

## Walnut Place Community

### Skilled Nursing and Rehabilitation

#### NOTICE OF PRIVACY PRACTICES

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

#### A. Our Community'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 community. 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 community, including any information that we receive from other health care providers, businesses or facilities. It extends to information received or created by our staff, volunteers, or physicians. 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 not use or disclose your protected health information without your authorization, except as described in this notice. 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 reserve the right to change this notice 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. Within 60 days of a material revision to this notice we will provide you with a copy of the revised notice. Additionally, upon request you may request another copy of the notices by contacting the community's executive director, administrator or privacy officer. The most recent version of this notice will be posted in the community.

The following describes each of the different ways that 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 disclosure.

#### How We Will Use or Disclose Your Health Information

1. **Treatment.** We may use or disclose your health information to treat you or to assist others in your treatment. We may use or disclose your health information to provide you with physicians, nurses, certified nurses aides, medications aides, 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 community who may be

involved in your health care, such as authorized family members, social services, or home health agencies.

2. **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, such as family members, for the health care services you receive at our community. For example, we may need to give information to your health plan regarding the services you received from our community so that your health plan will pay us or reimburse you for the services. We also may tell your health plan about a treatment you are going to receive in order to obtain prior approval for the services or to determine whether your health plan will cover the treatment.
3. **Health Care Operations.** We may use or disclose your health information to perform certain functions within our community. These uses or disclosures are necessary to operate our community 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, certified nurse's aides, medication aides, rehabilitation therapy specialists and other health care providers of facilities to compare how we are doing and see where we can make improvements in the care and services to our residents. We may use or disclose your health information to review the competence or qualifications of healthcare professionals, to evaluate practitioner, provider, or health plan performance, to train non-healthcare professionals, and for accreditation, certification, licensing, or credentialing activities. We may remove information that identifies you from this set of health information so others may use the information to study health care and health care delivery without learning specific identities of our residents.

Your photograph may be taken for both identification purposes and recording any special injury/and or treatment. For example, upon admission, your picture may be taken and placed in the medication/treatment notebook for identification purposes.

4. **Business Associates.** There are some services provided in our organization through contracts with Business Associates. Examples include accountants, consultants, and attorneys. When these services are contracted, we may disclose your health information to our Business Associates so they can perform the job we asked them to do. To protect your health information, however, we require the Business Associate to appropriately safeguard your information.
5. **Directory.** Unless you notify us that you object, for directory purposes we may disclose your name, location in the community, and current general condition to those who ask for you by name. This same information plus your religious affiliation may be provided to members of the clergy. We may also use your name on a name plate on your door in order to identify your room, unless you notify us that you object. As noted below, you have the right to restrict our disclosure of this information.
6. **Notification.** We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care of your general condition. If we are unable to reach your family, personal representative or another person

responsible for your care then we may leave a message for them at the phone number that they have provided us, e.g. on an answering machine. In addition we may disclose information about you to governmental agencies involved in disaster relief and to private disaster relief agencies to allow them to carry out their responsibilities in specific disaster situations, which includes providing information so that your family can be notified about your condition, status, and location.

7. **Communication With Family.** Health professionals, using their best judgment, may disclose to a family member, personal representative, another person responsible for your care or any other person you identify, health information relevant to that person's involvement in your care or for payment related to your care.
8. **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.
9. **Funeral Directors, Medical Examiners, Coroners.** We may disclose health information to funeral directors, medical examiners and coroners to carry out their duties consistent with applicable law.
10. **Marketing.** We may contact you to provide appointment reminders, information about treatment alternatives, or information about other health related benefits and services that may be of interest to you and that are provided by the community. We do not market protected health information unless an appropriate authorization is executed.
11. **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.
12. **Public Health Activities and Food and Drug Administration (FDA).** 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 disclose to the FDA health information relative to adverse events with respect to food, supplement, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.
13. **Organ Procurement Organizations 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.
14. **Law Enforcement.** We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.
15. **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, 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.

16. **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 or Veterans Affairs.
17. **To Avert Serious Threat to Health or Safety.** We may use and 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.
18. **National Security and Intelligence Activities.** We may use or disclose your health information to authorized federal officials for the purpose of intelligence, counterintelligence, and other national security activities, as authorized by law.
19. **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.

## **B. Your Rights Regarding Your Health Information.**

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

**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 and that is held or maintained by this community. Generally, this includes medical and billing records, but it does not include psychotherapy notes.

To inspect and copy your health information, you must contact the executive director, administrator or community privacy officer. Access to inspect health information will be granted within 24 hours (excluding weekends and holidays) of a valid request. If you would like copies, it is necessary to provide two working days' notice. If you prefer, submit your request in writing to the executive director, administrator or community privacy officer using the community form titled *Request to Inspect or Copy Protected Health Information*. This form may be obtained from the administration office or community privacy officer.

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.

To assist you in the review of your information, we recommend that one of our team members (a person designated by the community executive director or administrator such as a nurse, social worker or medical records person) review the information with you. This co-review would help you in locating information within the chart. It would also help in understanding the handwriting and medical terms written in the medical record. We would also like to follow-up on any concerns you may have after review/inspection of your information.

We may deny your request to inspect and copy your health information in certain circumstances and as required by law.

If you are denied access to your health information, you will be notified in writing and you may request that the denial be reviewed. One or more professionals selected by our community will review your request and denial. The person(s) conducting the review will not be the person(s) who initially denied your request. We will comply with the outcome of this review.

- I. **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 community.

