

## HEARTHSTONE RETIREMENT HOME

### Policy: HR06 – HIPAA/Notice of Privacy Practices

Date: December 2010

#### Purpose:

The purpose of this policy is to ensure that a Notice of Privacy Practices is provided to and acknowledged by each resident and/or his/her Power of Attorney upon admission to Hearthstone Retirement Home.

#### Policy:

It is the policy of Hearthstone Retirement Home to provide a Notice of Privacy Practices (“Notice”) to each resident upon admission and make good faith effort to obtain a signed Acknowledgement of Receipt of Notice of Privacy Practices from the resident.

The Notice shall include all elements and statements that are required by law. The Notice shall inform the residents of:

- ♥ Uses and disclosures of Protected Health Information (“PHI”) that may be made by HRH;
- ♥ The resident’s rights with respect to his/her PHI; and
- ♥ HRH’s legal duties with respect to such PHI

#### Standards:

- ♥ The Notice and Acknowledgement forms will be included in the standard Admission Packet.
- ♥ The Admission Staff will provide the Notice to the resident at the time of admission.

**NOTE:** In the case of an emergency treatment situation, HRH will provide the Notice to the resident as soon as reasonably practicable after the emergency treatment situation.

- ♥ The Admission Staff will make a good faith effort to obtain the resident’s signature on the Acknowledgement at the time the Notice is provided. The Notice and signed Acknowledgement will be kept in the resident’s personal file.
- ♥ If the resident refuses or is otherwise unable to sign the acknowledgement, the Admission Staff will document, on the Acknowledgement form, what actions were taken to obtain the resident’s signature on the Acknowledgement and the reason (s) why a signed Acknowledgement was not obtained. This document will then be placed in the resident’s personal file.
- ♥ HRH will provide a copy of the written Notice to residents and to other persons upon request.
- ♥ HRH will post a copy of the Notice in a clear and prominent location such as the main lobby or similar location.

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- ♥ A current version of the Notice will be maintained on HRH's website, if applicable.
- ♥ Whenever the Notice is revised, the Administrator will assure that:
  - \*The revised Notice is made available upon request on or after the effective date of the revision; and
  - \*The revised Notice is posted in a clear and prominent location.
- ♥ Material changes shall not be implemented prior to the effective date of the revised Notice.
- ♥ A copy of each Notice issued by HRH will be maintained for at least six (6) years from the date it was last in effect.
- ♥ Any member of the workforce who has knowledge of a violation or potential violation of this Policy must make a report directly to the Administrator.

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**Policy: HR06 – HIPAA/Notice of Privacy Practices**

**Date: October 2010**

### **PLEASE REVIEW IT CAREFULLY**

### **THIS NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION**

HRH is required by law to provide you with the Notice so that you will understand how we may use or share your information from your personal records. The record includes financial and health information referred to in this Notice as “Protected Health Information” (“PHI”) or “simply health information”. HRH are required to adhere to the terms outlined in this Notice. If you have any questions about this notice, please contact the Administrator.

### **UNDERSTANDING YOUR HEALTH RECORD AND INFORMATION**

Each time you are admitted to HRH, a record of your stay is made containing health and financial information. Typically, this record contains information about your condition, the treatment we provide and payment for the treatment. We may 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
- ♥ evaluate and improve the care we provide
- ♥ obtain payment for 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
- ♥ make more informed decisions when authorizing disclosure to others

### **HOW WE MAY USE AND DISCLOSE PROTECTED HEALTH INFORMATION ABOUT YOU**

The following categories describe the ways that we use and disclose health information. Not every use of disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall into one (1) of the categories.

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- ♥ **Treatment** – We may use or disclose health information about you to provide you with medical treatment. We may disclose health information about you to physicians, nurses, therapists or other personnel who are involved in taking care of you at HRH. For example, a physician treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, the physician may need us to inform the Kitchen Staff so that we can plan your meals. Different staff of the facility also may share health information about you in order to coordinate your care and provide medication, lab work and x-rays. We may also disclose health information about you to people outside HRH who may be involved in your medical care during/after you leave HRH. This may include family members, visiting providers that are providing care to you.
- ♥ **Payment** – We may use and disclose health information about you so that the treatment and services you receive at HRH may be billed to you, an insurance or managed care company, Medicare, Medicaid or a third party payer. 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 authorization or to determine whether your plan will cover the treatment.
- ♥ **For Health Care Operations** – We may use and disclose health information about you for day-to-day health care operations and/or facility operations. This is necessary to ensure that all residents receive quality care. For example, we may use health information for quality assessments and improvements activities and for developing and evaluating clinical protocols. We may also combine health information about many residents to help determine what additional services should offer, what services should be discontinued and whether certain new treatments are effective. Health information about you may be used by of our Board of Directors for business development and planning, cost management analysis, insurance claims management, risk management activities and in developing and testing information systems and programs. We may also use and disclose information for professional review, performance evaluation and for training programs. Other aspects of health care operations that may require use and disclosure of your health information include accreditation, certification, licensing and credentialing activities, review and auditing, including compliance reviews, medical reviews, legal services and compliance program. Your health information may be used and disclosed for the business management and general activities of HRH including resolution of internal grievances, customer service and due diligence in connection with a sale or transfer of HRH. In limited circumstances, we may disclose your health information to another entity subject to HIPAA for its own health care operations. We may remove information that identifies you so that the health information may be used to study health care and health care deliver without learning the identities of residents. We may disclose your age, birth date and general information about you in HRH newsletter, on activities calendars and to entities in the community that wish to acknowledge your birthday or commemorate your achievements on special occasions. If you are receiving therapy services, we may post your photograph and general information about your progress.

