

# **NOTICE OF PRIVACY PRACTICES**

**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.**

**Effective Date: April 13, 2003**

**Revised: February 17, 2013**

We have summarized our responsibilities and your rights at the beginning of the Notice of Privacy Practices. For a complete description of our privacy practices, please review this entire notice.

## **SUMMARY**

### **OUR RESPONSIBILITIES**

Our facility is required to:

- Maintain the privacy of your health information.
- Provide you with this notice of our legal duties and privacy practices with respect to information we collect and maintain about you.
- Abide by the terms of this notice.

### **YOUR RIGHTS**

As a resident of our facility, you have several rights in regards to your health information, including the following:

- The right to request that we not use or disclose your health information in certain ways.
- The right to request to receive communications in an alternative manner or location.
- The right to access and obtain a copy of your health information.
- The right to request an amendment to your health information.
- The right to an accounting of disclosures of your health information.

We reserve the right to change our privacy practices and to make the new provisions effective for all health information we maintain. Should our privacy practices change, we will post the changes on the bulletin board in our facility, as well as on our web site. A copy of the revised notice will be available after the effective date of the changes upon request.

We will not use or disclose your health information without your authorization, except as described in this notice.

If you have questions and would like additional information, you may contact our facility's Privacy Officer Deborah Dixon at 513.777.1400. (Additional persons you may contact are listed on the last page of this document.)

# **FULL NOTICE OF PRIVACY PRACTICES**

We are committed to preserving the privacy and confidentiality of your health information whether created by us or maintained on our premises. We are required by certain state and federal regulations to implement policies and procedures to safeguard the privacy of your health information. Copies of our privacy policies and procedures are maintained in the business office. We are required by state and federal regulations to abide by the privacy practices described in this notice including any future revisions that we may make to the notice as may become necessary or as authorized by law.

Individually identifiable information about your past, present, or future health condition, the provisions of health care to you, or payment for the health care treatment or services you receive is considered *protected health information* (PHI). As such, we are required to provide you with this *Privacy Notice* that contains information regarding our privacy practices that explains how, when and why we may use or disclose your protected health information and your rights and our obligations regarding any such uses or disclosures. Except in specified circumstances, we must use or disclose only the minimum necessary protected health information to accomplish the intended purpose of the use or disclosure of such information.

We reserve the right to change this notice at any time and to make the revised or changed notice effective for health information we already have about you as well as any information we receive in the future about you. Should we revise/change this Privacy Notice, we will post a copy of the new/revised Privacy Notice in the resident information bulletin boards. You also may request and obtain a copy of any new/revised Privacy Notice from the business office.

## **I. Uses and Disclosures of Information That Do Not Require Your Consent or Authorization**

We can use and disclose your protected health information for a variety of reasons. We have a limited right to use and/or disclose your health information for purposes of treatment, payment, or for the operations of our facility. For other uses, you must give us your written authorization to release your protected health information unless the law permits or requires us to make the use or disclosure without your authorization.

Should it become necessary to release your protected health information to an outside party, we will require the party to have a signed agreement with us that the party will extend the same degree of privacy protection to your information as we do.

The privacy law permits us to make some uses or disclosures of your protected health information without your consent or authorization. The following describes each of the different ways that we may use or disclose your protected health information. Where appropriate, we have included examples of the different types of uses or disclosures. These include:

### **1. Use and Disclosures Related to Treatment:**

We may disclose your protected health information to those who are involved in providing medical and nursing care services and treatment to you. For example, we may release health information about you to our nurses, nursing assistants, medication aides/technicians, medical and nursing students, therapists, pharmacists, medical records personnel, consultants, physicians, etc. We may also disclose your protected health information to outside entities

performing other services relating to your treatment; such as diagnostic laboratories, home health/hospice agencies, family members, etc.

**2. *Use and Disclosures Related to Payment:***

We may use or disclose your protected health information to bill and collect payment for services or treatments we provided to you. For example, we may contact your insurance facility, health plan, or another third party to obtain payment for services we provided to you.

**3. *Use and Disclosures Related to Health Care Operations:***

We may use or disclose your protected health information to perform certain functions within our facility should these uses or disclosures become necessary to operate our facility and to ensure that you and others we provide care and services to continue to receive quality care and services. For example, we may take your photograph for medication identification purposes or use your health information to evaluate the effectiveness of the care and services you are receiving. We may disclose your protected health information to our staff (nurses, nursing assistants, physicians, staff consultants, therapists, etc.) for auditing, care planning, treatment, and learning purposes. We may also combine your health information with information from other health care providers to study how our facility is performing in comparison to like facilities or what we can do to improve the care and services we provide to you. When information is combined, we remove all information that would identify you so that others may use the information in developing research on the delivery of health care services without learning your identity.

