



# Southwestern Vermont Council on Aging

[www.svcoa.org](http://www.svcoa.org)

**Rutland Office**  
143 Maple St  
Rutland VT, 05701

**Bennington Office**  
160 Benmont Ave, Suite 90  
Bennington VT, 05201

## Your Information. Your Rights. Our Responsibilities.

This notice describes how health information about you may be used and disclosed and how you can get access to this information.

**Please review it carefully.**

### Your Rights

#### **You have the right to:**

- Request a copy of your paper or electronic client record
- Ask us to correct your paper or electronic client record
- Request confidential communications
- Ask us to limit the information we share
- Request a list of those with whom we've shared your information
- Receive a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

*See page 2 for more information on these rights and how to exercise them*

### Your Choices

#### **You have some choices in the way that we use and share information as we:**

- Tell family and friends about your condition
- Provide disaster relief
- Market our services
- Raise funds or ask for donations

*See page 3 for more information on these choices and how to exercise them*

### Our Uses & Disclosures

#### **We may use and share your information as we:**

- Provide you services
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

*See pages 3 & 4 for more information on these uses and disclosures*

## Your Rights

**When it comes to your health information, you have certain rights.**  
This section explains your rights and some of our responsibilities to help you.

### Request a copy of your paper or electronic client record

- You can ask to see or get a paper or electronic copy of your client record and other health information we have about you. Ask us how to do this.
- 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.

### Ask us to correct your client record

- 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.

### Request confidential communications

- 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.

### Ask us to limit what we use or share

- 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.

### Get a list of those with whom we've shared 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 asked, 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.

### Get a copy of this privacy notice

- 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.

### Choose someone to act for you

- If you have given someone 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 using the information on page 1.

### File a complaint if you feel your rights are violated

- You can file a complaint with the U.S. Dept. of Health & Human Services Office for Civil Rights by sending a letter to 200 Independence Ave SW, Washington, DC 20201, calling (877) 696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
- We will not retaliate against you for filing a complaint.

## 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, talk to us. Tell us what you want us to do, and we will follow your instructions.

**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

*If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and 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.*

**In these cases we *never* share your information unless you give us written permission:**

- Marketing purposes

**In the case of fundraising:**

- We may contact you for fundraising efforts or donation requests, but you can tell us to not contact you again.

## Our Uses & Disclosures

### How do we typically use or share your health information?

We typically use or share your health information in the following ways:

#### Provide services

- We can use your health information and share it with other professionals who are working with you.

**Example:** A doctor treating you for an injury asks your case manager about your services.

#### Run our organization

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

**Example:** We use health information about you to manage your 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.

**How else can we use or share your health information?** We are allowed or required to share your information in other ways -- usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

<b>Help with public health and safety issues</b>	<ul style="list-style-type: none"><li>• We can share health information about you for certain situations such as:<ul style="list-style-type: none"><li>• Preventing disease</li><li>• Helping with product recalls</li><li>• Reporting adverse reactions to medications</li><li>• Reporting suspected abuse, neglect, or domestic violence</li><li>• Preventing or reducing a serious threat to anyone's health or safety</li></ul></li></ul>
<b>Do research</b>	<ul style="list-style-type: none"><li>• We can use or share your information for health research.</li></ul>
<b>Comply with the law</b>	<ul style="list-style-type: none"><li>• We will share information about you if state or federal laws require it, including with the Dept. of Health &amp; Human Services if it wants to see that we're complying with federal privacy law.</li></ul>
<b>Work with a medical examiner or funeral director</b>	<ul style="list-style-type: none"><li>• We can share health information with a coroner, medical examiner, or funeral director when an individual dies.</li></ul>
<b>Address workers' compensation, law enforcement, and other government requests</b>	<ul style="list-style-type: none"><li>• We can use or share health information about you:<ul style="list-style-type: none"><li>• For workers' compensation claims</li><li>• For law enforcement purposes or with a law enforcement official</li><li>• With health oversight agencies for activities authorized by law</li><li>• For special government functions such as military, national security, and presidential protective services</li></ul></li></ul>
<b>Respond to lawsuits and legal actions</b>	<ul style="list-style-type: none"><li>• We can share health information about you in response to a court or administrative order or if we need to initiate a legal action in response to safety concerns.</li></ul>
<b>Substance abuse treatment records</b>	<ul style="list-style-type: none"><li>• Federal law (42 C.F.R. Part 2) requires written consent before we can release certain types of substance abuse treatment records.</li></ul>
<b>Disclosures required under Vermont law</b>	<ul style="list-style-type: none"><li>• Vermont law requires certain types of disclosures including reporting child abuse; abuse, neglect, or exploitation of vulnerable adults; firearm-related injuries; communicable diseases; fetal deaths; cancer; lead poisoning; and, blood-alcohol content.</li></ul>



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 of it.
- 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 at any time. Let us know in writing if you change your mind.

For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticeapp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticeapp.html).

#### **Changes to the Terms of This Notice**

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

**Effective Date: September 5, 2025**

#### **This Notice of Privacy Practices applies to the following organizations:**

Southwestern Vermont Council on Aging, Inc.

Southwestern Vermont Council on Aging, Inc. participates in the Vermont Aging Network Organized Health Care Arrangement (OHCA) with the four other Vermont Area Agencies on Aging (AAAs): Central Vermont Council on Aging; Council on Aging for Southeastern Vermont, d/b/a Senior Solutions; Northeast Kingdom Council on Aging; and, Age Well, Inc. The purpose of this OHCA is to enhance the quality, accessibility, and affordability of the services we provide to older Vermonters through shared functions, including joint quality assurance and performance improvement activities. The participants in the OHCA share limited client information to support the effectiveness of our joint activities.

#### **For more information or to file a complaint, you may contact:**

Rosemary Greene, Executive Director

802-786-5990

[Infoandassistance@svcoa.net](mailto:Infoandassistance@svcoa.net)