

## **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.**

The Facility is required by law to provide you with this notice so that you will understand how we may use or share your medical information. We are required to adhere to the terms outlined in this notice. If you have any questions about this notice, please contact your Facility privacy officer.

This notice describes the practices of the Facility. The Facility is required by law to provide you with this notice regarding our legal obligations with respect to your protected health information and to adhere to the terms of the notice currently in effect.

### **Understanding Your Health Record and Information**

Each time you visit a record of your stay is made. Typically, this record contains information about your condition and the treatment that we provide. We use and/or disclose this information to:

- Plan your care and treatment;
- Communicate with other health professionals involved in your care;
- Document the care you receive;
- Educate health professionals;
- Provide information for medical research;
- Provide information to public health officials; and
- Evaluate and improve the care we provide.

Understanding what is in your record and how your health information is used helps you to:

- Ensure it is accurate;
- Better understand who may access your health information; and
- Make more informed decisions when authorizing disclosure to others.

### **How We May Use and Disclose Medical Information About You**

The following categories describe the ways that we use and disclose medical information. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall into one of the categories.

#### For Treatment

We may use medical information about you to provide you with medical treatment. We may disclose medical information about you to doctors, nurses, therapists, or other Facility personnel who are involved in taking care of you. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell the dietitian if you have diabetes so that we can plan your meals.

Different departments in this Facility also may share medical information about you in order to coordinate your care and provide you medication, lab work, and x-rays. We may also disclose medical information about you to people outside who may be involved in your medical care after you leave the Facility. This may include family members or a visiting nurse to provide care in your home.

#### For Payment

We may use and disclose medical information about you so that the treatment and services you receive at the Facility may be billed to you, an insurance company or a third party. For example, in order to be paid, we may need to share information with your health plan about services provided to you. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

#### For Health Care Facility Management Operations

We may use and disclose medical information about you for managing our Facility health care operations. This is necessary to ensure that all of our residents receive quality care. For example, we may use medical information to review our services and to evaluate the performance of our staff. We may also combine medical information about many residents to decide what additional services we should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, therapists, and other Facility or company personnel for review and learning purposes. We may remove information that identifies you so others may use it to study health care and health care delivery without learning the identities of residents.

#### Other Allowable Uses of Your Medical Information

##### Business Associates

There are some services provided in our organization through contracts with business associates. Examples include medical directors, outside attorneys, and a copy service we use when making copies of your health record. When these services are contracted, we may disclose your health information so that they can perform the job we have asked them to do and bill you or your third-party payer for services rendered. To protect your health information, however, we require the business associate to appropriately safeguard your information.

### Providers

Many services provided to you as part of our care at our Facility are offered by participants in one of our organized healthcare arrangements. These participants include a variety of providers such as physicians (*i.e.*, MD, DO, Podiatrist, Dentist, Optometrist), therapists (*i.e.*, physical therapist, occupational therapist, speech therapist), portable radiology units, clinical labs, hospice caregivers, pharmacies, psychologists, social workers, and suppliers (*i.e.*, prosthetic, orthotics).

### Treatment Alternatives

We may use and disclose medical information to tell you about possible treatment options or alternatives that may be of interest to you.

### Health-Related Benefits and Services

We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.

### Fund Raising Activities

We may use medical information about you to contact you in an effort to raise money as part of a fund raising effort. We will only release contact information, such as your name, address, and telephone number and the dates you received treatment or services at this Facility.

*If you do not want the Facility to contact you for fund raising efforts, you must notify the Facility privacy officer in writing.*

### Facility Directory

We may include information about you in a Facility directory while you are a resident. This information may include your name, location in the Facility, your general condition (*i.e.*, fair, stable, etc.) and your religion. The directory information, except for your religion, may be disclosed to people who ask for you by name. Your religion may be given to a member of the clergy, such as a priest or rabbi, even if they don't ask for you by name. This is so your family, friends, and clergy can visit you in the Facility and generally know how you are doing.

### Facility Postings

We may post your name and room location on boards in public areas so people may find you. If you are disoriented or need assistance in locating your room, we may post your picture on the door to your room. We may post your month and date of birth on our birthday notice. We may include you in our Facility newsletter announcing accomplishments or milestones you have achieved.

*If you do not want the Facility to include you in any directory, postings, or communications, you must notify the Facility privacy officer in writing.*

### Individuals Involved in Your Care or Payment for Your Care

We may disclose medical information about you to a friend or family member who is involved in your care. We may also give information to someone who helps pay for your care. We may also tell your family or friends your condition and that you are in the Facility. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status, and location.

### As Required by Law

We will disclose medical information about you when required to do so by Federal, State, or local law.

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

We may use and disclose medical information about you to prevent a serious threat to your health and safety or the health and safety of the public or another person. We would do this only to help prevent the threat.

Although your health record is the property of the Facility, the information belongs to you. You have the following rights regarding your medical information:

#### Right to Inspect and Copy

With some exceptions, you have the right to review and copy your medical information. You must submit your request in writing to the Facility privacy officer. We may charge you a fee for the costs of copying, mailing, or other supplies associated with your request.