**4. *Use and Disclosures Related to Fundraising Activities:***

We may use a limited amount of your protected health information when raising money for our facility and its operations. We may also disclose this information to a foundation related to the facility so that the foundation may contact you to raise money on behalf of our facility. The information we may use will be limited to your name, address, telephone number, and dates for which you received treatment or services at our facility. **If you do not wish to be contacted for participation in fundraising activities or have this information provided to our affiliated foundation, you must provide us with a written notification. The name of the person to contact and the method of contacting him/her are listed on the last page of this notice.** You may use our *Request to Restrict the Use and Disclosure of Protected Health Information* form to submit your request to us. Copies of this form are available in the business office. (See also Section IV, paragraph 1 for information on how to request restrictions on uses and disclosures of your protected health information).

**5. *Use and Disclosures Related to Treatment Alternatives, Health-Related Benefits and Services:***

We may use or disclose your protected health information for purposes of contacting you to inform you of treatment alternatives or health-related benefits and services that may be of interest to you. For example, a newly released medication or treatment that has a direct relationship to the treatment or medical condition.

**6. *When Required by Law:***

We may disclose your protected health information when a federal, state, or local law requires that we report information about suspected abuse, neglect, or domestic violence, reporting adverse reactions to medications or injury from a health care product, or in response to a court order or subpoena.

**7. *For Public Health Activities for the Purpose of Preventing or Controlling Disease, Injury or Disability:***

We may disclose your protected health information when we are required to collect information about diseases or injuries (e.g., your exposure to a disease or your risk for spreading or contracting a communicable disease or condition, product recalls, or to report vital statistics (e.g., births/deaths) to the public health authority).

**8. For Health Oversight Activities:**

We may disclose your protected health information to a health oversight agency such as a protection and advocacy agency, the state agency responsible for inspecting our facility or to other agencies responsible for monitoring the health care system for such purposes as reporting or investigation of unusual accidents or to ensure that we are in compliance with applicable state and federal laws and regulations and civil rights issues.

**9. To Coroners, Medical Examiners, Funeral Directors, Organ Procurement Organizations or Tissue Banks:**

We may disclose your protected health information to a coroner or medical examiner for the purpose of identifying a deceased individual or to determine the cause of death. We may also disclose your health information to a funeral director for the purposes of carrying out your wishes and/or for the funeral director to perform his/her necessary duties.

If you are an organ donor, we may disclose your protected health information to the organization that will handle your organ, eye or tissue donation for the purposes of facilitating your organ or tissue donation or transplantation.

**10. Business Associates:**

There are some services provided in our organization through the use of outside people and entities. Examples of these "business associates" include our accountants, consultants, and attorneys. We may disclose your health information to our business associates so that they can perform the job we've asked them to do. To protect your health information, however, we require the business associates to appropriately safeguard your information, and they are also required to do so by law.

**11. For Research Purposes:**

We may disclose your protected health information for research purposes only when a privacy board has approved the research project. However, we may use or disclose your protected health information to individuals preparing to conduct an approved research project in order to assist such individuals in identifying persons to be included in the research project. Researchers identifying persons to be included in the research project will be required to conduct all activities onsite. If it becomes necessary to use or disclose information about you that could be used to identify you by name, we will obtain your written authorization before permitting the researcher to use your information. Researchers will be required to sign a *Confidentiality and Non-Disclosure Agreement* form before being permitted access to health information for research purposes. A sample copy of this agreement may be obtained from the business office.

**12. To Avert a Serious Threat to Health or Safety:**

We may disclose your protected health information to avoid a serious threat to your health or safety or to the health or safety of others. When such a disclosure is necessary, information will only be released to those law enforcement agencies or individuals who have the ability or authority to prevent or lessen the threat of harm.

**13. For Specific Government Functions:**

We may disclose protected health information of military personnel and veterans, when requested by military command authorities, to authorized federal authorities for the purposes of intelligence,

counterintelligence, and other national security activities (such as protection of the President), or to correctional institutions.

**14. Food and Drug Administration (FDA):**

We may disclose to the FDA, or to a person or entity subject to the jurisdiction of the FDA, health information relative to adverse events with respect to food, supplements, product, and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

**15. Workers Compensation:**

We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

**16. Law Enforcement:**

We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.

**17. Reports:**

Federal law allows for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public.

## **II. Uses or Disclosures of Information Based Upon Opportunity to Agree or Object**

In the following situations, we may disclose a limited amount of your protected health information if we provide you with an advance oral or written notice and you do not object to such release or such release is not otherwise prohibited by law. However, if there is an emergency situation and you are unable to object (because you were not present or you were incapacitated, etc.), disclosure may be made if it is consistent with any prior expressed wishes and disclosure is determined to be in your best interest. When a disclosure is made based on these or emergency situations, we will only disclose health information relevant to the person's involvement in your care. For example, if you are sent to the emergency room, we may only inform the person that you suffered an apparent heart attack, stroke, etc., and/or we may provide information on your prognosis or progress. You will be informed and given an opportunity to object to further disclosures of such information as soon as you are able to do so.

