

## **NOTICE OF PRIVACY PRACTICES**

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

**Effective Date: 5/15/2018**

### **OUR COMMITMENT TO YOUR PRIVACY**

The Jewish Social Service Agency (JSSA) and Premier Homecare (collectively "JSSA" for purposes of this notice) understands the importance of keeping your personal and health information secure and private and will take appropriate steps to attempt to safeguard any medical or other personal information that is provided to us. JSSA is required by law to provide you with this notice. This notice informs you of your rights about the privacy of your medical information and how we may use and share that information.

The Privacy Rule under the Health Insurance Portability and Accountability Act of 1996 and its implementing regulations ("HIPAA") requires JSSA to: (i) maintain the privacy of medical information provided to us; (ii) provide notice of our legal duties and privacy practices; and (iii) notify affected individuals if a breach of unsecured protected health information occurs. JSSA must abide by the terms of our Notice of Privacy Practices currently in effect.

### **WHO WILL FOLLOW THIS NOTICE**

This notice describes the practices of JSSA employees, staff, consulting psychologists, psychiatrists, students, interns, and other direct care givers, as well as volunteers, who may be providing office, home-based, or community services on behalf of JSSA. These individuals may share medical information with each other for the treatment, payment, and health care operation purposes described in this notice.

### **WHAT TYPES OF INFORMATION DO WE COLLECT**

In the ordinary course of receiving treatment and health care services from JSSA, you will be providing us with personal information such as:

- Your name, address, phone number, social security number, and date of birth
- Race, ethnicity, gender identity, primary language, and how well you speak English
- Information relating to your medical history and/or family medical history
- Your insurance information and coverage
- Information concerning your doctor, nurse, or other medical providers
- Employment information
- Household size and income

In addition, we will gather certain medical information about you and will create a record of the care provided to you. Some information also may be provided to JSSA by other individuals or organizations that are part of your "circle of care" – such as your referring physician, other doctors, your health plan, and close friends or family members.

## **HOW DO WE PROTECT THE PRIVACY OF YOUR PERSONAL INFORMATION?**

Keeping your information safe is one of our most important duties. We limit access to your personal information to those who need it. We maintain appropriate safeguards to protect it. For example, we protect access to our buildings and computer systems. Our Privacy Officer also ensures that our staff is trained on our privacy and security policies.

## **INDIVIDUAL RIGHTS**

You have the right to ask for restrictions on the ways we use and disclose your health information for treatment, payment, and health care operation purposes. You may also request that we limit our disclosures to persons assisting in your care or payment for your care. JSSA will consider your request, but we are not required to accept it, unless the request is to restrict disclosure of your health information to a health plan for carrying out payment or health care operations related to a health care item or service for which you, or someone on your behalf (other than the health plan), has paid JSSA in full.

You have the right to request that you receive communications containing your protected health information from us by alternative means or at alternative locations. For example, you may ask that we only contact you at home or by mail.

Except under certain circumstances, you have the right to inspect and copy medical, billing, and other records used to make decisions about you. If you ask for copies of this information, we may charge you a fee for copying and mailing.

If you believe that information in your record is incorrect or incomplete, you have the right to ask us to correct the existing information or add missing information. Under certain circumstances, we may deny your request, such as when the information is accurate and complete.

You have a right to receive a list of certain instances when we have used or disclosed your medical information. We are not required to include in the list uses and disclosures made for: (1) treatment, (2) payment for services furnished to you, or (3) health care operations. We also are not required to include in the list uses and disclosures (1) made to you or to individuals involved in your care, (2) you give us written authorization to make, (3) for directories, (4) for disaster relief, (5) for national security/intelligence purposes, (6) to correctional institutions/law enforcement officials, (7) made as part of a limited data sets, and (8) made more than 6 years ago, among others. If you ask for this information from us more than once every twelve months, we may charge you a fee.

You have the right to receive language assistance services, free of charge. To request language assistance services, please reach out to one of JSSA's workforce members, such as an administrative assistant, therapist, psychiatrist, or nurse, or call 301-816-2633 for assistance. Additional information about language assistance services is provided later in this Notice.

