

MARYHILL MANOR

NOTICE OF PRIVACY INFORMATION PRACTICES

Effective date: 4/14/03
Date(s) of Revision: _____

**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.**

Please contact the Administrator at 437-3544 if you have any questions regarding this notice.

A. General description and purpose of notice.

This notice describes our information privacy practices and that of:

1. Any health care professional authorized to enter information into your medical record created and/or maintained at our facility.
2. Any member of a formal volunteer group which we allow to help you while receiving services at our facility; and
3. All facility employees, staff, and other personnel.

All of the individuals or entities identified above will follow the terms of this notice. These individuals or entities may share your health information with each other for purposes of treatment, payment, or health care operations, as further described in this notice.

B. Our facility's policy regarding your health information.

We are committed to preserving the privacy and confidentiality of your health information created and/or maintained at our facility. Certain state and federal laws and regulations require us to implement policies and procedures to safeguard the privacy of your health information.

This notice will provide you with information regarding our privacy practices and applies to all of your health information created and/or maintained at our facility, including any information that we receive from other health care providers or facilities. The notice describes the ways in which we may use or disclose your health information and also describes your rights and our obligations regarding any such uses or disclosures. We will abide by the terms of this notice, including any future revisions that we may make to the notice as required or authorized by law.

We may change this notice at any time. Any changes will apply to health information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in our facility. The first page of the notice contains the effective date and any dates of revisions.

C. Uses or disclosures of your health information.

We may use or disclose your health information in one of the following ways:

1. According to your written consent (for purposes of treatment, payment or health care operations)
2. According to your written authorization (for purposes other than treatment, payment or health care operations)
3. According to your verbal agreement (for use in our facility directory or to discuss your health condition with family or friends who are involved in your care)
4. As permitted by law
5. As required by law

The following describes each of the different ways we may use or disclose your health information. Where appropriate, we have included examples of the different types of uses or disclosures. While not every use or disclosure is listed, we have included all of the ways in which we may make such uses or disclosures.

1. Uses or disclosures made according to your written consent.

We may use or disclose your health information for purposes of treatment, payment, or health care operations upon obtaining your written consent. We may condition our delivery of services to you upon receiving your consent.

- a. Treatment:** We may use your health information to provide you with health care treatment and services. We may disclose your health information to doctors, nurses, nursing assistants, medication aides, technicians, medical and nursing students, rehabilitation therapy specialists, or other personnel who are involved in your health care. For example, your physician may order physical therapy services to improve your strength and walking abilities. Our nursing staff will need to talk with the physical therapist so that we can coordinate services and develop a plan of care. We also may disclose your health information to people outside of our facility who may be involved in your health care, such as family members, social services, or home health agencies.
- b. Payment:** We may use or disclose your health information so that we may bill and collect payment from you, an insurance company, or another third party for the health care services you receive at our facility. For example, we may need to give information to your nursing home insurance company regarding the services you received from our facility so that they will pay us or reimburse you for the services. We also may tell your health insurance plan about a treatment you are going to receive

in order to obtain approval for the services or to determine whether your health plan will cover the cost of treatment.

- c. **Health care operations:** We may use or disclose your health information to perform certain functions within our facility. These uses or disclosures are necessary to operate our nursing home and to make sure that our residents receive quality care. For example, we may use your health information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may combine health information about many of our residents to determine whether certain services are effective or whether additional services should be provided. We may disclose your health information to physicians, nurses, nursing assistants, medication aides, rehabilitation therapy specialists, technicians, medical and nursing students, and other personnel for review and learning purposes. We also may combine health information with information from other providers or facilities to compare how we are doing and see where we can make improvements in the care and services offered to our residents. We may remove information that identifies you from this set of health information so that others may use the information to study health care and health care delivery without learning the specific identities of our residents.
- d. **Fundraising activities:** We may use a limited amount of your personal information for purposes of contacting you or your family members that you have identified to us to raise money for our facility and its operations. We may disclose this personal information to an auxiliary related to the facility so that they may contact you or family members you have identified to raise money for our facility. This information which we may use or disclose will be limited to names and addresses. ***If you do not want our facility or affiliated auxiliary to contact you or your family for these fundraising purposes, please indicate this in writing on the Acknowledgement page for this Notice of Privacy Practices.***