**1. Information Used or Disclosed in the Facility Directory:**

Unless you notify us that you object, we may use or disclose your name, unit or room number, and religious affiliation in our facility directory. We may also disclose your religious affiliation to a member of the clergy. Information concerning your general condition or room location may be provided to callers or visitors when they ask for you by name. We may also use your name on a nameplate next to or on your door in order to identify you room. You may object to the release of this information. You may use our *Request to Restrict the Use or Disclosure of Protected Health Information* form to notify us of your objection or your objection may be made orally. The name, address, and telephone number of the person to whom you may make your objection is listed on the last page of this document. (See also Section IV, paragraph 1 for

information on how to request restrictions on uses and disclosures of your protected health information).

**2. Information Disclosed to Family Members, Friends or Others Involved in Your Care:**

We may disclose your protected health information to your family members and friends who are involved in your care or who help pay for your care. We may also disclose your protected health information to a disaster relief organization for the purposes of notifying your family and/or friends about your general condition, location, and/or status (i.e., alive or dead). If we are unable to reach your family member or personal representative, then we may leave a message for them at the phone number you have provided us, e.g., on an answering machine. You may object to the release of this information. You may use our *Request to Restrict The Use of Disclosure of Protected Health Information* form to notify us of your objection or your objection may be made orally. The name, address, and telephone number of the person to whom you may make your objection is listed on the last page of this document. (See also Section IV, paragraph 1 for information on how to request restrictions on uses and disclosures of your protected health information).

### **III. Uses and Disclosures Requiring Your Written Authorization**

For uses and disclosures of your protected health information beyond those discussed above, we are required to have your written authorization, except as permitted by law. You have the right to revoke an authorization at any time to stop future uses or disclosures of your information except to the extent that we have already undertaken an action in reliance upon your authorization. Your revocation request must be provided to us in writing. The name, address, and telephone number of the person to contact is located on the last page of this document. You may use our *Authorization for Use or Disclosure of Protected Health Information* form and/or our *Revocation of an Authorization* form to submit your request to us. Copies of these forms are available in the business office.

Examples of uses or disclosures that would require your written authorization include, but are not limited to, the following:

- 1.** A request to provide your protected health information to an attorney for use in a civil litigation claim.
- 2.** A request to provide certain information to an insurance or pharmaceutical facility for the purposes of providing you with information relative to insurance benefits or new medications that may be of interest to you.
- 3.** A request to provide certain information to another individual or facility.
- 4.** Most uses and disclosures of psychotherapy notes for treatment, payment, and health care operations purposes.
- 5.** For most marketing purposes, except face-to-face marketing communications and for the provision of promotional gifts of small value.

### **IV. Your Right Regarding Your Protected Health Information**

You have the following rights concerning the use or disclosure of your protected health information that we create or that we may maintain on our premises:

- 1. To Request Restrictions on Uses and Disclosures of Your Protected Health Information:**

You have the right to request that we limit how we use or disclose your protected health information 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 who is involved in your care or the payment of your care or services. For example, you could request that we not disclose to family members or friends information about a medical treatment you received.

Should you wish a restriction placed on the use and disclosure of your protected health information, you must submit such request in writing. (**Note:** You may submit such request using our *Request to Restrict the Use and Disclosure of Protected Health Information* form. Copies of this form are available in the business office.) The name, address, and telephone number of the person to whom the request is to be submitted is listed on the last page of this document.

Although we will consider your requests with regard to the use of your health information, please be aware that we are under no obligation to accept it or to abide by it, **unless it is a request to prohibit disclosures to your health care plan relating to a service for which you have already paid in full out of pocket.** We will abide by your requests with regard to the disclosure of your clinical and personal records to anyone outside of the facility, except in an emergency, if you are being transferred to another health care institution, or the disclosure is required by law.

## **2. *The Right to Inspect and Copy Your Medical and Billing Records:***

You have the right to inspect and copy your health information, such as your medical and billing records that we use to make decisions about your care and services. In order to inspect and/or copy your health information, you must submit requests orally or in a written request to us; however, in order to better respond to your request we ask that you make such requests in writing on our *Request for Inspection/Copy of Protected Health Information* form. Copies of these forms are available in the business office. If you request a copy of your medical information, we may charge you a reasonable fee for the paper, labor, mailing, and/or retrieval costs involved in filing your requests. We will provide you with information concerning the cost of copying your health information prior to performing such service. The name, address, and telephone number of the person to whom you may file your request is listed on the last page of this document.

