NOTICE OF PRIVACY PRACTICES
This notice describes how medical information about you may be used and disclosed and how you can access this information. Please read it carefully.

If you have any questions about this notice, please contact Tanya Wagner, Director of Human Resources of our office at 630-235-8151 or at 8227 Chase Street, Denver, CO 80212.

The Seniors' Resource Center provides non-medical services in our business. In providing services, however, it is frequently necessary for us to have access to health information. The Health Insurance Portability and Accountability Act (HIPAA) guidelines require specific language to be used in our notice of privacy practices. Therefore, references will be made to treatment which we use even though we are not a direct provider of what we consider medical treatment.

For purposes this notice and other HIPAA-related documents from SRC, the term "treatment" will be defined for SRC purposes to non-medical services received from our center's programs including but not limited to Adult Day Care, Home Health Services, Home and Personal Care Program Services, Homecare Services, Care Management Services, Nutrition Services and Volunteer Services.

READ AND FOLLOW THIS NOTICE
This notice describes the privacy practices of our business practice. The practices described in this notice will also be followed by staff members that you may consult with telephonically.

Your Health Information
This notice applies to the information and records we have about your health, health status, and the health care and services you receive from the Seniors' Resource Center, Inc. We require by law to give you this notice, it will tell you about the ways in which we may use and disclose health information about you and describes your rights and our obligations regarding the use and disclosure of that information.

How We May Use and Disclose Health Information About You
For Treatment or Payment or Operations. We may use health information about you to provide you with treatment or services, and to bill you for these services. We may use health information about you to write necesary for financial transactions such as payment, billing, or other operations.

SPECIAL SITUATIONS
We may use or disclose health information about you without your written permission for the following purposes, subject to all applicable legal requirements and limitations:

To Provide Services to You
We may use and disclose health information about you without your written permission if we believe it is necessary to prevent a serious threat to your health and safety or to the health and safety of the public or another person.

Reminders By Law
We will disclose health information about you when required to do so by federal, state or local law.

Research
We may use and disclose health information about you for research projects that are subject to a special approval process. We will only use or disclose information that you have agreed to disclose.

Organ and Tissue Donation
If you are an organ donor, we may release health information to organizations that handle organ procurement or organ, tissue or eye donation and transplantation if necessary to facilitate such donation and transplantation.

Military, Veterans, National Security and Intelligence
If you are in the armed forces, or part of the national security or intelligence communities, we may be required by military command or other government authorities to release health information about you.

Worker's Compensation
We may release health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illnesses.

Public Health Risks
We may disclose health information about you for public health reasons in order to prevent or control disease, injury or death; report births, deaths, suspected abuse or neglect; non-emergency physical, mental or drug use treatments or products to the government.
Authorization to use or disclose health information about you, we may revise that Authorization at any time. If you revoke your Authorization, we will no longer use or disclose information about you for the reasons covered by your written Authorization, but we cannot take back any uses or disclosures already made with your permission.

Please have an HVC in writing about this information. Unless by a signed, written Authorization, information obtained from you in the course of protected mental health services, alcohol or drug abuse treatment, payment or health care operations, we will have to both your written consent and a special written Authorization that complies with the law governing HIPAA or substance abuse records.

SRSC may use demographic information contained in a client/individual's file (such as names and addresses) for fundraising, business for the Center and its services. You may ask to decline to participate in these processes by leaning Development, Senior's Resource Center, 3227 Chase Street, Denver, CO 80212.

YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU

You have the following rights regarding health information we maintain about you. Right to Inspect and Copy: You have the right to inspect and copy your health information, such as Physical and Billing records, that we use or share to make decisions about you. You must submit a written request to Terri Wagner, Director of Human Resources, in order to inspect and copy your health information. If you request a copy of this information, we may charge a fee for the cost of copying, mailing or other associated supplies. You may deny your request to inspect and copy in certain limited circumstances. If you are denied access to your health information, you may ask that the denial be reviewed. If such a review is requested by law, we will select a licensed health care professional to review your request and our denial of access. The person conducting the review will not be the person who denied your request, and we will comply with the outcome of the review.

Right to Amend

If you believe health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment as long as the information is kept by this office. To request an amendment, you must complete and submit a Medical Record Correction Form to Terri Wagner, Director of Human Resources. We may deny your request for an amendment if it is not in writing or does not state a reason to support the request. In addition, we may deny your request, if you ask us to amend information:

ap) We did not create, unless the person or entity that created the information is no longer available to make the amendment.

Right to a Paper Copy of This Notice You have the right to a paper copy of this notice. You may ask to give you a copy of this notice at any time. Even if you have agreed to receive it electronically, you are still entitled to a paper copy. To obtain such a copy, contact Terri Wagner, Director of Human Resources.

CHANGES TO THIS NOTICE

We reserve the right to change this notice, and to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a summary of the current notice in the office with its effective date in the top right hand corner. You are entitled to a copy of the current notice currently in effect.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with our office or the Secretary of the Department of Health and Human Services. To file a complaint with our office, contact Terri Wagner, Director of Human Resources, Senior Resource Center, 3227 Chase Street, Denver, CO 80212. You may also contact Ms. Wagner at (303) 628-8115 but we request that you also follow-up your phone contact with a written complaint to ensure that all information is communicated clearly and we can address all of your concerns in a timely manner. You will not be penalized for filing a complaint.

I have received a normal size copy of these pages.

Participant

Participant or Personal Representative Signature

Received Date