



## **NOTICE OF PRIVACY PRACTICES**

**THIS NOTICE DESCRIBES HOW MEDICAL/HEALTH INFORMATION ABOUT YOU MAY BE USED AND SHARED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.**

**PLEASE REVIEW IT CAREFULLY.**

This Notice describes the privacy practices of the InnovAge Affiliated Covered Entity (referred to herein as “InnovAge”). For a list of the affiliate entities that make up the InnovAge Affiliated Covered Entity, please talk to an InnovAge receptionist, or see our designation of affiliated covered entities [online](#).

These entities constitute a single affiliated covered entity as has been designated by the entities for purposes of the federal privacy rules and each such entity has agreed to abide by the terms of this Notice that is currently in effect, and may share Protected Health Information with each other, as necessary. Each time you visit a hospital, physician, or other health care provider, a record of your visit is made. Typically, this medical record contains your symptoms, examination and test results, diagnoses, treatment, a plan for future care or treatment, and billing-related information. This Notice applies to all identifiable Protected Health Information (“Health Information”) in the medical records of your care generated by InnovAge, whether made by InnovAge personnel, agents of InnovAge, or your personal doctor. We are required by law to maintain the privacy of your Health Information, and to notify you of our legal duties and privacy practices with respect to your Health Information. This Notice summarizes our duties and your rights concerning the use of and sharing of your Health Information.

### **USES AND DISCLOSURES WE MAY MAKE WITHOUT YOUR AUTHORIZATION**

We may use or disclose your Health Information for certain purposes without your written authorization, including the following:

**Treatment.** We may use or disclose your information for purposes of treating you and to coordinate your care. For example, we may disclose your Health Information to members of the health care team (which includes your primary care doctor, nurses, home health care aids, social workers, physical and occupational therapists, and other caregivers) so that they may treat you; to provide appointment reminders; or to provide information about treatment alternatives or services we offer.

**Payment.** We may use or disclose your information to obtain payment for services provided to you. For example, we may share Health Information with Medicare or the state agency in order to see if you continue to be eligible for InnovAge services or to obtain pre-authorization or payment for treatment.

**Health Care Operations.** We may use or disclose your information for certain activities that are necessary for our health care operations and ensure that our patients receive quality care. For example, we may use your Health Information to train or review the performance of our staff or to monitor quality of care.

**Uses and Disclosures Related to Affiliated Covered Entity Functions.** The entities participating in the InnovAge Affiliated Covered Entity listed in this Notice (first page) will use and disclose your Health Information as permitted by this Notice as required to conduct, assess, and facilitate your care.

**Other Uses and Disclosures.** We may also use or disclose your information for certain other purposes allowed by the HIPAA Privacy Rule or other applicable laws and regulations, including the following:

- *Emergencies or Disasters.* In a disaster or emergency, we may disclose the minimum necessary Health Information to identify, locate and notify family members, guardians or anyone else responsible for your care, of your location, general condition or death.
- *To Avert a Serious Threat to Health or Safety.* To avoid a serious threat to your health or safety or the health or safety of the public or another person.
- *As Required By Law.* We may use and disclose your Health Information when required to do so by law.
- *Reporting Victims of Abuse, Neglect or Domestic Violence.* We may share your Health Information with a government agency if permitted by law or if you agree to report abuse, neglect, domestic violence or certain other events.
- *Public Health Activities.* For certain public health activities such as reporting matters to a public health agency in order to prevent or control disease, injury or disability; telling about elderly abuse or neglect or telling about deaths.
- *Health Oversight Activities.* For certain public health oversight activities such as audits, investigations, or licensure actions by entities that regulate us.
- *Court Proceedings.* In response to a court order, warrant, or subpoena in judicial or administrative proceedings. We will try to contact you about the request or to get an order or have the person promise to keep the information private.
- *Military, Veterans and other Specific Government Functions.* If you are in the armed forces, we may use and share your Health Information if asked to by the military, and we may share your Health Information for national security purposes, to determine your medical suitability for security clearance or service abroad, or as needed to protect the President of the United States or certain other officials or to do certain special investigations.
- *Research.* We may use or share your Health Information for research reasons if we review and approve the research project and confirm how the information will be kept private, if the researcher is getting the information when preparing a research plan, if the research happens after your death, or if you agree to the use or sharing of your information for research.
- *Law Enforcement.* In response to certain requests by law enforcement to obey a court order, warrant or similar legal process; or to locate a fugitive, victim or witness; or to report deaths or certain crimes.
- *Coroners, Medical Examiners, Funeral Directors, Organ Procurement Organizations.* To coroners, funeral directors, or organ procurement organizations as necessary to allow them to carry out their duties.
- *Workers' Compensation Laws.* As allowed by workers compensation laws for use in workers compensation proceedings or similar programs that provide benefits for work-related injuries or illness.

- **Business Associates.** We may disclose your Health Information to business associates who provide services to us. Our business associates are required by law to protect the confidentiality of your Health Information.

## **USES AND DISCLOSURES WE MAY MAKE UNLESS YOU OBJECT**

Unless you instruct us otherwise, we may disclose your information as described below:

**Individuals Involved in Your Care or Payment for Your Care.** To a member of your family, relative, friend, or other person who is involved in your healthcare or payment for your healthcare. We will limit the disclosure to the information relevant to that person's involvement in your healthcare or payment.

**Facility Directory.** To maintain our facility directory. If a person asks for you by name, we will only disclose your name, general condition, and location in our facility. We may also disclose your religious affiliation to clergy.

