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| <b>N.2 NOTICE OF INFORMATION PRACTICE (Document/Brochure Material)</b> | <b>Date Approved:<br/>4/14/03</b> |
| <b>Department: Health Information</b>                                  | <b>Date Revised:</b>              |
| <b>References:</b>   |                                   |

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

Each time you're admitted to this facility a record of your stay is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, responses, and plan for future care or treatment. This information, often referred to as your health or medical record serves as a:

- basis for planning your care and treatment
- means of communication among the health care professionals who contribute to your care
- legal document describing the care you received
- means by which you or a third-party payer can verify that services billed were actually provided
- a tool in educating health professionals
- a source of data for medical research
- a source of information for public health officials who oversee the delivery of health care in the United States.
- a source of data for facility planning and marketing
- a tool with which we can assess and continually work to improve the care we render and the outcomes we achieve

Understanding what is in your record and how your health information is used helps you to: ensure its accuracy; better understand who, what, when, where, and why others may access your health information; and make more informed decisions when authorizing disclosure to others.

## **Our Responsibilities**

This facility is required to:

- maintain the privacy of your health information
- provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you
- abide by the terms of this notice
- notify you if we are unable to agree to a requested restriction
- accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

We reserve the right to change our practices and to make the new provisions effective for all the protected health information we maintain. Should our information practices change, we will notify you of the changes (i.e., via mail, delivery to the room, etc.).

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

## **How We Will Use or Disclosure Your Health Information**

### Treatment

We will use your health information to provide treatment. For example, information obtained by your nurse, physician, or other members of the health care team will be recorded in your record and be used to determine the course of treatment that should work best for you. Your physician will document in your record his/her expectations of the members of your healthcare team. Members of your healthcare team will then record the actions they took and their observations. In that way, the physician will know how you are responding to treatment. We will also provide your physician or a subsequent healthcare provider with copies of various reports that should assist him/her in treating you once you are discharged from our Health Care Center.

### Payment

We will use your health information for payment. For example, a bill may be sent to your or a third-party payer, such as Medicare or Medicaid. The information on or accompanying the bill may include information that identifies you, as well as your diagnoses, procedures, and supplies used.

### Health Care Operations:

We will use your health information for regular health care operations. For example, members of the medical staff and/or the quality improvement team, may use information in your health record to assess the care and outcomes of your care and others like you. This information will then be used in an effort to continually improve the quality and effectiveness of the health care and service we provide.

### Business Associates

There are some services provided in our organization through contacts with business associates. Examples include our accountants, consultants and attorneys. When these services are contracted, we may disclose your health information to our business associates so that they can perform the job we have asked them to do. To protect your health information, however, we require the business associates to appropriately safeguard your information.

### Directory

Unless you notify us that you object, we may use your name, location in the facility, general condition, and religious affiliation for directory purposes. This information may be provided to members of the clergy and, except for religious affiliation, to other people who ask for you by name. We may also use your name on a nameplate next to your door in order to identify your room, unless you notify us that you object.

### Appointment Reminders

We may also use and disclose medical information to contact you as a reminder that you have an appointment or need to reschedule an appointment.

### Notification to Family

We may use or disclose information to notify or assist in notifying a family member, personal representative, or other person responsible for your care, of your location, general condition and change in condition. If we are unable to reach your family member or personal representative, then we may leave a message for them at the phone number that they have provided us; e.g. on an answering machine.

### Communication with Family

Health care professionals, using their best judgment, may disclose to a family member, other relative, close personal friend, power of attorney for health care, or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care.

### To Avert a Serious Threat to Health or Safety

We may use and disclose minimally necessary medical information about you when necessary to prevent a serious threat to your health and safety of the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

### Research

We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.

### Funeral Directors/Medical Examiners/Coroners

We may disclose health information to funeral directors, medical examiners, or coroners to carry out their duties consistent with applicable law.

### Organ Procurement Organizations

Consistent with applicable law, we may disclose health information to organ procurement organization or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant, according to your wishes.

### Fundraising

We may contact you as part of a fund-raising effort.

### Food and Drug Administration (FDA)

We may disclose to the FDA health information related to adverse events with respect to food, supplements, product and product defects or post marketing surveillance information to enable product recalls, repairs, or replacement.

### Worker's 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.

## Public Health

As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury or disability, for example to the Centers for Disease Control.

## Correctional Institution

Should you be an inmate of a correctional institution, we may disclose to the institution or agents thereof, health information necessary for you health and the health and safety of other individuals.

## Law Enforcement

We may disclose health information for law enforcement purposes as required by law, such as a court order.

## Reports

Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a workforce 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.

## Regulatory Compliance

We may disclose health information to the Aging and Disability Service Administration (ADSA) or Centers for Medicare & Medicaid Services (CMS) for the purposes of reimbursement, utilization review, quality assessment, research, survey, statistics (see separate notice regarding MDS transmission). Surveyors and quality assurance personnel review records frequently throughout the year and may review and take copies of your records to support their findings.

## **Your Health Information Rights**

Although your health record is the physical property of the Health Center, the information in your health record belongs to you. You have the following rights:

- You may request that we not use or disclose your health information for a particular reason related to treatment, payment, the facility's general health care operations, and/or to particular family member, other relative or close personal friend. We ask that such requests be made in writing on a form provided by this facility. Although we will

consider your request, please be aware that we are under no obligation to accept it or to abide by it.

- If you are dissatisfied with the manner in which or the location where you are receiving communications from us that are related to your health information, you may request that we provide you with such information by alternative means or at alternative locations. Such a request must be made in writing and submitted to the Director of Nursing Services.
- You may request to inspect and or obtain copies of health information about you, which will be provided to you within 48 hours excluding weekends and holidays. If you request copies, we will charge you a reasonable fee, not to exceed \$.25 per page.
- If you believe that any health information in your record is incorrect or if you believe that important information is missing, you may request that we correct the existing information or add the missing information. Such requests must be made in writing and must provide a reason to support the amendment. We ask that you use the form provided by the facility to make such requests. To request a form, please contact the Health Information Manager.
- You may request that we provide you with a written accounting of all disclosures made by us during the time period for which you requested (not to exceed 6 years). We ask that such requests be made in writing on a form provided by our facility. Please note that an accounting will not apply to any of the following types of disclosures: disclosures made to you or your legal representative, or any other individual involved in your care; disclosure to correctional institutions or law enforcement officials; and disclosures for national security purposes. You will not be charged for your first request in any 12-month period. However, for any requests that you make thereafter, you will be charged a reasonable fee.
- You have a right to obtain a paper copy of our Notice of Information practices upon request.
- 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.

### **For More Information or to Report a Problem**

If you have questions and would like additional information, you may contact the Facility's Privacy Officer or Health Information Manager.

If you believe that your privacy rights have been violated, you may file a complaint with us. We ask that these complaints must be filed in writing on a form provided by our Facility. The complaint form may be obtained from any nursing station or social service office, and when completed should be returned to the Director of Nursing, Health Information Manager or Privacy Officer. You may also file a complaint with the Secretary of the federal Department of Health and Human Services. There will be no retaliation for filing such a complaint.

For more information about your rights under Federal law 45 Code of Federal Regulations 164.522, 164.524, 164.526, 164.528.