



Notice of Privacy Practices

Adult Enrichment Centers

Your Information. Your Rights. Our Responsibilities.

This notice describes how medical information about you may be used and disclosed and/or how you can access this information. Please review it carefully.

Your Rights

- Request a copy of your paper or electronic medical record.
- Correct your paper or electronic medical record.
- Request confidential communication connected to your medical record.
- Ask us to limit the information we share.
- Get a list of those with whom we've shared your information.
- Request a copy of this privacy notice.
- Choose someone to act on your behalf.
- File a complaint if you believe your privacy rights have been violated

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, notify us. In these cases, you have both the right and choice to tell us to.

- Share information with your family, close friends, or others involved in your care.
- Share information in a disaster relief situation.
- Include your information in a hospital directory.
- Provide mental health care.
- Market our services and sell your information. (Only with your written permission.)
- Fundraise/market on our behalf. We may contact you for fundraising efforts, but you can tell us not to contact you again. (Only with your written permission.)

Note: If you are not able to tell us your preference, for example if you are unconscious, we may share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

Our Uses and Disclosures

We may use and share your information when:

- Medical treatment is needed.
- Necessary to prevent disease.
- Necessary to run our organization.
- Billing for your services.
- Helping with public health and safety issues.
- Health researching.
- Helping with product recalls.
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Complying with the law.
- Responding to organ and tissue donation requests.
- Working with a medical examiner or funeral director
- Addressing workers' compensation, law enforcement, and other government requests.
- Responding to lawsuits, legal actions and to prove we are complying with federal privacy law.
- Responding to organ and tissue donation requests and to share health information health information about you with organ procurement organizations.
- Requested for special government functions such as military, national security, and presidential protective services.

How do we typically use or share your health information? We typically use or share your health information in the following ways.

Treat you: We can use your health information and share it with other professionals who are treating you.

Example: A doctor treating you for an injury asks another doctor about your overall health condition.

Run our organization: We can use and share your health information to run our practice, improve your care, and contact you when necessary.

Example: We use health information about you to manage your treatment and services.

Bill for your services: We can use and share your health information to bill and get payment from health plans or other entities.

Example: We give information about you to your health insurance plan so it will pay for your services.

We are allowed or required to share your information in other ways, for example in ways that contribute to the public good, such as public health and research. We must meet many conditions in the law before we can share your information for these purposes. For more information visit [Health and Human Services HIPPA Privacy Rights](#).

Your Expectation

- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this. We may say “no” to your request, but we’ll tell you why in writing within 60 days.
- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. We will say “yes” to all reasonable requests.
- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.
- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.
- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.

- You can complain if you feel we have violated your rights by contacting us:

Samantha Kriegshauser, Chief Executive Officer samanthak@aecenters.org | (803) 417-3376

- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1- 877-696-6775, or visiting [Health and Human Services Office for Civil Rights](#). We will not retaliate against you for filing a complaint.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy. We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind, in writing, at any time. For more information visit [Health and Human Services HIPPA Privacy Rights](#).

Note: We can change the terms of this notice, and the changes will apply to all information we have. The new notice will be available upon request, in our office and on our web site.

Effective Date of this Notice: June 13, 2014

Locations: Our organization never markets or sells personal information. This notice applies to all AEC locations:

Adult Enrichment Centers
359 Park Avenue, Rock Hill, SC 29730

Adult Enrichment Centers York
3 South Pacific Avenue, York, SC 29745

RENEW Montessori Center for Aging and Memory Care
105 Lestina Ct., Fort Mill, SC 29715

