

NOTICE OF PRIVACY PRACTICES

This Notice describes the ways in which Metro Support Services, Inc. may disclose your Protected Health Information and your rights concerning your Protected Health Information or “PHI”. “Protected Health Information” is certain information that can reasonably be used to identify you and that relates to your past, present or future physical or mental health or condition or the provisioning of health care to you or the payment for that care.

Metro support Services, Inc. is required by Federal law to provide you with this Notice about your rights and the agency’s legal duties and privacy practices with respect to your Protected Health Information. Metro Support Services, Inc. must follow the terms of this Notice while it is in effect.

HOW THE AGENCY MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION

As appropriate for the particular situation, the examples below are provided to illustrate the types of uses and disclosures Metro Support Services, Inc. may make without your authorization for reasons such as payment, healthcare operations and treatment.

Payment: Metro Support Services may use and disclose your Protected Health Information in order to pay for your covered health expenses. For example, the agency may use you Protected Health Information to process claims or be reimbursed by another insurer that may be responsible for the payment.

Health care operations: Metro Support Services may use and disclose your Protected Health Information in order to perform agency activities, such as quality assessment activities or administrative activities, including data management or customer service.

Treatment: Metro Support Services may use and disclose your Protected Health Information to assist your health care provider (doctors, pharmacies, hospitals and others) in your diagnosis and treatment. However, it is more likely a health care provider would receive your PHI from another health care provider than from Metro Support Services. For example, the agency may disclose your Protected Health Information to providers so that they may evaluate alternative treatments.

Judicial and Administrative Proceedings: Metro support Services may disclose Protected Health Information in response to a court or administrative order. The agency may also disclose Protected Health Information about you in certain cases in response to a subpoena, discovery request or other lawful process.

Law Enforcement or specific Governmental Functions: Metro Support Services may disclose Protected Health Information under limited circumstances to law enforcement personnel for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order or subpoena, and other law enforcement purposes.

Coroners, Funeral Directors, Organ Donation: Metro Support Services may disclose Protected Health Information to coroners or funeral directors as necessary to allow them to carry out their duties. Metro support Services may also disclose Protected Health Information in connection with organ or tissue donation.

To Avert a Serious Threat to Health or Safety: Metro Support Services may disclose Protected Health Information about you, with some limitation, when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

Workers' Compensation: Metro Support services may disclose Protected Health Information to the extent necessary to comply with state law for workers' compensation programs.

In special situations, we may disclose your Protected Health Information to a family member, relative, close personal friend, or any other person whom you identify, when that information is directly relevant to the person's involvement with your care or payment related to your care.

We may also use your PHI to notify a family member, your personal representative, another person responsible for your care, or certain disaster relief agencies, of your location, general condition, or death. If you are incapacitated, there is a time emergency, or you otherwise do not have the opportunity to agree to or object to this use or disclosure, we will do what in our judgment is in your best interest regarding such disclosure and will disclose only information that is directly relevant to the person's involvement with your health care.

OTHER USES OR DISCLOSURES WITH AN AUTHORIZATION

As Required by Law: Metro Support Services must disclose Protected Health Information about you when required to do so by law.

Public Health Activities: Metro Support Services may disclose Protected Health Information to public health agencies for reasons such as preventing or controlling disease, injury or disability.

Victims of Abuse, Neglect or Domestic Violence: Metro Support Services may disclose Protected Health Information to government agencies about abuse, neglect or domestic violence.

Health Oversight Activities: Metro Support services may disclose Protected Health Information to government oversight agencies (e.g. U.S. Department of Labor) for activities authorized by law.

YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

You have certain rights regarding Protected Health Information that are maintained for you.

Right to Access Your Protected Health Information: You have the right to review or obtain copies of your Protected Health Information records, with some limited exceptions. Your request to review and/or obtain a copy of your Protected Health Information records must be made in writing. We may charge a fee for the costs of producing, copying and mailing your requested information, but we will tell you the cost in advance.

Right to Amend Your Protected Health Information: If you feel that Protected Health Information maintained by Metro Support Services is incorrect or incomplete, you may request that we amend the information. Your requests must be made in writing and must include the reason you are seeking a change. Metro Support Services may deny your request if, for example, you ask to amend information that was not created by Metro Support Services, as is often the case for health information in our records. If your request to amend your Protected Health Information is denied, you will be notified in writing. You will be notified within 60 calendar days from the receipt of your request. You then have the right to submit a written statement of disagreement with decision.

Right to Receive an Accounting of Disclosures of Your Protected Health Information: You have the right to request a list of the disclosures of your Personal Health Information that Metro Support Services has made about you, subject to certain exceptions. In order to receive an accounting of the disclosures, you must submit a written request. Your request must include the following: the time period for the accounting, which may not be longer than 6 years and may not include dates prior to April 14, 2003, and the form (i.e. electronic, paper, etc.) in which you would like the accounting. Your first request within a 12-month period will be free. Metro Support Services may charge you for costs associated with providing you any additional lists. The agency will notify you of the costs involved, and you may choose to withdraw or modify your request before you incur any costs.

