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Privacy Notice

United Senior Services provides this notice to let you know about the current privacy practices of United Senior Services. You do not need to do anything in response to this notice. This notice is merely to inform you about how we use and safeguard your information and ways you can have access to your Personal Health Information (PHI).

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.

Protecting the privacy and confidentiality of information about our clients is very important to United Senior Services (formerly known as Elderly United of Springfield and Clark County, Inc.). Accordingly, we strive to comply with each of the following practices in everything we do:

We do not sell, rent, lease or otherwise disclose personal information about our clients for purposes unrelated to our services. The personal information of our clients' is of paramount importance to us. Therefore, we provide this information to our employees as necessary and to funding entities as required to allow them to help us develop and provide services to our clients. Exceptions are disclosures authorized by you and those that are permitted or required by law.

We work to ensure information integrity and security. We use technology tools and design our business practices to help ensure that the personal information of our clients is properly gathered, stored and processed. We also work to maintain the security of, and internal and external access to, the Protected Health Information (PHI) of our clients.

We expect our employees, business associates, and funders to respect the personal information of our clients. United Senior Services has business policies and practices in place to help ensure that our employees and funders carry out these practices and otherwise protect personal information about our clients. Employees are subject to censure, dismissal, or termination for violation of these policies.

Disclosure of Information

United Senior Services may disclose the identifiable PHI we collect, as described above, to other third parties as authorized by you, or as required or permitted by law. Our employees will make disclosures of our client's PHI only while acting on behalf of United Senior Services, furthermore, will make such disclosures only as United Senior Services itself is permitted to make.

Neither United Senior Services nor our employees will use or share with other parties any PHI about United Senior Services clients for any purpose other than disclosures for the performance of services by United Senior Services or on our behalf, to evaluate the quality of our services, disclosures that are permitted or required by law, or disclosures that the client has authorized.

Neither United Senior Services nor its employees will further disclose any PHI about a former client of United Senior Services other than that as may be required or permitted by law.

Any disclosures permitted under this policy by United Senior Services or its employees will contain only minimum necessary data, unless authorized by the client, or disclosed for treatment reasons. A log of authorized disclosure requests and of information disclosed will be maintained for six years and a client may request that information at any time during that period.

The information you provide may be used to assist the Ohio Department of Aging in monitoring the effectiveness of senior programs offered under the Older Americans Act to the citizens of Ohio. The information collected is forwarded to the Area Agency on Aging and the Ohio Department of Aging. The information is summarized and reported to the Administration on Aging in order to keep both state and federal legislators informed on the effectiveness of senior programs, as required by the Older Americans Act.

Collection of Information

As part of United Senior Services' normal operating procedures, United Senior Services needs to obtain information to determine an individual's eligibility for our services, and to determine the most appropriate service for that individual. United Senior Services may collect identifiable Protected Health Information (PHI) about United Senior Services' clients, including:

Information from our clients (names, addresses, birth dates, and financial and health information),

Information about the client's use of United Senior Services from United Senior Services' employees and date record,

Information from the client's health care provider (including health history)

Confidentiality and Security

United Senior Services will safeguard, according to strict standards of security and confidentiality, any information we collect, receive or maintain about United Senior Services' clients. United Senior Services maintains administrative, technical, and physical safeguards to ensure the security and confidentiality of our client information and records, to protect against anticipated threats or hazards to such records, and to protect against unauthorized access to or use of such information or records.

Internally, United Senior Services limits access to our client's information to only those employees who need access to the information to perform their job functions.

Employees who misuse information are subject to disciplinary actions, which could include termination. Externally we do not disclose client information to any third parties unless we have been authorized to do so by the client, or are required or permitted to make disclosure by law.

Notice of Privacy Practices Protected Health Information

A copy of any PHI that United Senior Services has collected about you is available as allowed by law and permitted by privacy practices and policies by sending a written request to United Senior Services, ATTN: PHI Request, 101 South Fountain Avenue, Springfield, OH 45502.

If you would like a copy of United Senior Services' Notice of Privacy Practices-Protected Health Information, issued pursuant to the Federal Health Insurance Portability and Accountability Act of 1996 (HIPPA), copies are available by sending a written request to: United Senior Services, ATTN: Private Practices, 101 South Fountain Avenue, Springfield, OH 45502. All requests for information regarding your rights to privacy or Authorizations for Disclosures should be mailed to United Senior Services, ATTN: Privacy Officer, 101 South Fountain Avenue, Springfield, OH 45502.

CLIENT RIGHTS AND RESPONSIBILITIES

As a client receiving a Title III, or other service through United Senior Services, you have the right:

1. To receive a full explanation of your rights and responsibilities as a client.
2. To receive services without discrimination as to age, race, creed, religion, sex, national origin, or sexual orientation.
3. To receive a full explanation about the service(s) you are receiving.
4. To know the name and manner in which the agency providing the service can be contacted.
5. To expect considerate and respectful treatment from all services provider staff and to expect that all staff entering your home will treat your premises and property with due care.
6. To know the names and duties of service provider staff who have contact with you.
7. To privacy - all communications and records about you and services provided to you are confidential unless you authorize their release in writing.
8. To a full explanation about content and purpose before you are asked to sign any forms.
9. To receive explanations in understandable terms about your care to allow you to give informed consent.
10. To participate in decisions about your care.
11. To be informed of your progress in responding to your care.
12. To refuse care to the extent permitted by law, to receive and explanation of the possible consequences of such a decision, and to receive assistance in carrying out this decision.
13. To voice grievances or suggest changes without fear or discrimination, restraint or reprisal.

