



# **CORNUCOPIA ADULT AND FAMILY SERVICES**

## **NOTICE OF PRIVACY PRACTICES**

**This Notice of Privacy Practices describes how Cornucopia may use and share your Protected Health Information (PHI). It also describes your rights regarding your PHI.** Your PHI is information about your health, your service plan, the money you make, the meetings we have and other items that have to do with who you are and where you came from. All of this information is stored in your file at Cornucopia. The file is located in a locked/secure location within Cornucopia's Administrative office. This means that not very many people can see your records unless they work for Cornucopia and therefore they have signed a confidentiality statement that states they will keep your information private. The information in these files are "your records" and if you want to see your records, you can schedule a time with your Service Coordinator to review them.

### **USES AND SHARING OF PHI**

Your protected health information may be used and shared by your Case Manager, Cornucopia staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care/case management services to you. The following are instances where we would share your PHI.

#### **Treatment:**

**This means:** That Cornucopia will share your PHI with others that help to provide and manage your health care and case management services that help to make sure that you are getting the best possible care. This includes program provider services, such as the Developmentally Disabled Waiver and physicians who may be treating you.

#### **Payment:**

**This means:** Cornucopia can share your PHI with others that would help pay for your health care and case management services.

#### **Health Care Operations:**

**This means:** Cornucopia can share your PHI with others to ensure that Cornucopia is managing your care to the best of our abilities. In addition, if other people may be in contact with your PHI, Cornucopia will have them sign an agreement that they are not to share your PHI with anyone else

#### **Others Involved in Your Health care:**

**This means:** Unless you object, we may share your PHI with a member of your support team, such as family members or friends. Only PHI that directly relates to that person's involvement in your health care will be shared and only if your service coordinator feels as though it is in your best interest.

#### **Required By Law:**

**This means:** The use or sharing of your PHI will be made in compliance with the law and will be limited only to that which is required by law. This may include, but is not limited to, law enforcement, national security and intelligence activities, legal proceeding, correctional facilities, workers' compensation laws, coroners, funeral directors, and organ donation purposes, as required by law. You will be notified of any such uses or disclosures.

#### **Public Health:**

**This means:** We may share your PHI to a public health authority, for public health activities and purposes. The disclosure will be made for the purpose of controlling disease, disability, or for general health information and regulation, and civil health assessments. This includes the Food and Drug Administration and research that has been approved by an institutional review board. Cornucopia will only share information that is necessary and required by law.

#### **Abuse or Neglect:**

**This means:** Cornucopia will share your PHI if we believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information.

#### **Military Activity:**

**This means:** Cornucopia may use or share PHI of individuals who are Armed Forces personnel for activities deemed (1) necessary by appropriate military command authorities; (2) for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits; or (3) to foreign military authority if you are a member of the foreign military services.

#### **The case of an emergency**

**This means:** We may share your PHI to notify a family member, personal representative or any other person that is responsible for your care to determine your location, general condition or death. Cornucopia may also use or share your PHI to an authorized public or private entity to assist in disaster relief efforts.

**YOUR PHI RIGHTS**

Following is a statement of your rights with respect to your PHI and a brief description of how you may exercise these rights.

**Your right to review and copy your PHI:**

**This means:** This means you may inspect and obtain a copy of PHI from Cornucopia. Please contact our Service Coordinator if you have questions about access to your case management record. Please understand that federal law can prohibit your right to inspect or copy you PHI.

**Your right to restrict the use of your PHI:**

**This means:** You have the right to a deny the use or sharing of all, or some, of your PHI. In addition you have the right to restrict certain individuals from reviewing your PHI. However, your Service Coordinator can overrule your request if they think it is in your best interest.

**Your right correct your PHI:**

**This means:** You have a right to request corrections/changes to your PHI. In certain cases, your Service Coordinator has the right to may deny your request for a change if he/she feels that it is in your best interest.

**Your right to know how Cornucopia is sharing your PHI.**

**This means:** You have a right to ask Cornucopia what and to whom they have given your PHI.

**Your right to obtain a copy of this notice:**

**This means:** You have a right to ask Cornucopia for a copy of this Notice of Privacy Practices.

**Your right to file a complaint about your PHI:**

**This means:** If you feel that we have violated your PHI then you have the right to file a complaint. No client shall be subject to retaliation or barriers to services as a result of filing a complaint or grievance. For Further information about the complaint process please contact our office at 505-877-1310.

**Cornucopia is required to follow the terms of this Notice of Privacy Practices. We also have the right to change the terms of our notice, at any time. The new notice will be effective for all protected health information that we have on file. We will, however, provide you with any revised Notice of Privacy Practices. At anytime you can request a copy of this notice by contacting our office at 505-877-1310.**

I, \_\_\_\_\_ (print name), acknowledge that I understand and have read and/or discussed the Notice of Privacy Practices Policy with Cornucopia staff. I was also given an opportunity to ask questions and was offered a copy of the associated policies and procedures for future reference.

**THIS SIGNED NOTICE IS VALID FROM \_\_\_\_\_ UNTIL \_\_\_\_\_ .**

\_\_\_\_\_  
Participant Name Date: \_\_\_\_\_

\_\_\_\_\_  
Participant/Caregiver/Guardian Signature Date: \_\_\_\_\_

\_\_\_\_\_  
Cornucopia Staff (Witness) Signature Date: \_\_\_\_\_