

**ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION, INC.
NORTHWEST OHIO CHAPTER**

NOTICE OF PRIVACY PRACTICES

This notice describes how health information about you may be used and disclosed and how you can get access to this information. If you have questions about this notice, please contact the Alzheimer's Association, Northwest Ohio Chapter Privacy Officer at (419) 537-1999.

This Notice of Privacy Practices is provided to you as a requirement of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). It describes how protected health information may be used or disclosed, with whom the information may be shared, and the safeguards that have been put in place to protect it. This notice also describes your rights to access and amend your protected health information. You have the right to approve or refuse the release of specific information outside our system except when the release is required or authorized by law or regulation.

Acknowledgement of Receipt of the Notice

You will be asked to acknowledge receipt of this notice. Our intent is to make you aware of the possible uses and disclosures of your protected health information and your privacy rights. The delivery of services will in no way be conditioned upon your signed acknowledgement. If you decline to provide a signed acknowledgement, we will continue to provide your services, and will use and disclose your protected health information for services, payment, and health care operations when necessary.

Who will Follow this Notice

This notice describes the Alzheimer's Association, Northwest Ohio Chapter practices regarding your protected health information. All components of the Alzheimer's Association, Northwest Ohio Chapter will follow this notice. All components of the Alzheimer's Association, Northwest Ohio Chapter may share personal health information of the clients as necessary to carry out treatment, payment and operations as permitted by law.

DUTIES REGARDING PROTECTED HEALTH INFORMATION

"Protected health information" is individually identifiable information. This information includes demographics, including age, address, email address, social security number and information related to your past, present, and future physical and mental health condition and related health care services. Your personal health information that is protected by law broadly includes any information, oral, written, or recorded, that is created or received by certain health care entities. The Alzheimer's Association, Northwest Ohio Chapter is required by law to do the following:

- Make sure your protected health information is kept private.
- Give you this notice of our legal duties and privacy practices related to the use and disclosure of your protected health information.
- Follow the terms of the notice currently in effect.
- Make available any changes in the notice to you.

We reserve the right to change this notice. The notice's effective date is at the bottom of the last page of this document. We reserve the right to make the revised or changed notice effective for health information we already have about you as well as any information we receive in the future. You may obtain a Notice of Privacy Practices by accessing the Alzheimer's Association, Northwest Ohio Chapter's website: <http://www.alz.org/nwohio>, calling the Alzheimer's Association, Northwest Ohio Chapter Privacy Officer and requesting a copy be mailed to you or asking for a copy next time you visit the Alzheimer's Association, Northwest Ohio Chapter office.

USE OR DISCLOSURE OF PROTECTED HEALTH INFORMATION

Generally, we may not use or disclose your protected health information without your permission. Further, once your permission has been obtained, we must use or disclose your personal health information in accordance with the specific terms for which permission was granted.

By law, we must disclose your health information to you unless it has been determined by a competent medical authority that it would be harmful to you. We must also disclose health information to the Secretary of the Department of Health and Human Services (DHHS) for investigations or determinations of our compliance with laws on the protection of your health information.

Provision of Services

We will use and disclose your protected health information to individuals who are components of the Alzheimer's Association as necessary to provide, coordinate and manage your health care related services. We may also release your protected health information to other providers or professionals who are not related with our organization if they are providing health related services to you relevant to the services you are receiving from the Alzheimer's Association, Northwest Ohio Chapter. Consent to release protected health information will be obtained (if possible) prior to the initiation of using or disclosing protected health information.

Payment

Your protected health information will be used, as necessary, to obtain payment for health services.

Health Care Operations

We may use or disclose, as necessary, your protected health information to support the daily activities related to health care operations. These activities may include, but are not limited to, quality assessment activities, investigations, oversight or staff performance reviews, licensing, and conducting or arranging for other health related activities.

We will share your protected health information with third-party "business associates" who perform various activities for the Alzheimer's Association. The business associates will also be required to protect your health information.

We may use or disclose your protected health information, as necessary, to provide you with information about service alternatives or other health-related benefits and services that might interest you. For example, your name and address might be used to send you a newsletter about the Alzheimer's Association and the services we offer.

Required by Law

We may use or disclose your protected health information for any purpose if law or regulation requires its use or disclosure.

Public Health

We may disclose your protected health information for public health activities. The disclosure may be necessary to do the following:

- Prevent or control disease, injury or disability
- Report abuse, neglect or exploitation
- Notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition
- Notify the appropriate government authority if we believe a person has been the victim of abuse, exploitation, neglect, or domestic violence

Health Oversight

We may disclose your protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. These health oversight agencies might include governmental agencies, government benefit programs, other government regulatory programs and agencies which monitor or enforce compliance with civil rights.

Legal Proceedings

We may disclose your protected health information for law enforcement purposes, including the following:

- Response to legal proceedings
- Information requested for identification and location
- Circumstances pertaining to victims of a crime
- Medical emergencies

Research

We may disclose your protected health information to researchers when authorized, for example, if research has been approved by the research review committee that has approved the research proposal and established protocols to ensure the privacy of your protected health information.