You have the right to receive a copy of this notice in paper form. You may ask us for a copy at any time. You may also obtain a copy of this form at our web site ([www.jssa.org](http://www.jssa.org)).

To exercise any of your rights, please contact us in writing at: Jewish Social Service Agency, 200 Wood Hill Road, Rockville, MD 20850, Attn: Privacy Officer; by email at [compliance@jssa.org](mailto:compliance@jssa.org); or you may call 301-610-8303. When making a request for amendment, you must state a reason for making the request.

## **CHANGES TO THIS NOTICE**

JSSA reserves the right to make changes to this notice at any time. We reserve the right to make the revised notice effective for personal health information we have about you as well as any information we receive in the future. In the event there is a material change to this notice, the revised notice will be posted. In addition, you may request a copy of the revised notice at any time.

## **COMPLAINTS/COMMENTS**

If you have any complaints or comments concerning our privacy practices, please contact us in writing at: Jewish Social Service Agency, 200 Wood Hill Road, Rockville, MD 20850, Attn: Privacy Officer; by email at [compliance@jssa.org](mailto:compliance@jssa.org); or you may call 301-610-8303. You may also use JSSA's anonymous Compliance and Ethics Hotline which can be accessed by the internet at [www.lighthouse-services.com/jssa](http://www.lighthouse-services.com/jssa), by calling the toll-free number at 1-844-600-0056, by emailing [reports@lighthouse-services.com](mailto:reports@lighthouse-services.com), or by faxing your concern to 1-215-689-3885.

In addition to these avenues, you may also report a complaint or make a comment to: Secretary of the Department of Health and Human Services, at 200 Independence Avenue, SW, Room 509F, HHS Building, Washington, D.C. 20201 (e-mail: [ocrmail@hhs.gov](mailto:ocrmail@hhs.gov)). You may also contact the Secretary by calling the toll free number at 800-368-1019.

## **YOU WILL NOT BE RETALIATED AGAINST OR PENALIZED BY US FOR FILING A COMPLAINT.**

To obtain more information concerning this notice, you may contact our Privacy Officer at the Jewish Social Service Agency, 200 Wood Hill Road, Rockville, MD 20850, 301-610-8303.

## **HOW JSSA MAY USE AND SHARE YOUR INFORMATION FOR PAYMENT, TREATMENT, AND HEALTH CARE OPERATIONS**

JSSA may use and disclose personal and identifiable health information about you for a variety of purposes. All of the types of uses and disclosures of information are described below, but not every use or disclosure in a category is listed.

- **Required Disclosures:** JSSA is required to disclose health information about you to the Secretary of Health and Human Services, upon request, to determine our compliance with HIPAA and to you, in accordance with your right to access and right to receive an accounting of disclosures, as described above.
- **Treatment:** JSSA may use and share your personal information with health care providers for coordination and management of your care. Providers include: physicians, hospitals, and other caregivers who provide services to you. For example, we may discuss your medications or test results with your physician. For mental health (psychotherapy) services only, JSSA will obtain your written consent and/or authorization as specified in Maryland, D.C., or Virginia state laws to disclose your personal health information for treatment.
- **Payment:** JSSA may use and disclose health information about you to bill for our services and to collect payment from you or your insurance company. For example, we may need to give a payor information about your current medical condition so that it will pay us for services that we have furnished you. We may also need to inform your payer of the prescribed treatment that you are going to receive in order to obtain prior approval or to determine whether the service is covered.

- **Health Care Operations:** JSSA may use and disclose information about you for the general operation of our business. For example, we sometimes arrange for accreditation organizations, auditors, or other consultants to review our facilities, evaluate our operations, and tell us how to improve our services. We may use and disclose your health information to review the quality of services provided to you.
- **Public Policy Uses and Disclosures:** There are a number of public policy reasons why JSSA may disclose information about you, which are described below.

JSSA may disclose health information about you when we are required to do so by federal, state, or local law.

JSSA may disclose protected health information about you in connection with certain public health reporting activities. For instance, we may disclose such information to a public health authority (or an official of a foreign government agency that is acting in collaboration with a public health authority) that is authorized to collect or receive protected health information for the purpose of preventing or controlling disease, injury, or disability. Public health authorities include state health departments, the Center for Disease Control, the Food and Drug Administration, the Occupational Safety and Health Administration, and the Environmental Protection Agency, to name a few. We also may disclose an individual's health information to a person who may have been exposed to a communicable disease.

