



## **NOTICE OF PRIVACY PRACTICES**

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

**Please note that we reserve the right to revise our practices with respect to Protected Information and to amend this notice at any time. Should our practices change, we will post changes at the facility. In addition, a current notice of our privacy practices may be obtained from the Privacy Officer at the Daughters of Sarah Senior Community during business hours.**

**Protected Information.** While receiving care from our facility, information regarding your medical history, treatment, and payment for your health care may be originated and/or received by us. Such information which can be used to identify you and which relates to your past, present or future medical condition, to the receipt of health care or to the payment for health care is referred to as "Protected Information".

**Our Responsibilities.** Federal Law imposes certain obligations and duties upon us as a covered health care provider with respect to your Protected Information. Specifically, we are required to:

- Provide you with notice of our legal duties and our facility's policies regarding the use and disclosure of your Protected Information;
- Maintain the confidentiality of your Protected Information in accordance with state and federal law;
- Honor your requested restrictions regarding the use and disclosure of your Protected Information unless under the law we are authorized to release your Protected Information without your authorization, in which case you will be notified of such release within a reasonable period of time;
- Allow you to inspect and copy your Protected Information during our regular business hours;
- Act on your request to amend Protected Information within sixty (60) days and notify you of any delay which would require us to extend the deadline by the permitted thirty (30) day extension;
- Accommodate reasonable requests to communicate Protected Information by alternative means or methods: and
- Abide by the terms of this notice.

**How Your Protected Information May be Used and Disclosed.** Generally, your Protected Information may be used and disclosed by us only with your express written authorization. However, there are some exceptions to this general rule.

### **Treatment, Payment, or Health Care Operations**

**Treatment Purposes.** We may use or disclose your Protected Information for treatment purposes. During your care at our facility, it may be necessary for various personnel involved in your care to have access to your Protected Information in order to provide you with quality care. (For example: nurses or certified nursing assistants.) In addition, we may contact you to provide appointment reminders or information about treatment alternatives or other health related benefits and services which may be of interest to you.

Situations may also arise when it is necessary to disclose your Personal Information to health care providers outside of our facility who may also be involved in your care. (For example: a home health care agency.)

**Payment Purposes.** Your Protected Information may also be used or disclosed for payment purposes. It is necessary for us to use or disclose Protected Information so that treatment and services provided by us may be billed and collected from you, your insurance company or other third party payor. It may also be necessary to release Protected Information to obtain prior approval from your health insurance carrier. We may also release your Protected Information to another health care provider or individual or entity covered by the HIPAA privacy regulations who has a relationship with you for their payment activities.

**Health Care Operations.** Your Protected Information may also be used for health care operations, which are necessary to ensure that our facility provides the highest quality of care. For example your Protected Information may be used for quality assurance or risk management purposes. We may at times remove information which could

identify you from your record so as to prevent others from learning who the specific patients are. In addition, we may release your Protected Information to another individual or entity covered by the HIPAA privacy regulations that has a relationship with you for their fraud and abuse detection or compliance purposes, quality assessment and improvement activities, or review evaluation or training of health care professionals or students.

**Patient Directory.** Our facility maintains a patient directory. Unless you object, your name, location in the facility general condition and religious affiliation will be contained in the directory. The directory is disclosed to members of the clergy and, except for religious affiliation, to other persons who specifically ask for the information by your name. You are not obligated, however, in any way, to consent to the inclusion of your Information in the facility directory. Please notify facility personnel if you do not wish to be included in the directory or if you wish for information or disclosure to be limited in some way.

**Notification and Communications to Individuals Involved in Your Care.** Unless you have informed us otherwise, your Protected Information may be used or disclosed by us to notify or assist in notifying a family member or other person responsible for your care. In most cases, Protected Information disclosed for notification purposes will be limited to your name, location, and general condition. In addition, unless you have informed us otherwise, Protected Information may be released to a family member, relative or close personal friend who is involved in your care to the extent necessary for them to participate in your care. In the event you wish for any of these uses or disclosures to be limited, please contact facility personnel.

**Disaster Relief.** We may disclose your Protected Information to any organizations assisting in disaster relief efforts; however, we will first ask your permission to disclose such information. If seeking your permission is not feasible, we will disclose the information if, in our professional judgment, we determine that the disclosure is in your best interests or that you would not have objected to the disclosure.

**Fundraising Activities.** We may use your Protected Information for the purpose of contacting you as part of a fundraising effort. Only demographic information and the dates health care was provided to you will be used or disclosed in connection with fundraising efforts. If you do not wish to be contacted for fundraising activities you may contact the Privacy Officer at Daughters of Sarah Senior Community to have your name removed from our fundraising list.