As a client, you have the responsibility:

1. To cooperate with the service provider in the development of your care plan and in the delivery of your services.
2. To treat service provider staff in a respectful manner.
3. To provide, to the fullest extent possible, a physical environment free from threats to personal safety in which service provider staff can provide you with services.
4. To notify your service provider agency if you will not be home on days when services are scheduled.
5. To notify your service provider agency if you are admitted to a hospital or a nursing home.
6. To cooperate to the fullest extent possible with service provider staff in the delivery of your service.
7. NOT to offer gifts, tips, or bribes to service provider staff. Service provider staff is required to work under the USS "Code of Ethics". They are not permitted to consume alcoholic beverages, to smoke, to use your telephone form personal calls, or to use your automobile. Service provider staff is not permitted to ask you for money or goods. They may bring and eat their lunch in your home if you agree, but they may not ask you for food or drink.



8. If service provider staff violates the “Code of Ethics,” you have the responsibility to notify our service provider agency.

For the Homemaker/Personal Care Program:

1. You will be visited annually by the Program Director or the Program Supervisor to update your information (reassess) for the program.
2. You will also be visited every 3 months for the Homemaker Program or every 2 months for the Personal Care Program to evaluate your service provider.
3. You will be given a documentation folder with your emergency contact’s phone number written on it. Your service provider, or other staff persons, may phone your emergency contact should it become necessary.
4. Your service provider, or other staff person, will seek emergency medical attention for you should it become necessary.
5. Your service provider will be documenting details of service provided, including time. Amount of service time includes driving time.

SERVICE WORKER’S CODE OF ETHICS

Staff shall not:

1. Accept gifts or tips from the client
2. Use the client’s telephone for personal calls
3. Solicit money or goods from the client
4. Discuss his/her personal problems, religious or political beliefs with the client
5. Bring friends or relatives to the client’s home
6. Breach client’s privacy or confidentiality of client’s records
7. Use the client’s bathroom facilities without the client’s consent
8. Consume the client’s food or drink without client’s permission
9. Eat food brought to the client’s home unless the worker has the client’s consent
10. Smoke in the client’s home
11. Consume alcoholic beverages nor use medicine or drugs for any purpose other than medical while in client’s home or prior to the delivery of service
12. Use the client’s car



CLIENT COMPLAINT AND SUGGESTION POLICY

We are interested in any comments or problems concerning your service. Your honest input helps us to best serve your needs. If you are not satisfied with the way services are being provided, we want to know. Please call the following:

Homemaker/ Personal Care/ Respite Program Director at (937) 324-9000

Meals Program Director at (937)323-9688

Transportation Program Director at (937)521-3000

If, after you contact with the Program Director, you are not satisfied with the response or have further questions, please contact the Executive Director at United Senior Services at 323-4948.

Further unresolved complaints regarding services can be directed to the Area Agency on Aging, PSA2 at (800)258-7277 or to the Long Term Care Ombudsman's office at (800)395-8267. Information shared is private and confidential.



CONSENT TO PARTICIPATE & RELEASE OF INFORMATION

I have been informed of eligibility to participate in the services of United Senior Services and consent to receive services.

I understand that in the course of providing service, the personnel of United Senior Services of Springfield & Clark County Inc. and the personnel of the Area Agency of Aging, PSA2 will be sharing information regarding me (including, but not limited to, medical, social, psychological, financial and environmental information) both within and between their organizations.

I hereby grant permission for the release of such information so that the organizations named above may openly and completely share the information to provide quality services that meet my needs.

I understand that my authorization for release of such information is restricted to the sharing of information within and between United Senior Services and the Area Agency on Aging, PSA 2 and that any other release requires my written consent and authorization. I give consent for my information to be used or disclosed by United Senior Services for purposes directly associated with the provision of services and for reporting to Area Agency on Aging, the Ohio Department of Aging, and the Administration on Aging.

I understand that this Consent to Participate and Release of Information will remain valid for as long as I am enrolled in the service program(s).

I have received United Senior Services Privacy Practices Statement , and understand my rights to privacy and disclosure under the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA).

I understand that I have certain rights and responsibilities and by my signature below attest to receiving, reviewing and understanding the content of:

**United Senior Services Privacy Practices
Confidentiality and Security
Service Worker’s Code of Ethics
AAA Consumer Grievance Procedures**

**United Senior Services Disclosure Statement
Client’s Bill of Rights and Responsibilities
Client Complaint and Suggestion Policy**

Signature

Date

Witness

Date