2. Uses or disclosures made according to your written authorization.

We may use or disclose your health information according to your written authorization for purposes other than treatment, payment or health care operations and for purposes which are not permitted or required by law. You have the right to revoke a written authorization at any time as long as your revocation is provided to us in writing. An example of uses or disclosures that may require your written authorization would include a request to provide your health information to an attorney for use in a civil litigation claim.

3. Uses or disclosures made according to your verbal agreement.

We may use or disclose your personal health information, according to your verbal agreement, for purposes of including you in our facility directory or for purposes of releasing information to persons involved in your care as described below.

- a. **Facility directory:** We may use or disclose certain limited personal information about you in our facility directory while you are a resident at our facility. This information may include your name and room number. This information will also be given to people who ask for you by name.
- b. **Clergy notification:** Your religious affiliation may be given to a member of the clergy.
- c. **Individuals involved in your care:** We may disclose your health information to individuals you have specifically named, such as family and friends who are involved in your care or who help with financial arrangements for your care. We also may disclose your health information to a person or organization assisting in disaster relief efforts for the purpose of notifying your family or friends involved in your care about your condition, status and location.
- d. **Major changes in status:** Our nursing home is a small community onto itself. Due to this, other residents and staff members notice when a resident is not at a meal or an activity that they regularly attend, or when the coroner is in the building. Because of this, we may disclose to other residents and staff that you have been hospitalized or have died. This disclosure will be limited to these facts only. The reason for hospitalization or cause of death will not be disclosed to anyone other than those directly involved in your care or those individuals you have specifically named to be involved in your care.

If you do not want any information shared in the manner described above, please discuss your concerns or objections with staff at this time.

4. Uses or disclosure permitted by law

Certain state and federal laws and regulations either require or permit us to make certain uses or disclosures of your health information without your permission. These uses or disclosures are generally made to meet public health reporting obligations or to ensure the health and safety of the public at large. The uses or disclosures which we may make according to these laws and regulations include the following:

- a. **Public health activities:** We may use or disclose your health information to public health authorities that are authorized by law to receive and collect health information for the purpose of preventing or controlling disease, injury or disability. We may use or disclose your health information for the following purposes:
 - i. To report adverse reactions to medications or problems with health care products.
 - ii. To report deaths.
 - iii. To report suspected or actual abuse, neglect, or domestic violence.
 - iv. To notify an individual who may have been exposed to a disease or may be at risk for spreading or contracting a disease or condition.
- b. **Health oversight activities:** We may use or disclose your health information to a health oversight agency that is authorized by law to conduct health oversight activities. These oversight activities may include

audits, investigations, inspections, or licensure and certification surveys. These activities are necessary for the government to monitor the persons or organizations that provide health care to individuals and to ensure compliance with applicable state and federal laws and regulations.