**Research Purposes.** In some instances, your Protected Information may be used or disclosed for research purposes. All research projects which use Protected Information are subject to a special approval process which will, among other things evaluate the precautions used to protect Patient medical Information. In many cases, Information which identifies you as the patient will be removed.

**Special Circumstances.** Situations may arise which warrant us to use or disclose Protected Information without your consent or authorization. The law specifically allows us to use or disclose Protected Information without your consent or authorization in the following special circumstances:

Public Health Activities. We are allowed to use or disclose your Protected Information for public health activities and purposes. Examples of public health activities which would warrant such use or disclosure include:

- Preventing or controlling disease, injury or disability;
- Reporting births or deaths;
- Reporting the abuse or neglect of a child or dependent adult;
- Reporting reactions to medications or problems with products; or
- Notifying individuals exposed to a disease who may be at risk for contracting or spreading the disease.

Health Oversight Activities. Your Protected Information may be used or disclosed to a health oversight agency for activities authorized by law. Examples of health oversight activities include: audits, investigations, inspections, or judicial/administrative proceedings which you are not the subject of. In most cases, the oversight activity will be for the purpose of overseeing the care rendered by our facility or our facility's compliance with certain laws and regulations.

Judicial and Administrative Proceedings. If you are involved in a lawsuit or other administrative proceeding, we may release your Protected Information in response to a court or administrative order requesting the release. In some instances, we may also release Protected Information pursuant to a subpoena or discovery request, but only if efforts have been made by the requestor to provide you with notice of the request and you have failed to object or the objection was resolved in favor of disclosure, or in the alternative, the requestor has obtained a order protecting the requested information.

Victims of Abuse or Neglect. Other than child and dependent adult abuse, which is covered under public health activities, we may use or disclose your Protected Information to a protective services or social services agency or other similar government authority, if we reasonably believe you have been the victim of abuse, neglect or domestic violence as long as you agree to such disclosure and we feel it is necessary to prevent serious harm to you or other individuals. If you are incapacitated and unable to agree to such a disclosure, we may release your Protected Information for this purpose but only if a failure to release it

would materially and adversely affect a law enforcement activity and the information will not be used, in any way, against you.

Law Enforcement. We may also release your Protected Information to a law enforcement officer for the following purposes:

- Pursuant to a court order, warrant, subpoena/summons, or administrative order;
- Identifying or locating a suspect, fugitive, material witness or missing person;
- Regarding a crime victim, but only if the victim consents or, if the victim is unable to consent due to incapacity and the information is needed to determine if a crime has occurred and non disclosure would significantly hinder the investigation and disclosure is in the victim's best interests;
- Regarding a decedent, to alert law enforcement that individual's death was caused by suspected criminal conduct; or
- By emergency care personnel if the information is necessary to alert law enforcement of a crime, the location of a crime, or characteristics of the perpetrator.

Coroner, Medical Examiners, Funeral Homes. Protected Information regarding a decedent may be released to a coroner or medical examiner for the purpose of identifying a deceased person, determining cause of death or other duties as authorized by law. Protected Information regarding a decedent may also be disclosed to funeral directors if necessary to carry out their duties.

Specialized Government Functions. Your Protected Information may be used or disclosed for a variety of government functions subject to some limitations. These government functions include:

- Military and veterans activities;
- National security and intelligence activities;
- Protective service of the President and others;
- Medical suitability determinations for Department of State officials;
- Correctional institutions and law enforcement custodial situations; or
- Provision of public benefits

Organ Donation. Your Protected Information may be used or disclosed by us to entities engaged in the procurement, banking or transplantation of organs, eyes, or tissues for the purpose of facilitating such donations and transplantation.

Workers Compensation. We are allowed to disclose your Protected Information as authorized and to the extent necessary to comply with laws relating to workers' compensation or other programs providing benefits for work-related injuries or illness without regard to fault.

More Stringent Laws. Some of your Protected Information may be subject to other laws and regulations and afforded greater protection than what is outlined in this Notice. For instance, HIV/AIDS, substance abuse, and mental health information are often given more protection. In the event that your Protected Information is afforded greater protection under Federal or State law, we will comply with the applicable law.

Your Rights. Federal law grants you certain rights with respect to your Protected Information. Specifically, you have the right to:

- Receive notice of our policies and procedures used to protect your Protected Information;
- Request that certain uses and disclosures of your Protected Information be restricted; provided that, however, if we may otherwise release the information without your consent or authorization we have the right to refuse your request;
- Access to your Protected Information; provided, however, that the request must be in writing and may be denied in certain limited situations;
- Request that your Protected Information be amended;
- Obtain an accounting of certain disclosures by us of your Protected Information for the past six years,
- Revoke any prior authorizations or consents for use or disclosure of Protected Information, except to the extent that action has already been taken; and
- Request that communications of your Protected Information are done by alternative means or at alternative locations.