To request an amendment, your request must be made in writing and submitted to the executive director, administrator or community privacy officer using the community form titled *Request to Amend Protected Health Information*. This form is available at the administration office or from the community privacy officer. 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:

- was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- 1. is not part of the health information kept by or for our community;
- 2. is not part of the information which you would be permitted to inspect and copy; or
- 3. is accurate and complete

- II. **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 healthcare operations if the disclosure was not done electronically. However, if it is an electronic record you can request an accounting of disclosures made in the three most recent years that includes disclosures for treatment payment and healthcare operations.

An accounting will not include the additional following disclosures:

1. Disclosures of your Personal Health Information made to you.
2. Disclosures made incident to a use or disclosure otherwise permitted or required by the HIPAA privacy regulation.
3. Disclosures made pursuant to your authorization.
4. Disclosures made pursuant to the HIPAA privacy regulation regarding those disclosures made to persons involved in your care or other notification purposes.
5. Disclosures made for national security or intelligence purposes to authorized federal officials for the conduct of lawful national security activities.

6. Certain disclosures made to correctional institutions or law enforcement officials having lawful custody of you or other Personal Health Information about you.
7. Disclosures that are part of a Limited Data Set under the HIPAA privacy standards and implementation specifications regarding Limited Data Sets and Data Use Agreements.
8. Disclosures that occurred before April 14, 2003.

To request an accounting of disclosures, you must submit your request in writing to the executive director, administrator or community privacy officer using the community form titled *Request For Accounting of Protected Health Information Disclosures*. This form can be obtained from the administration office or from the community privacy officer. For non-electronic records your request must state a time period that may not be longer than six (6) years prior to the date of your request. The first accounting that you request within a twelve 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.

- III. **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 for the payment of your care. For example, you could ask that we not use or disclose information regarding a particular treatment that you received.

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

If we agree to a restriction, such restriction would not prevent uses or disclosures as follows: required by the U.S. Department of Health and Human Services to investigate or determine our compliance with the HIPAA privacy regulation; required by law; for public health activities; about victims of abuse, neglect, or domestic violence; for health oversight activities; for judicial and administrative proceedings; for law enforcement purposes; about decedents; for cadaveric organ, eye or tissue donation purposes; for research purposes; to avert a serious threat to health or safety; for specialized government functions; or for workers' compensation.

If we agree to a restriction, we may terminate that agreement if you agree to or request the termination in writing; you orally agree to the termination and the oral agreement is documented by us; or we inform you that we are terminating our agreement to a restriction, except that such termination is only effective with respect to health information created or received after we have so informed you.

If you pay for one or more health care services out of pocket and in full, you can instruct us to not share information about the specific health care services you paid for out of pocket and in full with a health plan provided that the disclosure would be for payment or health care operations and is not otherwise required by law. If we are required by state law, Medicare or Medicaid to submit a claim to a health plan and there is no exception or procedure for individuals wishing to pay out of pocket for services, then our disclosure is required by law

To request restrictions, you must make your request in writing to the executive director, administrator or community privacy officer using the community form titled *Request for Restriction on Uses and Disclosures of Protected Health Information*. This form can be obtained from the administration office or from the community privacy officer. 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, disclosures to a certain family member).

- IV. **Right to Request Confidential Communications.** You have the right to request that we communicate with you about your health care in a certain way, with a specific reasonable accommodation, or at a certain location.

To request confidential communications, you must make your request in writing to the executive director, administrator or community privacy officer. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

We may condition the provision of a reasonable accommodation on (a) when appropriate, information regarding how payment, if any, for the accommodation will be handled or (b) when specification of an alternative address or other method of contact is provided.

**Right to Revoke.** You have the right to revoke an authorization at any time, in writing, except to the extent where the community has already made disclosures with your information.

- V. **Rights Under the Final Omnibus HIPAA Rule.** You have the following additional rights under the 2013 revisions to HIPAA's regulations:

- You have the right to be notified of a data breach.
  - You have the right to ask for a copy of your electronic medical records in an electronic form.
  - You have the right to opt out of fundraising communications from us, and we cannot sell your health information without your permission.
  - Certain uses of your medical data, such as use of patient information in marketing, require prior disclosure and your authorization. Uses and disclosures not described in this notice will be made only with your authorization.
  - Any psychotherapy notes will not be released without your prior authorization.
- **Notice Under the Texas Health and Safety Code.** Texas law requires that we provide you with the following notice:

**NOTICE:** according to Texas statute, we are required to inform you that we gather, store, and may electronically transmit your health care records and that your health information is subject to electronic disclosure. We are permitted by state and Federal statute to disclose your health care records to other health care providers, insurance or health maintenance organizations, or governmental agencies. Disclosure to anyone else requires a separate authorization from you.

This authorization for disclosure may be made in written or electronic form or it may be made in oral form if your oral authorization is then documented in writing by us. For your reference:

Texas Health and Safety Code Section 181.154 states that: a covered entity may not electronically disclose an individual's protected health information to any person without a separate authorization from the individual or the individual's legally authorized representative for each disclosure. An authorization for disclosure under this subsection may be made in written or electronic form or in oral form if it is documented in writing by the covered entity.

**C. Complaints**

If you believe your privacy rights have been violated, you have the right to file a complaint with our community by contacting the executive director, administrator or community privacy officer in writing. You also have a right to file a complaint in writing to the Secretary of the U.S. Department of Health and Human Services.

You will not be retaliated against for filing a complaint.

If you have questions and would like additional information, contact the executive director, administrator or community privacy officer.

**D. Effective Date**

This notice was published and it becomes effective on September 23, 2013.

**ACKNOWLEDGEMENT OF NOTICE OF PRIVACY PRACTICES**

**I have received a copy of the community's Notice of Privacy Practices dated September 23, 2013**

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**Parkwood Healthcare Community Representative**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Resident's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Resident Representative's Signature

\_\_\_\_\_  
Date

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Relationship to Resident

\_\_\_\_\_  
Date