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#### OTHER ALLOWABLE USES OF YOUR HEALTH INFORMATION

- ♥ **Business Associates** – There are some services provided in HRH through contracts with business associates pursuant to the terms of a business associate agreement and as permitted by Federal privacy regulations, which perform certain services for HRH. Examples include medical directors, and outside attorney. When these services are contracted, we may disclose your health information so that they can perform the job we've 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 your care at HRH, are offered by participants in one of our organized healthcare arrangements. These participants include a variety of providers such as physicians (e.g., MD, DO, Podiatrist, Dentist, Optometrist), therapists (e.g., Physical Therapist, Occupational Therapist, Speech Therapist), portable radiology units, clinical labs, hospice caregivers, pharmacies, psychologists, LCSWs and suppliers (e.g., prosthetic, orthotics).
- ♥ **Disaster Relief** – We may disclose your protected health information to an organization assisting in a disaster relief effort. This is in an effort to ensure you family can be notified about your condition, status and location.
- ♥ **Treatment Alternatives** – We may use and disclose health information to tell you about possible treatment options or alternatives that may be of interest to you.
- ♥ **Health Related Benefits and Services and Reminders** – We may contact you to provide appointment reminders or information about treatment alternatives or other health related benefits and services that may be of interest to you.
- ♥ **Fundraising Activities** – We may use health information about you to contact you in an effort to raise money as part of a fundraising effort. We may disclose health information to a foundation related to HRH so that the foundation may contact you in raising money for HRH. We will only release contact information, such as your name, address and telephone number and the dates you received treatment or services at HRH. A separate release of information may be utilized.
- ♥ **Facility Directory** – We may include information about you in HRH directory while you are a resident. This information may include name, room number, your general condition (e.g., fair, stable, etc.) and your religious affiliation. The directory does not include specific medical information about you. The directory information, except for your religion, may be disclosed to people who ask for you by name. Your religious affiliation 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 at HRH and generally know how you are doing.
- ♥ **Individuals Involved in Your Care or Payment for Your Care** – Unless you object, we may disclose health information about you to a friend or family member, including clergy, who is involved in your care. We may also give information to someone who helps pay for your care. Such disclosures shall be limited to information directly relevant to such person's involvement in your care.
- ♥ **As Required By Law** – We will disclose health information about you when required to do so by Federal, State and/or Local law.

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- ♥ **To Avert a Serious Threat to Health or Safety** – We may use and disclose health information about you to prevent a serious threat to your health and safety or the health and safety of the public or another person qualified to receive PHI for you. We would do this only to help prevent the threat.

- ♥ **Organ and Tissue Donation** – If you are an organ donor, we may disclose health 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 health information about you as required by military authorities. We may also disclose health information about foreign military personnel to the appropriate foreign military authority.
- ♥ **Research** – Under certain circumstances, we may use and disclose health information about you for research purposes. For example, a research project may involve comparing 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 health information, trying to balance the research needs with residents’ need for privacy of their health information. Before we use or disclose health information for research, the project will have been approved through this research approval process. We may, however, disclose health information about you to people preparing to conduct a research project so long as the health information they review does not leave HRH.
- ♥ **Worker’s Compensation** – We may disclose health information about you for workers’ compensation or similar programs. These programs provide benefits for work-related injuries or illness.
- ♥ **Reporting** – Federal and State laws may require or permit HRH to disclose certain health information related to the following:
  - ♥ **Public Health Risks** – We may disclose health information about you for public health purposes, including:
    - ♥ Prevention or control of disease, injury or disability
    - ♥ Reporting of births and deaths
    - ♥ Reporting on elder abuse or neglect
    - ♥ Reporting reactions to medications 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
    - ♥ Notifying the appropriate government authority if we believe a resident has been the victim of abuse, neglect and/or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.
  - ♥ **Federal Drug Administration (FDA)** – We may disclose health information concerning adverse events or problems with products for tracking products in certain circumstances, to enable product recalls or comply with other FDA requirements.
  - ♥ **Health Oversight Activities** – We may disclose health information to a health oversight agency for activities authorized by law. These oversight activities may include audits, investigations, inspections, licensure actions or other legal proceedings. These activities are necessary for the government to monitor the health care system, government programs and compliance with civil rights laws.