**Electronic Health Information Exchange.** InnovAge participates in electronic Health Information Exchange (HIE) in a number of the states in which it operates as a means to improve the quality of your health and healthcare experience. To find out if InnovAge participates in HIE in your state, and to learn more about your right to opt-in or opt-out of participation in HIE, please speak to your InnovAge enrollment representative or social worker.

## **USES AND DISCLOSURES WE WILL MAKE ONLY IF YOU GIVE YOUR WRITTEN AUTHORIZATION**

As required by the Privacy Rules, all other uses and disclosures of your Health Information (not described above) will be made only with your written authorization. For example, in order to disclose your Health Information to a company for marketing purposes, to sell your Health Information, or the use or disclosure of psychotherapy notes, we must obtain your written authorization. If you provide us permission to use or disclose your Health Information you may take away your authorization at any time. If you take your authorization away it will be effective immediately, except to the extent that we have relied upon it previously for the use and disclosure of your Health Information.

## **YOUR RIGHTS TO PRIVACY OF YOUR HEALTH INFORMATION**

You have the following rights concerning your Health Information. To exercise any of these rights, you must submit a written request to the Privacy Officer identified below.

**Request Restrictions.** You may request additional restrictions on the use or disclosure of information for treatment, payment or healthcare operations. We are not required to agree to the requested restriction except in the limited situation in which you or someone on your behalf pays for an item or service, and you request that information concerning such item or service not be disclosed to a health plan or health insurer.

**Request Confidential Communications.** We normally contact you by telephone or mail at your home address. You may request that we contact you by alternative means or at alternative locations. We will accommodate reasonable requests.

**Inspect and Copy Your Health Information.** You may inspect and obtain a copy of records that are used to make decisions about your care or payment for your care, including an electronic copy. We may charge you a reasonable cost-based fee for providing the records. We may deny your request under limited circumstances, e.g., if we determine that disclosure may result in harm to you or others.

**Request Amendment.** You may request that your protected Health Information be amended. We may deny your request for certain reasons, e.g., if we did not create the record or if we determine that the record is accurate and complete.

**Request an Accounting of Disclosures.** You may receive an accounting of certain disclosures we have made of your protected Health Information. You may receive the first accounting within a 12-month period free of charge. We may charge a reasonable cost-based fee for all subsequent requests during that 12-month period.

**Obtain a Paper Copy of this Notice.** You may obtain a paper copy of this Notice upon request. You have this right even if you have agreed to receive the Notice electronically.

**Breach Notice.** You will be notified in the event there is a breach of your unsecured Health Information.

### **SPECIAL RULES REGARDING SHARING OF PSYCHIATRIC, SUBSTANCE ABUSE AND HIV-RELATED INFORMATION**

Certain state laws may provide greater protections to information about mental health and drug or alcohol abuse treatment and HIV. InnovAge will obey any applicable state laws that provide greater protections to information about mental health and drug and alcohol abuse treatment and HIV.

### **USE OF TECHNOLOGY AND ARTIFICIAL INTELLIGENCE**

We may use advanced technologies, including artificial intelligence ("AI") tools, to help us operate efficiently and support the delivery of your care. For example, these tools may help us:

- Organize and analyze health information
- Improve the quality and safety of our services
- Support clinical decision-making by our providers and
- Manage our operations and safety, such as billing, compliance, and population health

When we use AI tools, we do so only as permitted by applicable law, including HIPAA. Any use or disclosure of your Health Information through these tools is limited to the same purposes described in this Notice, such as treatment, payment, and health care operations, or as otherwise authorized or required by law. AI tools do not replace the clinical judgment of our health care professionals. Decisions about your diagnosis, treatment, and care are always made by qualified clinical professionals.

When we use AI tools, we shall utilize administrative, technical, and physical safeguards designed to protect your Health Information. You continue to have all of the privacy rights described in this Notice, including the right to request restrictions, access your records, and obtain an accounting of certain disclosures.

### **CONTACT INFORMATION**

If you have any questions about this Notice or would like more information about your privacy rights, please contact the InnovAge Privacy Officer at 303-869-4664 Monday – Friday 8:00 – 4:30. TTY is available toll-free. Dial 711 and request a connection to InnovAge at 855-487-6768.

## **COMPLAINTS**

If you think that your privacy rights have not been followed, you may make a complaint by calling the InnovAge Privacy Officer at 303-869-4664 or by writing to InnovAge, Privacy Officer, 8950 East Lowry Blvd., Denver, CO 80230 or you can complain to the federal government by writing to Secretary, U.S. Department of Health and Human Services Office of Civil Rights, 200 Independence Avenue, SW, Washington, D.C. 20201.

*You will not be penalized or otherwise retaliated against for filing a complaint.*

## **CHANGES TO THIS NOTICE**

InnovAge has the right to change this Notice and to make the changed or new Notice rules apply for all Health Information already received and held by InnovAge as well as for all Health Information InnovAge obtains in the future. InnovAge will provide a copy of the changed Notice if you ask for it.

InnovAge complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. If you speak a language other than English, language assistance services, free of charge, are available to you. Please call 888-992-4464 (TTY: 711).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-992-4464 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-888-992-4464 (TTY: 711)。



## NOTICE OF RECEIPT OF PRIVACY PRACTICES

I have received a copy of the \_\_\_\_\_ PACE Notice of Privacy Practices.

Participant Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Last four digits of Participant Social Security Number: \_\_\_\_\_

At \_\_\_\_\_ PACE, we protect your privacy every day!

Staff Initials: \_\_\_\_\_