- c. **Judicial or administrative proceedings:** We may use or disclose your health information to courts or administrative agencies charged with the authority to hear and resolve lawsuits or disputes. We may disclose your health information pursuant to a court order, a subpoena, a discovery request, or other lawful process issued by a judge or other person involved in the dispute.
- d. **Worker's compensation:** We may use or disclose your health information to worker's compensation programs when your health condition arises out of a work-related illness or injury.
- e. **Law Enforcement official.** We may use or disclose your health information in response to a request received from a law enforcement official for the following purposes:
 - In response to a court order, subpoena, warrant, summons or similar lawful process.
 - To identify or locate a suspect, fugitive, material witness, or missing person.
 - Regarding a victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement.
 - To report a death we believe may be the result of criminal conduct
 - To provide information concerning a crime on our property.
 - In emergency situations, to report a crime – the location of the crime and possible victims; or the identify, description, or location of the individual who committed the crime.
- f. **Coroners, medical examiners, or funeral directors:** We may use or disclose your health information to a coroner or medical examiner for the purpose of identifying a deceased individual or to determine the cause of death. We also may use or disclose your health information to a funeral director for the purpose of carrying out his/her necessary activities.
- g. **Organ procurement organization or tissue banks:** If you are an organ donor, we may use or disclose your health information to organizations that handle organ procurement, transplantation, or tissue banking for the purpose of facilitating organ or tissue donation or transplantation.
- h. **Research:** We may use or disclose your health information for research purposes under certain limited circumstances. We will ask for your specific permission to use or disclose your health information if the researcher will have access to your name, address or other identifying information.
- i. **To avert a serious threat to health or safety:** We may use or disclose your health information when necessary to prevent a serious threat to the

health or safety of you or other individuals. Any such use or disclosure would be made solely to the individual(s) or organization(s) that have the ability and/or authority to assist in preventing the threat.

- j. Military and veterans:** If you are a member of the armed forces, we may use or disclose your health information as required by military command authorities.
- k. National security and intelligence activities:** We may use or disclose your health information to authorized federal officials for purposes of intelligence, counterintelligence, and other national security activities, as authorized by law.

5. Uses or disclosures required by law

We may use or disclose your information where such uses or disclosures are required by federal, state or local law.

D. Your rights regarding your health information

You have the following rights regarding your health information which we create and/or maintain:

- 1. Right to inspect and copy:** You have the right to inspect and copy health information that may be used to make decisions about your care. Generally, this includes medical and billing records, but does not include psychotherapy notes. To inspect and copy your health information, you must submit your request in writing to the Nursing Services Coordinator. If you request a copy of the information, we may charge a fee for the costs of copying, mailing, or other supplies associated with your request.
- 2. Right to request an amendment:** If you feel that the health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for our facility.
To request an amendment, your request must be made in writing and submitted to the Nursing Services Coordinator. In addition, you must provide us with a reason that supports your request.
We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that
 - a. was not created by us, unless the person or entity that created the information is no longer available to make the amendment
 - b. is not part of the health information kept by or for our facility
 - c. is not part of the information which you would be permitted to inspect and copy
 - d. is accurate and complete
- 3. Right to an accounting of disclosures:** You have the right to request an accounting of the disclosures which we have made of your health information.

This accounting will not include disclosures of health information that we made for purposes of treatment, payment, or health care operations.

To request an accounting of disclosures, you must submit your request in writing to the Administrator. Your request must state a time period which may not be longer than six (6) years prior to the date of your request and may not include dates before April 14, 2003. Your request should indicate in what form you want to receive the accounting (for example, on paper or via electronic means). The first accounting that you request within a twelve (12)-month period will be free. For additional accountings, we may charge you for the costs of providing the accounting. We will notify you of the cost involved, and you may choose to withdraw or modify your request at that time before any costs are incurred.

- 4. Right to request restrictions:** You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a limit on the health information we disclose about you to someone, such as a family member or friend, who is involved in your care or in the financial arrangements of your care. For example, you could ask that we not use or disclose information regarding a particular treatment you have received.

We are not required by law to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide emergency treatment to you.

To request restrictions, you must make your request in writing to the Nursing Services Coordinator. In your request, you must tell us (a) what information you want to limit; (b) whether you want to limit our use, disclosure or both; and (c) to whom you want the limits to apply (for example, a particular family member).

E. Complaints

If you believe your privacy rights have been violated, you may file a complaint with our facility or with the secretary of the Department of Health and Human Services. To file a complaint with our facility, contact the Administrator. All complaints must be submitted in writing. You will not be penalized in any way for filing a complaint.