Criminal Activity

Under applicable Federal and state laws, we may disclose your protected health information if we believe that its use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

Military Activity and National Security

When the appropriate conditions apply, we may use or disclose your protected health information of individuals who are Armed Forces personnel for (1) activities believed necessary by appropriate military command authorities to ensure the proper execution of the military mission including determination for the fitness of duty; (2) for determination by the Department of Veterans Affairs (VA) for your eligibility for benefits; or (3) to a foreign military authority if you are a member of the foreign military service. We may also disclose your protected health information to authorized Federal authorities for conducting national security and intelligence activities including protective services to the President of the United States and others.

Worker's Compensation

We may disclose your protected health information to comply with worker's compensation laws and other similar legally established programs.

Disclosures by the Health Plan

Alzheimer's Association, Northwest Ohio Chapter health plans may also disclose your protected health information. Examples of these disclosures include verifying your eligibility for health care and for enrollment in various health plans and coordinating benefits for those who have other health insurance or are eligible for other benefit programs.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION REQUIRING YOUR PERMISSION

In some circumstances, you have the opportunity to agree or object to the use or disclosure of all or part of your protected health information. The following are examples in which your agreement or objections is required.

Fundraising

Unless you object, we may contact you to donate to a fundraising effort for or on our behalf. You have the right to "opt out" of receiving fundraising materials/communication and may do so by sending your name and address to Alzheimer's Association, Northwest Ohio Chapter, 2500 North Reynolds Road, Toledo, Ohio 43615 together with a statement that you do not wish to receive fundraising materials or communications from us.

Individuals Involved in Your Health Care

Unless you object, we may disclose your protected health information to a member of your family, a relative, a close friend, or any other person you identify who is involved in your health care. We may also give information to someone who pays for your services. Additionally, we may use or disclose protected health information to notify or assist in notifying a family member, personal representative, or any other person who is responsible for your care, of your location, general condition, or death. We may also use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts and coordinate uses and disclosures to family or other individuals involved in your care.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

You have the following rights regarding your protected health information maintained by the Alzheimer's Association, Northwest Ohio Chapter. Please be aware that the Alzheimer's Association has the right to deny your request, but, you may seek a review of the denial.

Right to Inspect and Copy

You may inspect and obtain a copy of your protected health information that is contained in a designated record for as long as we maintain personal health information. A designated record set may include medical information, billing records and any other records of the Alzheimer's Association. The Alzheimer's Association may charge you a fee for the copying of records. This fee is established by Ohio law.

This right does not include inspection and copying of the following records: psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding; and protected health information that is subject to law that prohibits access to protected health information.

Right to Request Restrictions

You may ask us not to use or disclose any part of our protected health information for services, payment or health care operations. Your request must be made in writing to the Alzheimer's Association Privacy Officer. In your request, you must tell us (1) what information you want restricted; (2) whether you want to restrict our use, disclosure, or both; (3) to whom you want the restriction to apply; and (4) an expiration date.

If the Alzheimer's Association believes that the restriction is not in the best interest of either party, or the Alzheimer's Association cannot reasonably accommodate the request, the Alzheimer's Association is not required to agree. If the restriction is mutually agreed upon, we will not use or disclose your protected health information in violation of that restriction, unless it is needed in order that emergency treatment can be provided. You may revoke a previously agreed upon restriction, at any time, in writing.

Right to Request Confidential Communications

You may request that we communicate with you using alternative means or at an alternative location. We will not ask the reason for your request. We will accommodate reasonable requests, when possible.

Right to an Accounting of Disclosures

You may request that we provide you with an accounting of the disclosures we have made of your protected health information. This right applies to disclosures made for purposes other than services, payment and health care operations as described in this Notice of Privacy Practices. The disclosure must have been made after April 14, 2003, and no more than six (6) years from the date of request. This right excludes disclosures made to family members or friends involved with your care, or for notification. The right to receive information is subject to additional exceptions, restrictions, and limitations as described earlier in this notice. The Alzheimer's Association may charge you a fee if you request more than one (1) accounting in any 12-month period.

Right to Obtain a Copy of this Notice

You may have a paper copy of this notice from the Alzheimer's Association, Northwest Ohio Chapter or view it electronically at <http://www.nwoalz.org>.

COMPLAINTS

If you believe these privacy regulations have been violated, you may file a written complaint with the Alzheimer's Association Privacy Office or the Department of Health and Human Services. No retaliation will occur against you for filing a complaint.

CONTACT INFORMATION

You may contact the Alzheimer's Association, Northwest Ohio Chapter Privacy Officer for further information about the complaint process, or for further explanation of this document. The Privacy Officer may be contacted at Alzheimer's Association, Northwest Ohio Chapter, 2500 North Reynolds Road, Toledo, Ohio 43615, by telephone at (419) 537-1999.

This notice is effective in its entirety as of August 20, 2003.