



## NOTICE OF PRIVACY PRACTICES

**This notice describes how information about you may be used and disclosed and how you can get access to this information.**

**Please review it carefully.**

Aging Services of North Central Massachusetts (ASNCM) provides a variety of services that enable older people and adults with disabilities to stay at home in the community. Because we work with a variety of funding sources, including Medicaid, and get referrals from a number of health care providers, we may have personal health information about you.

Personal health information includes things such as certain medical diagnoses, the kinds of medical or treatment services you get, or the dates you get the services. This notice explains when ASNCM may use and share your health information and your rights regarding your health information.

***By law, ASNCM must:***

- *protect the privacy of your health information as described in this notice;*
- *explain our privacy practices to you; and*
- *notify you if your unsecured health information is obtained by an unauthorized person.*

***ASNCM may use or share your health information:***

- when communicating with family members or other persons identified as a contact person for your care or your general condition;
- with medical professionals including: primary care physicians, other physician specialists and their office medical staff, local hospitals, rehabilitation facilities, health insurances or nursing homes, as part of managing your care;
- when required by law;

- for payment activities, such as checking if you are eligible for health benefits, and being paid for services you get;
- to operate our programs, including evaluating the quality of the services you get;
- with our provider vendors to coordinate your services;
- with health-oversight agencies (such as MassHealth, or the federal Centers for Medicare and Medicaid Services) for oversight activities authorized by law, including fraud and abuse investigations;
- for research projects that meet privacy requirements, and help us evaluate or improve the Agency's programs;
- with government agencies that give you benefits or services;
- to prevent or respond to an immediate and serious health or safety emergency;
- to tell you about new benefits and services, or health-care choices you have; and
- to raise funds for ASNCCM charitable purposes.

Except as described above, ASNCCM cannot use or share your health information with anyone without your written permission. You may cancel your permission at any time, as long as you tell us in writing. We must get your permission to use your information for marketing purposes or when we are paid for your health information. Please Note: We cannot take back any health information we used or shared when we had your permission.

***You have the right:***

- to see and get a copy of personal health information. You must ask for this in writing, or direct someone else that you designate to write on your behalf. If you have someone acting as a Power of Attorney, Health Care Proxy Holder, Guardian or Conservator, he or she may also execute this document. MHCC may charge you to cover certain costs, such as copying and postage;
- to ask ASNCCM to change your health information if you think it is wrong or incomplete. You must tell us in writing, or direct someone else that you designate to write on your behalf. If you have someone acting as a Power of Attorney, Health Care Proxy Holder, Guardian or Conservator, he or she may also execute this document. Identify what health information you want us to change, and why;
- to ask ASNCCM to limit its use or sharing of your health information. You must ask for this in writing, or direct someone else that you designate to write on your behalf. If you have someone acting as a Power of Attorney, Health Care Proxy Holder, Guardian or Conservator, he or she may also execute this document. ASNCCM is not required to agree to your request, unless it relates to a service that you have paid for in full;
- to ask ASNCCM to get in touch with you in some other way, if contacting you at the address or telephone number we have on file for you would put you in danger.

Please let us know by telephone and tell us exactly where and how ASNCM should contact you so that we may discuss. ASNCM will confirm in writing with you what you have stated.

- to get a list of when and with whom ASNCM has shared your health information, with certain exceptions. You must ask for this in writing or direct someone else that you designate to write on your behalf. If you have someone acting as a Power of Attorney, Health Care Proxy Holder, Guardian or Conservator, he or she may also execute this document; and
- to ask ASNCM not to solicit funds for ASNCM for charitable purposes.
- to get a paper copy of this notice at any time.

By law, ASNCM must give you this notice explaining that we protect your health information, and that we must follow the terms of this notice.

If we at ASNCM change how we use and share your health information, we will notify you of these changes.

ASNCM takes your privacy very seriously. If you would like to exercise any of the rights we describe in this notice, or if you feel that ASNCM has violated your privacy rights, contact ASNCM Privacy Officer in writing at the following address:

Lori A. Richardson, Chief Executive Officer  
Aging Services of North Central Massachusetts  
680 Mechanic Street Suite 250  
Leominster MA 01453

Filing a complaint or exercising your rights will not affect your covered services. You may also file a complaint with the U.S. Secretary of Health and Human Services.

For more information, or if you need help understanding this notice, call (978)537-7411 Monday through Friday, 9 a.m. – 5 p.m.

Effective: 9/23/2013  
Replaces: 11/7/2011



**Acknowledgement of Receipt of  
Notice of Privacy Practices**

I hereby acknowledge that I have received the Aging Services of North Central Massachusetts' Notice of Privacy Practices.

\_\_\_\_\_  
(Name of Client)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

If signed by the client's Personal Representative, please print your name and your relationship to the client:

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Relationship to client)