We will respond within thirty (30) days of receipt of such requests. Should we deny your request to inspect and/or copy your health information, we will provide you with written notice of our reasons of the denial and your rights for requesting a review of our denial. If such review is granted or is required by law, we will select a licensed health care professional not involved in the original denial process to review your request and our reasons for denial. We will abide by the reviewer's decision concerning your inspection/copy requests. You may submit your denial review requests on our *Denial of Inspection/Copy of Protected Health Information* form. Copies of these forms are available in the business office. For more information about this right, see 45 C.F.R. § 164.524.

## **3. *The Right to Amend or Correct Your Health Information:***

You have the right to request that your health information be amended or corrected if you have reason to believe that certain information is incomplete or incorrect. You have the right to make such requests of us for as long as we maintain/retain your health information. Your requests must be submitted to us in writing. We will respond within sixty (60) days of receiving the written request. If we approve your request, we will make such amendments/corrections and notify those with a need to know of such amendments/corrections.

We may deny your request if:

- a. Your request is not submitted in writing;
- b. Your written request does not contain a reason to support your request;

- c. The information was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- d. It is not a part of the health information kept by or for our facility;
- e. It is not part of the information which you would be permitted to inspect and copy; and/or
- f. The information is already accurate and complete.

If your request is denied, we will provide you with a written notification of the reason(s) of such denial and your rights to have the request, the denial, and any written response you may have relative to the information and denial process appended to your health information.

The name, address, and telephone number of the person to whom you may file your request is listed on the last page of this document. You may submit your amendment/correction requests on our *Request for Amendment/Correction of Protected Health Information* form. Copies of these forms are available in the business office. For more information about this right, see 45 C.F.R. § 164.526.

#### **4. *The Right to Request Confidential Communications:***

You have the right to request that we communicate with you about your health matters in a certain way or at a certain location. For example, you may request that we not send any health information about you to a family member's address. We will agree to your request as long as it is reasonably easy for us to do so. You are not required to reveal nor will we ask the reason for your request. To request confidential communications you must:

- a. Notify us in writing;
- b. Indicate what information you wish to limit;
- c. Indicate whether or not you wish to limit or restrict our use or disclosure of such information; and
- d. Identify to whom the restrictions apply (e.g., which family member(s), agency, etc).

The name, address, and telephone number of the person to whom you may file your request is listed on the last page of this document. You may submit your requests on our *Request for Restriction of Confidential Communications* form. Copies of these forms are available in the business office. For more information about this right, see 45 C.F.R. § 164.522(b).

#### **5. *The Right to Request an Accounting of Disclosures of Protected Health Information:***

You have the right to request that we provide you with a listing of when, to whom, for what purpose, and what content of your protected health information we have released over a specified period of time (not to exceed 6 years). This accounting will not include any information we have disclosed for the purposes of treatment, payment, or health care operations or information released to you, your family, your legal representative or any other individual involved with your care, disclosures for the facility directory, disclosures made for national security purposes, disclosures made pursuant to a valid authorization, disclosures to correctional institutions or law enforcement officials, or any releases pursuant to your authorization.

Your request must be submitted to us in writing and must indicate the time period for which you wish the information (e.g., May 1, 2003 through August 31, 2005). Your request may not include releases for more than six (6) years **prior** to the date of your request and may not include releases prior to April 14, 2003. Your request must indicate in what form (e.g., printed copy or email) you wish to receive this information. We will respond to your request within sixty (60) days of the receipt of your written request. Should additional time be needed to reply, you will be notified of such extension. However, in no case will such extension exceed thirty (30) days. The first accounting your request during a twelve (12) month period will be free. There may be a reasonable fee for additional requests during the twelve (12) month period. 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.

The name, address, and telephone number of the person to whom you may file your request is listed on the last page of this document. You may submit your requests on our *Request for an Accounting of Disclosures of Protected Health Information* form. Copies of these forms are available in the business office. For more information about this right, see 45 C.F.R. § 164.528.

**6. *The Right to Receive a Paper Copy of This Notice:***

You have the right to receive a paper copy of this notice even though you may have agreed to receive an electronic copy of this notice. You may request a paper copy of this notice at any time or you may print a copy of this information from our website (as applicable). The name, address, and telephone number of the person to whom you may obtain a paper copy of this notice is listed on the last page of this document.

**7. *The Right to Revoke an Authorization:***

You may revoke an authorization to use or disclose health information, except to the extent that action has already been taken. Such a request must be made in writing.

**V. How to File a Complaint About Our Privacy Practices**

If you have reason to believe that we have violated your privacy rights, violated our privacy policies and procedures, or you disagree with a decision we made concerning access to your protected health information, etc., you have the right to file a complaint with us or the Secretary of the Department of Health and Human Services. Complaints may be filed without fear of retaliation in any form.

The name, address, and telephone number of the person to whom you may file your complaint is listed on the last page of this document. You may submit your complaint on our Privacy Practices Complaint form. Copies of these forms are available in the business office.