Important Contact Information. This notice has been provided to you as a summary of how we will use your Protected Information and your rights with respect to your Protected Information. If you have any questions or for more Information regarding your Protected Information, please contact the Privacy Officer at Daughters of Sarah Senior Community.

**If you believe that your privacy rights have been violated, you may file a complaint with us by contacting the Privacy Officer at the Daughters of Sarah Senior Community. You may also file a complaint with the Secretary of Health and Human Services. There will be no retaliation for the filing of a complaint.**

## PRIVACY ACT STATEMENT REGARDING HEALTH CARE RECORDS

*THIS FORM PROVIDES YOU THE ADVICE REQUIRED BY THE PRIVACY ACT OF 1974. THIS FORM IS NOT A CONSENT FORM TO RELEASE OR USE HEALTH CARE INFORMATION PERTAINING TO YOU*

### 1. AUTHORITY FOR COLLECTION OF INFORMATION, INCLUDING SOCIAL SECURITY NUMBER AND WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY.

Sections 1819(f), 1919(f), 1919(b)(3)(A), 1819(b)(3)(A), and 1864 of the Social Security Act.

Medicare and Medicaid participating long term care facilities are required to conduct comprehensive, accurate, standardized and reproducible assessments of each resident's functional capacity and health status. To implement this requirement, the facility must obtain information from every resident. This information also issued by the Federal Health Care Financing Administration (HCFA) to ensure that the facility meets quality standards and provides appropriate care to all residents. For this purpose, as of June 22, 1998, all such facilities are required to establish a database of resident assessment information, and to electronically transmit this information to the HCFA contractor in the State government, which in turn transmits the information to HCFA.

Because the law requires disclosure of this information to Federal and State sources as discussed above, a resident does not have the right to refuse consent to these disclosures.

These data are protected under the requirements of the Federal Privacy Act of 1974 and the MDS Long Term Care System of Records.

### 2. PRINCIPAL PURPOSES FOR WHICH INFORMATION IS INTENDED TO BE USED.

The information will be used to track changes in health and functional status over time for purposes of evaluating and improving the quality of care provided by nursing homes that participate in Medicare or Medicaid. Submission of MDS information may also be necessary for the nursing homes to receive reimbursement for Medicare services.

### 3. ROUTINE USES

The primary use of this information is to aid in the administration of the survey and certification of Medicare/Medicaid long term care facilities and to improve the effectiveness and quality of care given in those facilities. This system will also support regulatory, reimbursement, policy, and research functions. This system will collect the minimum amount of personal data needed to accomplish its stated purpose.

The information collected will be entered into the Long Term Care Minimum Data Set (LTC MDS) system of records, System No. 09-70-15 16. Information from this system may be disclosed, under specific circumstances to: (1) a congressional office from the record of an individual in response to an inquiry from the congressional made at the request of that individual; (2) the Federal Bureau of Census; (3) the Federal Department of Justice; (4) an individual or organization for a research, evaluation or epidemiological project related to the prevention of disease of disability, or the restoration of health; (5) contractors working for HCFA to carry out Medicare/Medicaid functions, collating or analyzing data, or to detect fraud or abuse; (6) an agency of a State government for purposes of determining, evaluating and/or assessing overall or aggregate cost, effectiveness, and/or quality of health care services provided in the State; (7) another Federal agency to fulfill a requirement of a Federal statute that implements a health benefits program funded in whole or in part with Federal funds or to detect fraud or abuse; (8) Peer Review Organizations to perform Title XI or Title XVIII functions; (9) another entity that makes payment for or oversees administration of health care services for preventing fraud or abuse under specific conditions.

### 4. EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION

The information contained in the Long Term Car Minimum Data Set is generally necessary for the facility to provide appropriate and effective care to each resident. If a resident fails to provide such information, for example on medical history, inappropriate and potentially harmful care may result. Moreover, payment for such services by third parties, including Medicare and Medicaid, may not be available unless the facility has sufficient information to identify the individual and support a claim for payment.

NOTE: Providers may request to have the Resident or his or her Representative sign a copy of this notice as a means to document that notice was provided. Signature is NOT required. If the Resident or his or her Representative agrees to sign the form it merely acknowledges that they have been advised of the foregoing information. Residents or their Representative must be supplied with a copy of the notice. This notice may be included in the admission packet for all new nursing home admissions.