Finally, we may release health information to an employer who has asked us to evaluate you in connection with medical surveillance of its workplace or whether you have a work-related illness or injury.

We may disclose protected health information to a person subject to the Food and Drug Administration's power for the following activities: to report adverse events, product defects or problems, or biological product deviations; to track products; to enable product recalls, repairs or replacements; or to conduct post marketing surveillance.

JSSA also is permitted to disclose protected health information to a public health authority or other government authority authorized by law to receive reports of child abuse or neglect. We may disclose protected health information where we reasonably believe an adult patient/client is a victim of abuse, neglect, or domestic violence and the individual authorizes the disclosure or it is required or authorized by law.

JSSA may disclose health information about you in connection with certain health oversight activities of licensing and other health oversight agencies which are authorized by law. Health oversight activities include audit, investigation, inspection, licensure, or disciplinary actions, and civil, criminal, or administrative proceedings or actions or any other activity necessary for the oversight of (1) the health care system, (2) governmental benefit programs for which health information is relevant to determining beneficiary eligibility, (3) entities subject to governmental regulatory programs for which health information is necessary for determining compliance with program standards, or (4) entities subject to civil rights laws for which health information is necessary for determining compliance.

JSSA may disclose your health information as required by law, including in response to a warrant, subpoena, or other order of a court or administrative hearing body, or to assist law enforcement to identify or locate a suspect, fugitive, material witness, or missing person. Disclosures for law enforcement purposes also permit us to make disclosures to provide evidence of criminal conduct that occurred on JSSA property, about a crime when responding to a medical emergency, about victims of crimes, and about the death of an individual, among others.

JSSA may disclose your protected health information for legal or administrative proceedings. We may release such information upon order of a court or administrative tribunal. We also may release protected health

information in the absence of such an order and in response to a discovery or other lawful request, if efforts have been made to notify you or secure a protective order.

If you are an inmate, we may release protected health information about you to a correctional institution where you are incarcerated or to law enforcement officials in certain situations such as where the information is necessary for your treatment, health, or safety or the health and safety of others.

JSSA may release a patient's health information to (1) a coroner or medical examiner to identify a deceased person, determine the cause of death, or perform other duties authorized by law, and (2) funeral directors. We also may release personal health information to organ procurement organizations, transplant centers, and eye or tissue banks, if you are an organ donor.

JSSA may release your health information to workers' compensation or similar programs, which provide benefits for work-related injuries or illnesses without regard to fault.

Health information about you may be disclosed when necessary to prevent a serious threat to your health and safety or the health and safety of others or to apprehend an individual who has admitted participation in a violent crime or has escaped from a correctional institution or from lawful custody.

If you are a member of the Armed Forces, we may release health information about you for activities deemed necessary by military command authorities. We also may release personal health information about foreign military personnel to their appropriate foreign military authorities.

Finally, JSSA may disclose protected health information for national security and intelligence activities and for the provision of protective services to the President of the United States and other officials or foreign heads of state.

**Business Associates:** JSSA sometimes works with outside individuals and businesses who help us operate our business successfully. We may disclose your health information to these business associates so that they can perform the tasks that we hire them to do. Our business associates must promise that they will respect the confidentiality of your personal and identifiable health information.

**Disclosures to Persons Assisting in Your Care or Payment for Your Care:** JSSA may disclose information to individuals involved in your care or in the payment for your care. This includes people and organizations that are part of your "circle of care" – such as your spouse, your doctors, or an aide who may be providing services to you. We also may use and disclose health information about a patient/client for disaster relief efforts and to notify persons responsible for a patient's/client's care about a patient's/client's location, general condition, or death. Generally, we will obtain your verbal agreement before using or disclosing health information in this way. However, under certain circumstances, such as in an emergency situation, we may make these uses and disclosures without your agreement.

**Appointment Reminders:** JSSA may use and disclose medical information to contact you as a reminder that you have an appointment or that you should schedule an appointment.

**Fundraising:** JSSA may use your protected health information to contact you in an effort to raise funds for our operations. You have the right to opt out of receiving fundraising communications.

