

NOTICE OF PRIVACY PRACTICES

Effective: September 23, 2013

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THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Protecting Your Privacy

Each time you visit a health care facility, a record of your visit is made. This record generally contains information about your medical conditions, the treatments and medications that were prescribed and given to you, and notes concerning the course and results of your stay.

We endeavor to handle this information about you and your health with the greatest care. This notice, which is required by law, describes how we manage your protected health information and our commitment to protecting your privacy.

This notice applies to this nursing facility, its contracted pharmacy and laboratory services, contracted therapy services, if applicable, all attending physicians with whom the center has admitting agreements, and other affiliated health care services normally coordinated by this center. One provision of this notice serves for all affiliated covered entities.

Protected Health Information (PHI)

Protected health information (PHI) is health information, including demographic information, that could be used to identify you with your health status, that is created or received by a health care provider, health plan, employer, or health care clearinghouse; and that relates to:

- Your past, present, or future physical or mental health or condition;
- The health care provided to you; or
- The past, present, or future payment for the health care provided to you.

Responsibilities of the Center

We are required by law to maintain the privacy of protected health information, to provide individuals with notice of our legal duties and privacy practices with respect to protected health information, and to notify affected individuals following a breach of unsecured protected health information.

We are required to abide by the terms of the Notice currently in effect. We reserve the right to change the terms of this Notice and to make new provisions effective for all protected health information that we maintain. The new Notice will be posted in a clear and prominent location in the building and on our website, and we will notify you and any other affected individuals if we change our privacy practices. Copies of the revised notice will also be available upon request on or after the effective date of the revision.

Uses and Disclosures for Treatment, Payment, or Health Care Operations

We are permitted by law to use and disclose your protected health information for the purposes of treatment, payment, and health care operations.

Treatment. Your protected health information may be used or disclosed in order to provide, coordinate, or manage your health care and related services. This includes the coordination or management of your health care by a health care provider with a third party, consultation between health care providers relating to you, or your referral for health care from one health care provider to another. For example, your nurse may tell your physician about any changes or developments in your health so that they can provide you with the proper treatment.

Payment. Your protected health information may be used or disclosed to obtain or provide reimbursement for the health care provided to you. For example, we may disclose your diagnoses and treatments to your insurance provider in order to be reimbursed for providing you with the related health care.

Health Care Operations. Your protected health information may be used or disclosed for our health care operations, such as conducting quality assessment and improvement activities; evaluating the performance of your health care providers; conducting or arranging for medical review, legal services, and auditing functions, including fraud and abuse detection and compliance programs; business planning and development; and other business management and general administrative activities that necessitate the use of protected health information. For example, your nurse may let your therapist, social services director, or others involved in your care planning know of any changes or developments in your health condition so that they can assess and improve the quality of care that you receive.

Other Permitted or Required Uses and Disclosures

The HIPAA Privacy Rule permits or requires us to use or disclose your protected health information without your written authorization, in the following circumstances.

- We may discuss your PHI with you.

- We may use or disclose your PHI pursuant to your agreement to use or disclose your information in our facility directory, to other individuals involved in your care, or for notification purposes.
- We may use or disclose your PHI without your agreement or written authorization for the following circumstances: when required by law; for public health activities; about victims of abuse, neglect, or domestic violence; for health oversight activities; for judicial and administrative hearings; for law enforcement purposes; about decedents; for cadaveric organ, eye, or tissue donation purposes; for research purposes; to avert a serious threat to health or safety; and for workers' compensation.
- We may use or disclose your information in a limited data set to those with whom we have a data use agreement. A limited data set is PHI that excludes certain direct identifiers of you or of your relatives, employers, or household members.
- We may use, or disclose to a business associate or to an institutionally related foundation, limited PHI about you for the purpose of raising funds for our own benefit.
- We may use or disclose your PHI when required by the Secretary of the Department of Health and Human Services for complaint investigations or to determine our compliance with HIPAA.
- We may use or disclose your protected health information pursuant to your written authorization.

Uses and Disclosures that Require an Authorization

We are required to obtain a written authorization from you before we can use or disclose PHI in the following circumstances.

Psychotherapy Notes. We must obtain a written authorization for any use or disclosure of psychotherapy notes, except when required by law or to defend ourselves in a legal action or other proceeding.

