



## Health Insurance Portability and Accountability Act

# HIPAA Privacy Notice

### About this Notice

In this Privacy Notice, the word “Agency” means Alzheimer’s Alliance of Smith County.

When you receive benefits from the Agency, that Agency may get health information about you. Health information includes any information that relates to (1) your past, present, or future physical or mental health or condition; or (2) providing health care to you.

This Notice tells you about your privacy rights, the Agency’s duty to protect health information that identifies you, and how the Agency may use or disclose health information that identifies you without your written permission. This notice does not apply to health information that does not identify you or anyone else. Please share this Notice with everyone in your household who receives benefits from this Agency.

### Your Privacy Rights

The law gives you the right to:

- look at or get a copy of the health information the Agency has about you, in most situations;
- ask the Agency to correct certain information, including certain health information, about you if you believe the information is wrong or incomplete. Most of the time, the Agency cannot change or delete information, even if it is incorrect. However, if the Agency decides it should make a change, it will add the correct information to the record and note the new information takes the place of the old information. The old information will remain in the record. If the Agency denies your request to change the information, you can have your written disagreement placed in your record;
- ask for a list of the times the Agency has disclosed health information about you;
- ask the Agency to limit the use or disclosure of health information about you more than the law requires. However, the laws does not make the Agency agree to do that;
- tell the Agency where and how to send messages that include health information about you, if you think sending the information about you to your usual address could put you in danger. You must put this request in writing, and you must be specific about where and how to contact you;
- ask for and get a paper copy of this notice from any Agency;
- withdraw permission you have given the Agency to use or disclose health information that identifies you, unless the Agency has already taken action based on your permission. You must withdraw your permission in writing.

## **An Agency's Duty to Protect Health Information that Identifies You**

The law requires an Agency to protect the privacy of health information that identifies you. It also requires an Agency to give you this Notice of its legal duties and privacy practices.

- In most situations, the Agency may not use or disclose health information that identifies you without your written permission. This Notice explains when an Agency may use or disclose health information that identifies you without your permission.
- For all other uses and disclosures, the Agency must obtain your written permission, which you may withdraw at any time.
- If an Agency changes its privacy practices, it must notify you of the changes by mailing a new Privacy Notice to the most recent address you have given the Agency. The Agency will mail the new Privacy Notice within 60 days of the changes. The new practices will apply to all the health information the Agency has about you, regardless of when the Agency received or created the information.

Agency employees must protect the privacy of health information that identifies you as part of their jobs with the Agency. The Agency does not give employees access to health information unless they need it for a business reason. Business reasons for needing access to health information include making benefit decisions, paying bills, and planning for the care you need. The Agency will punish employees who do not protect the privacy of health information that identifies you.

If you have questions about this Notice or need more information about your privacy rights, you may contact the following:

- the Medicaid hotline at (800)252-8263

If you believe the Agency has violated your privacy rights, you may file a complaint by contacting the Medicaid hotline at (800)252-8263. You may also file a complaint with the:

- the U.S. Secretary of Health and Human Services by mail at 200 Independence Ave. S.W., Washington, D.C. 20201, or by telephone at (800)368-1019.
- The Texas Office of the Attorney General by mail at P.O. Box 12548, Austin, Texas, 78711-2548, or by telephone at (800)806-2092.

There will be no retaliation for filing a complaint.

Effective Date: This Notice takes effect on May 23, 2003, and stays in effect until it is replaced by another Notice.

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Signature of client's family caregiver

date

Alzheimer's Alliance of Smith County  
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