## **CRISP PARTICIPATION**

Certain JSSA programs have chosen to participate in the Chesapeake Regional Information System for our Patients, Inc. (CRISP), a regional health information exchange serving Maryland and D.C. As permitted by law,

your health information may be shared with this exchange in order to provide faster access, better coordination of care and assist providers and public health officials in making more informed decisions. If you have questions regarding whether your JSSA program is participating with CRISP, please contact JSSA's Privacy Officer by email at [btturner@jssa.org](mailto:btturner@jssa.org); or you may call 301-610-8303. You may "opt-out" of CRISP and disable all access to your health information available through CRISP by calling CRISP at 1-877-952-7477 or completing and submitting an Opt-Out form to CRISP by mail, fax or through their website at [www.crisphealth.org](http://www.crisphealth.org). Even if you opt-out of CRISP, under Public Health reporting and Controlled Dangerous Substances information, as part of the Maryland Prescription Drug Monitoring Program (PDMP), will still be available to providers through CRISP as permitted by law.

## **OTHER USES AND DISCLOSURES OF PERSONAL INFORMATION**

JSSA is required to obtain written authorization from you for any other uses and disclosures of individually identifiable medical information other than those described above. In most cases, JSSA is required to obtain a written authorization from you before making any use or disclosure of psychotherapy notes, before making any use or disclosure of your medical information for marketing purposes, and before selling your medical information in exchange for direct or indirect payment. If you provide us with such permission, you may revoke that permission, in writing, at any time. If you revoke your permission, JSSA will no longer use or disclose personal information about you for the reasons covered by your written authorization, except to the extent we have already relied on your permission.

## **STATEMENT OF NONDISCRIMINATION**

JSSA complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or gender identity. JSSA does not exclude people or treat them differently because of race, color, national origin, age, disability, or gender identity.

JSSA:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters; and
  - Written information in other formats (large print, audio, accessible electronic formats, other formats).
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters; and
  - Information written in other languages.

If you need these services, call 1-301-816-2633. If you believe that JSSA has failed to provide these services or discriminated against you on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Jewish Social Service Agency, ATTN: Compliance Officer, 200 Wood Hill Road Rockville, Maryland 20850, 301-610-8303 (phone), 301-309-2596 (fax), [compliance@jssa.org](mailto:compliance@jssa.org) (email). You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance the Compliance Officer is available to help you.

You also can file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue, SW Room 509F, HHS Building Washington, D.C. 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

**ENGLISH**

ATTENTION: If you speak any language other than English, language assistance services, free of charge, are available to you. Call 1-301-816-2633.

**SPANISH**

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-301-816-2633.

**CHINESE/MANDARIN**

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-301-816-2633。

**FRENCH**

ATTENTION : Si vous parlez français, des services d'aide linguistique-vous sont proposés gratuitement. Appelez le 1-301-816-2633.

**KOREAN**

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다 1-301-816-2633 번으로 전화해 주십시오.

**VIETNAMESE**

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-301-816-2633.

**PERSIAN/FARSI**

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-301-816-2633 تماس بگیرید.

**TAGALOG/FILIPINO**

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-301-816-2633.

**RUSSIAN**

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-301-816-2633.

**HINDI**

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-301-816-2633.

**PORTUGUESE**

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-301-816-2633.

**GERMAN**

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-301-816-2633.

**ARABIC**

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم رقم هاتف الصم والبكم 1-301-816-2633.

**URDU**

1-301-816-2633-اخباردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں

**FRENCH CREOLE**

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-301-816-2633.

**GREEK**

ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-301-816-2633.

**GUJARATI**

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-301-816-2633.

**HEBREW**

ב' נספח עבור - דוגמא לאינפורמציה—92 לחלק אנשים  
תמיכה, באנגלית שפה מגבלות עם בתרגום  
שפה  
קיימים, עברית דובר הנך באם: לב שים תרגום שירותי לרשותך ללא  
ל התקשר אנא. תשלום 1-301-816-2633

**AMHARIC**

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ 1-301-816-2633.

**BENGALI**

লক্ষ্য করুনঃ যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন ১-৩০১-৮১৬-২৬৩৩.

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