written documentation to support the requested change to our information. **We may deny your request to amend information if:**
 - o We did not create the information in the first place;
 - o The information is not part of the health information that we keep;
 - o The information is not information that you are entitled access to;
 - o The information is deemed by us to be accurate and complete as it is.
5. **Accounting of Disclosures:** You have the right to request an "accounting of disclosures." This is a list of the disclosures that we have made of medical information about you for purposes other than treatment, payment and health care operations. To obtain this list, you must submit your request in writing to our privacy official. It must state a time period, which may not be longer than six years and may not include dates before April 14, 2004. Your request should indicate in what form you want the list (for example, on paper, or electronically). 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.

6. **Right to file a Complaint:** You are entitled to receive the paper copy of our Notice of Privacy Practices. You may ask us to give you copy of this notice at any time. To obtain a copy of this notice contact our privacy officer.
7. **Right to File a Complaint:** If you believe your privacy rights have been violated you may file a complaint with our practice or with the Secretary of the Department of Health and Human Services. To file a complaint with our practice contact our privacy officer. All complaints must be submitted in writing. **You will not be penalized for filing a complaint.**
8. **Right to Provide an Authorization for Other Uses and Disclosures:** Our practice will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your health information may be revoked at any time **in writing**. After you revoke your authorization, we will no longer use or disclose your health information for the reasons described in the authorization. We cannot take back any uses or disclosures already made with your permission prior to revoking the authorization.