Marketing. We must obtain a written authorization for any use or disclosure of PHI for marketing, except if the communication is in the form of a face-to-face communication made by the center to you or a promotional gift of nominal value provided by the center.

Sale of PHI. We must obtain a written authorization for any disclosure of your PHI that is considered a sale of PHI.

Other uses and disclosures not described in this Notice will be made only with your written authorization. You may revoke an authorization at any time, except to the extent that action has already been taken. Such a request must be made in writing.

Your Health Information Rights

Your rights are specifically defined in federal regulations found at 45 CFR 164.522 through 45 CFR 164.528, but in general they include the following:

- The right to request restrictions on certain uses and disclosures of PHI
- The right to receive confidential communications of PHI
- The right to inspect and copy PHI
- The right to amend PHI
- The right to receive an accounting of disclosures of PHI
- The right of a patient, including a patient who has agreed to receive the Notice electronically, to obtain a paper copy of the Notice from the center upon request

How You May Exercise Your Health Information Rights

We will make every effort to help you exercise your rights during your stay in this center. Speak to any staff member at any time concerning these rights and you will be assisted.

- You may request restrictions on certain uses and disclosures of your PHI for purposes related to treatment, payment, or our health care operations. Such requests must be made in writing and submitted to the Privacy Officer. Although we will consider your request, please be aware that we are not obligated to agree to it.
- You may request that we not disclose your health information to certain family members or friends, and that your name not be placed in our center directory to inform visitors who ask for you by name, or members of the clergy who ask for patients by religious affiliation, of your location in the center. You will have an opportunity to make such requests at the time of admission. Requests after admission must be made in writing and submitted to the Privacy Officer.
- If you are dissatisfied with the manner or location in which you are receiving communications from us related to your health information, you may request to receive such communications from us by alternative means or at alternative locations. Such requests must be made in writing and submitted to the Privacy Officer. We will attempt to accommodate all reasonable requests.
- You may request to inspect and/or obtain a copy of your health information, which will be provided to you in the timeframes established by law. You may make such requests orally or in writing to the Health Information/Medical Record Services Department.

In order to better respond to your request, we ask that you make requests for copies of your records in writing, using our authorization form. There is a standard fee for copies made. For more information about this right, speak to the Privacy Officer or the Health Information Manager.

- If you believe that any health information in your record is incorrect or if you believe that important information is missing, you may request a correction or an addendum. Such requests must be made in writing, and must provide a reason to support the correction/amendment. We ask that you use the form provided by our center to make such requests. Contact the Privacy Officer of the Health Information Manager to request a form.
- You may receive a written accounting of all disclosures made by us during the time period for which you request (not to exceed 6 years). We ask that such request be made in writing on a form provided by the center.

Please note that an accounting will not apply to any of the following types of disclosures: disclosures made for reason of treatment, payment, or health care operations; disclosures made to you or you legal representative of any other individual involved with your care or for notification purposes; disclosures to correctional institutions or law enforcement officials; disclosures pursuant to an authorization; disclosures for the center's directory; or incident to a use or disclosure otherwise permitted or required by the Privacy Rule.

You will not be charged for your first accounting request in any 12-month period. However, for any request that you make thereafter, you will be charged a reasonable, cost-based fee. For request forms or for more information, contact the Privacy Officer or the Health Information Manager.

Complaints

We will strive to properly handle information about you at all times. However, if you believe your privacy rights have been violated, you may complain to the Privacy Officer of this center and other persons in authority, up to and including the Secretary of Health and Human Services. There will be no retaliation for filing a complaint.

Contacts

To request further information concerning this privacy notice, to report a problem, or to file a complaint, contact the Privacy Officer for this center, whose name and telephone number are listed below.

In the event the Privacy Officer is not available, you may also contact the Social Services Department, the Director of Nursing, or the Administrator at any time.

Privacy Officer: _____

Telephone #: _____

ACKNOWLEDGEMENT OF NOTICE RECEIVED

Patient Name: _____

Admission Date: _____

I acknowledge that I have been given a “Notice of Privacy Practices.”

(Patient/Legal Representative Signature)

(Date)

For Office Use Only: We have made every effort to obtain written acknowledgment of receipt of our Notice of Privacy Practices from this patient but it could not be obtained because:

- The patient refused to sign.
- Due to an emergency situation, it was not possible to obtain acknowledgment.
- We were not able to communicate with the patient.
- Other (Please provide specific details)

(Signature)

(Date)