



**Annual Effective Date:** January 1, 2020

## **Notice of Privacy Practices**

*Please Review Carefully*

### **This Notice Describes How Medical/Health Information About You May Be Used and How You Can Get Access to This Information**

The PACE Organization of Rhode Island (PACE) is required by law to maintain the privacy of your protected health information and to provide you this detailed Notice of Privacy Practices. This notice applies to our use and disclosure of your health information for purposes of enrollment, eligibility, and payment under the PACE program as well as our use and disclosure of your health information for purposes of providing you with treatment under the PACE program. PACE will use and disclose your protected health information only with your written authorization (you may cancel your consent at any time), with some exceptions (as described in the section titled Uses and Disclosure of Your Health Information Without Your Authorization). PACE may share protected health information that does not make known your identity.

We reserve the right to change this notice and to make revisions or new notice provisions effective for all protected health information already received and maintained by PACE as well as for all protected health information we receive in the future. We will provide a copy of the revised notice upon request.

### **Uses and Disclosures of Your Health Information Without Your Authorization**

**PACE may use or disclose your protected health information for:**

#### **Treatment**

- For example, the PACE Interdisciplinary Team may discuss your plan of care with other care providers involved in your care.

#### **Payment**

- For example, we may share protected health information with Medicaid to determine your continued eligibility for PACE services.



### **Health Care Operations**

- For example, we may use your protected health information for Quality Improvement studies.

### **PACE may also use or disclose your protected health information for the following reasons:**

- Public health authorities and health oversight activities
- As required by law
- Coroners, medical examiners, funeral directors, organ procurement organizations
- Individuals involved in your care or payment for your care: unless you object, we may disclose protected health information about you to a person involved in your care
- Emergencies, natural disasters, and national defense

### **Your Rights Regarding Your Protected Health Information**

Listed below are your rights regarding your protected health information. You must submit a written request to PACE to exercise any one of these rights. PACE is **not** required to comply with your request.

**Right to Request Restrictions:** You may request restrictions on our use and disclosure of your protected health information for treatment, payment, or health care operations.

**Right to Access Your Personal Health Information:** You may inspect and obtain a copy of your clinical and billing records that may be used to make decisions about your care, subject to some exceptions.

**Right to Request an Accounting of Disclosures:** You may request a listing of certain disclosures of your protected health information, excluding disclosures for treatment, payment, and health care operations.

**Right to Request Confidential Communication:** You may request that we communicate with you concerning your health matters in a certain manner.

**Right to Amend Protected Health Information:** You may request PACE amend your protected health information for as long as the information is maintained by the organization.



**Right to Electronic Access:** To the extent we maintain an electronic health record with respect to your protected health information, you also have the right to receive an electronic copy of such information, and may ask us to send an electronic copy directly to a designated third-party. We may charge a fee, consistent with applicable law, for our labor costs in responding to your request.

### **Special Rules Regarding Disclosure of Psychiatric, Substance Abuse, and HIV-Related Information**

The disclosure and release of confidential medical information concerning any mental illness, alcoholism, drug abuse, sexually transmitted disease, and HIV testing will require separate authorization by you and may be cancelled at any time.

### **To File a Complaint**

If you believe that your privacy rights have been violated, you may file a complaint in writing with PACE or with the Office for Civil Rights, a department of the U.S. Department of Health and Human Services. PACE will not retaliate against you or your family for filing a complaint.

To file a complaint with PACE, contact our **Compliance Associate:**  
**PACE Organization of Rhode Island ATTN: Compliance Associate** 10 Tripps Ln, RI 02915 (401) 654-4075

To file a complaint with the Office for Civil Rights send your written complaint by mail to:

**Office for Civil Rights U.S. Department of Health and Human Services 200 Independence Avenue, S.W., Room 509F HHH Building Washington D.C. 20201** Or send your written complaint by email: [OCRComplaint@hhs.gov](mailto:OCRComplaint@hhs.gov)

### **For More Information About This Notice:**

**Mike Walker Compliance Associate PACE Organization of Rhode Island**  
Tel: (401) 654-4075 Email: [Mwalker@pace-ri.org](mailto:Mwalker@pace-ri.org)

As of September 1, 2010, your protected health information is covered under the provisions outlined in this notice.