Right to Request Restrictions on the Use and Disclosure of Your Protected Health Information: You have the right to request that Metro support Services restrict or limit how your Protected Health Information is disclosed for treatment, payment or healthcare operation or disclosed to friends and family members involved in your health care or payment for health care. Metro support services may not agree to your request. For example, Metro Support Services may be unable to grant a request to restrict the use of your information because it could impede administration of the agency. If your request is granted Metro support Services will comply with your request unless the information is needed for an emergency. Your request for a restriction must be made in writing. In your request, you must state (1) what information you want to limit; (2) whether you want to limit how we use or disclose your information, or both; and (3) to whom you want the restrictions to apply.

Right to Receive Confidential Communications: You have the right to request that there be a certain method to communicate with you about the Personal Health Information and request it be sent to a certain location if the communication could endanger you. Your request to receive confidential communications must be made in writing. Your request must clearly state that all of part of the communication for Metro Support Services could endanger you. Your request must specify how or where you wish to be contacted.

Right to Receive a Paper copy of Notice: You have a right to receive a paper copy of this notice, even if you agree to receive it electronically.

Contact Information for Exercising Your Rights: You may exercise any of the rights described above by contacting our Privacy Officer. The Privacy Officer for Metro Support Services is Wendy Skizas.

CHANGES TO THIS NOTICE

Metro Support Services reserves the right to change the terms of this Notice at any time, effective for current Protected Health Information as well as any information received in the future. Metro support Services will provide you with a copy of the new Notice whenever a material change is made to the privacy practices described in this Notice. Any time a material change is made to this Notice, Metro Support Services will promptly revise and issue the new notice with the new effective date. If we change this Notice, you will receive a new notice by mail sent to your home.

COMPLAINTS

If an individual, their family or their representatives are concerned that Individually Identifiable Health Information (hereinafter “IIHI”) or Protected Health Information (hereinafter “PHI”) is or has been disclosed without proper authorization they need to contact Metro Support Services HIPAA Official who is the Director, Wendy Skizas. They should do this in writing if possible, but if they are not comfortable reducing the concern/complaint to writing, they can schedule an appointment with the HIPAA Official to discuss their concerns and /or complaint.

Once a complaint has been made or a concern voiced the HIPAA Official shall immediately take whatever steps are necessary to insure that there are no further unauthorized released of information and shall also take appropriate action to mitigate the damage of any prior unauthorized released. Once the HIPAA Official has taken appropriate action as set forth above or has determined that no immediate action is necessary then the HIPAA Official shall investigate the specifics of the complaint and/or concern. This investigation may include, among other techniques, interview of staff members or other involved parties, the review of processes and procedures designated to protect against such unauthorized releases and the review of physical safeguards that re designed to protect such information.

Within 20 working days of receiving a concern or complaint the HIPAA Official will respond in writing to the individual about the concern or complaint. If appropriate the HIPAA Official may also schedule a meeting with individual to discuss any findings. The findings will include a determination of whether an unauthorized release took place and what are being taken to prevent further releases.

Complaints about this Notice of Privacy Practices or how Metro Support Services handles your health information must be submitted in writing and directed to:

Wendy Skizas
HiPAA Official
Metro Support Services, Inc.
P.O. Box 966
Eastlake, CO 80614

Complainants that feel their complaints cannot be resolved with Metro Support Services can submit them to the Health Facilities and Emergency Medical Services Division (HFEMSD) Home

and Community Services complaint line, in person, mail or email. The division encourages complainants to try to resolve concerns first through the internal grievance process because very often this is the quickest way to address the problem. If concerns cannot be addressed satisfactorily through these more informal processes or the complainant chooses not to utilize Metro Support Services processes, the complainant may file a formal complaint with the division.

**Complaint Intake Coordinator
Health Facilities and Emergency Medical Services Division
4300 Cherry Creek Drive South
Denver, Colorado 80246**

**Home and Community Services Complaint Line: # 303.692.2910/ # 800.842.8826
Email: healthfacilities@state.co.us**

Metro Support Services, Inc.

P.O. Box 966
Eastlake, CO

Phone: 720.872.2730
Fax: 720.872.2738

Receipt of Notice of Privacy Practices

I, _____, have received a copy of Metro Support Services, Inc. Notice of Privacy Practices. I have had the opportunity to read this notice and/or have someone read it to me. I have had the opportunity to have my questions answered regarding this notice. I understand that I may contact Wendy Skizas, HIPAA Official, for any question I may have regarding this policy or to request assistance in the process of filing a concern or complaint.

I understand that a complete copy of a Metro Support Services, Inc. Policy and Procedure Manual, which includes the Notice of Privacy Practices, will be maintained in the residence of the Host Home Provider and at Metro Support Services, Inc.

Name of Person Receiving Services: _____

Signature: _____ Date: _____

Relationship to Person Receiving Services: _____