#### Right to Amend

If you feel that medical information in your record is incorrect or incomplete, you may ask us to amend the information. You have this right for as long as the information is kept by this Facility.

You must submit your request in writing to the Facility privacy officer. In addition, you must provide a reason for 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:

- Was not created, by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the medical information kept by or for the Facility; or
- Is accurate and complete.

### Right to an Accounting of Disclosures

You have the right to request an accounting of disclosures. This is a list of certain disclosures we may have made of your medical information, other than those made for purposes such as treatment, payment, or health care management operations.

You must submit your request in writing to the Facility privacy officer. Your request must state a time period which may not be longer than six (6) years from the date the request is submitted and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (*e.g.*, paper or electronically). The first list you request within a twelve (12) month period will be free. For additional lists, we may charge you for the costs of providing the list. 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.

### Right to Request Restrictions

You have the right to request a restriction or limitation on the medical information we use or disclose about you. For example, you may request that we limit the medical information we disclose to someone who is involved in your care or the payment for your care. You may ask that we not use or disclose information to a family member or friend about a surgery or illness you have had.

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

*You must submit your request in writing to a Facility privacy officer. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure, or both; and (3) to whom you want the limits to apply; for example, disclosures to your spouse.*

### Right to Request Alternate Communication

You have the right to request that we communicate with you about medical matters in a confidential manner or at a specific location. For example, you may ask that we only contact you via mail or a post office box.

*You must submit your request in writing to the Facility privacy officer. We will not ask you the reason for your request. Your request must specify how or where you wish to be contacted. We will accommodate all reasonable requests.*

## Special Situations

### Organ and Tissue Donation

If you are an organ donor, we may disclose medical information to organizations that handle organ procurement to facilitate donation and transplantation.

### Military and Veterans

If you are a member of the armed forces, we may disclose medical information about you as required by military authorities. We may also disclose medical information about foreign military personnel to the appropriate foreign military authority.

### Research

Under certain circumstances, we may use and disclose medical information about you for research purposes, with your permission. For example, a research project may involve comparing the health and recovery of all residents who received one medication to those who received another, for the same condition. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of medical information, trying to balance the research needs with resident's needs for privacy of their medical information. Before we use or disclose medical information for research, the project will have been approved through this research approval process and you will be contacted to obtain your permission. We may, however, disclose non-identifying medical information about you to researchers determining eligible participants for a research project, so long as the medical information they review does not leave the facility.

### Worker's Compensation

We may disclose medical information about you for worker's compensation or similar programs. These programs provide benefits for work-related injuries or illness.

### Public Health Risks

We may disclose medical information about you for public health purposes, including:

- Prevention or control of disease, injury, or disability;
- Reporting births and deaths;
- Reporting child abuse or neglect;
- Reporting reactions to medication or problems with products;
- Notifying people of recalls of products;
- Notifying a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease; and
- Notifying the appropriate government authority if we believe a resident has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

### Health Oversight Activities

We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities may include audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

### Lawsuits and Disputes

If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

### Law Enforcement

We may disclose medical information when requested by a law enforcement official:

- In response to a court order, subpoena, warrant, summons, or similar process;
- To identify or locate a suspect fugitive, material witness, or missing person;
- About you, the victim of a crime if, under certain limited circumstances, we are unable to obtain your agreement;
- About criminal conduct at the Facility; and
- In emergency circumstances to report a crime, the location of the crime or victims, or the identify, description or location of the person who committed the crime.

### Coroners, Medical Examiners, and Funeral Directors

We may disclose medical information to a coroner or medical examiner. This may be necessary to identify a deceased person or determine the cause of death. We may also disclose medical information to funeral directors as necessary to carry out their duties.

### National Security and Intelligence Activities

We may disclose medical information about you to authorize Federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

### Changes to this Notice

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical 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 the Facility. The notice will specify the effective date on the first page, in the lower left-hand corner. In addition, if material changes are made to this notice, the notice will contain an effective date for the revisions, and copies can be obtained by contacting the Facility privacy officer or administrator.

### Complaints

If you believe your privacy rights have been violated, you may file a complaint with the Facility or with the Secretary of the Department of Health and Human Services. To file a complaint with the Facility, contact the Facility privacy officer. All complaints must be

submitted in writing. You will not be penalized for filing a complaint.

#### Other Uses of Medical Information

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to withdraw any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provide to you.

If you have questions about this Notice, or would like to exercise your Privacy Rights, please contact the facility where you received treatment.

If you believe your privacy rights have been violated, you may call or file a complaint in writing with the Facility Privacy Officer, Corporate Compliance Hotline or the Department of Health and Human Services (please reference the contact information below). We will take no retaliatory action against you if you file a complaint about our privacy practices.

#### **Rytes Company**

#### **Corporate Compliance Hotline**

**E-mail: [reports@snfhotline.org](mailto:reports@snfhotline.org) (must include company name with report)**

**Phone: 866-457-0806 Fax: (516) 570-3434**

Or

#### **U.S. Department of Health and Human Services Office for Civil Rights**

**200 Independence Avenue, S.W., Washington, D.C. 20201**

**1-877-696-6775 (toll free)**

**[www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/)**

If you need assistance with translating this privacy policy notice interpreting services are available.