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- ♥ **Judicial and Administrative Proceedings** – If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to a court or administrative order. We may also disclose health 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.
- ♥ **Reporting Abuse, Neglect or Domestic Violence** – Notifying the appropriate government agency if we believe a resident has been the victim of abuse, neglect or domestic violence.
- ♥ **Law Enforcement** – We may disclose health information when requested by a law enforcement official:
  - ♥ In response to a court order, subpoena, warrant, summons or similar process;
  - ♥ To identify or apprehend 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;

- ♥ To report a suspicious death we believe may be the result of criminal conduct;
  - ♥ To provide information about criminal conduct at HRH;
  - ♥ In emergency circumstances to report a crime, the location of the crime or victims or the identity, description or location of the person who committed the crime;
  - ♥ As required by law to comply with reporting requirements.
- ♥ **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 health information about you to authorized federal officials for intelligence, counterintelligence and other national security activities authorized by law to protect the President of the United States, certain other persons or foreign heads of states or to conduct certain special investigations.
  - ♥ **Correctional Institution** – Should you be an inmate of a correctional institution, we may disclose to the institution or its agents health information necessary for your health and the health and safety of others.

### **OTHER USES OF HEALTH INFORMATION**

Other uses and disclosures of health 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 health information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer disclose health information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission and that we are required to retain our records of the care that we provided to you.

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#### **YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU**

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

- ♥ **Right to Inspect and Copy** – With some exceptions, you have the right to review and copy your health information.

You must submit your request in writing to the Administrator. We may charge a fee for the costs of copying, mailing or other supplies associated with your request.

- ♥ **Right to Amend** – If you feel that health 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 or for HRH.

You must submit your request in writing to the Administrator. 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 health information kept by or for HRH 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 made of your health information, other than those made for purposes such as treatment, payment or health care operations.

You must submit your request in writing to the Administrator. 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 January 1, 2005. Your request should indicate in what form you want the list (for example, on 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.

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- ♥ **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 example, you may request that we limit the health information we disclose to someone who is involved in your care or the payment for your care. You could ask that we not use or disclose information about a surgery you had to a family member or friend.

**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 the Administrator. 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 Communications** – 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 to a post office box.

You must submit your request in writing to the Administrator. 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.

- ♥ **Right to a Paper Copy of This Notice** – You have the right to a paper copy of this Notice of Privacy Practices even if you have agreed to receive the Notice electronically. You may ask us to give you a copy of this Notice at any time.

- ♥ You may obtain a copy of this Notice at our website @ [www.hearthstoneretirementhome.org](http://www.hearthstoneretirementhome.org)

- ♥ To obtain a paper copy of this Notice, contact the Administrator.

### 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 health 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 HRH and on the website. The Notice will specify the effective date on the first page. 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 Administrator.

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### COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the Administrator of HRH and/or HRH Board of Directors or the Secretary of the U.S. Department of Health and Human Services and the Office for Civil Rights at 200 Independence Avenue, S.W., Room 509F, HHH Building, Washington, D.C. 20201. All complaints must be submitted in writing. You need to give some information about the problem and must be filed within 180 days of when you knew or should have known about the problem. **You will not be penalized for filing a complaint.**

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**Date: December 2010**

**ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES**

Resident Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Facility Name: Hearthstone Retirement Home – George H. Neal Memorial Home for the Aged

I have been given a copy of Hearthstone Retirement Home’s Notice of Privacy Practices (“Notices”), which describes how my health information is used and shared. I understand that Hearthstone Retirement Home has the right to change this Notice at any time. I may obtain a current copy by contacting the Administrator or by visiting Hearthstone Retirement Home’s website at [www.hearthstoneretirementhome.org](http://www.hearthstoneretirementhome.org).

My signature below acknowledges that I have been provided with a copy of the Notice of Privacy Practices:

\_\_\_\_\_  
Signature of Resident/Personal Representative/Power of Attorney Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Personal Representative’s Title (e.g., Guardian, Executor of Estate, Health Care Power of Attorney)

**For Facility Use Only: Complete this section if you are unable to obtain a signature.**

1. If the resident or personal representative is unable or unwilling to sign this Acknowledgement or the Acknowledgement is not signed for any other reason, state the reason:  
\_\_\_\_\_

2. Describe the steps taken to obtain the resident’s (or personal representative’s) signature on the Acknowledgement:  
\_\_\_\_\_

Complete by:

\_\_\_\_\_  
Signature of HRH Representative Date

\_\_\_\_\_  
Print Name and Title

File original in resident’s personal record

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**Date: December 2010**

**ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES**

Employee Name: \_\_\_\_\_

Facility Name: Hearthstone Retirement Home – George H. Neal Memorial Home for the Aged

I have been given a copy of Hearthstone Retirement Home’s Notice of Privacy Practices (“Notices”), which describes how resident health information is used and shared. I understand that Hearthstone Retirement Home has the right to change this Notice at any time. I may obtain a current copy by contacting the Administrator or by visiting Hearthstone Retirement Home’s website at [www.hearthstoneretirementhome.org](http://www.hearthstoneretirementhome.org).

My signature below acknowledges that I have been provided with a copy of the Notice of Privacy Practices:

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature of HRH Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name and Title

File original in employee’s personal record