



Notice of Information Practices

This notice describes how medical information about our residents may be used and disclosed and how you can get access to this information. **PLEASE READ IT CAREFULLY.**

UNDERSTANDING THE HEALTH RECORD

A record is made of each stay in a nursing facility. This includes yours. Typically, this record contains your symptoms, examinations and test results, diagnoses, treatment and a 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 various health professionals who contribute to your care.
- Legal document describing the care you received.
- Means by which you or a third-party payor can verify that services billed were actually provided.
- Tool in educating health professionals.
- Source of data for medical research.
- Source of information for public health officials who oversee the delivery of health care in the United States.
- Source of data for facility planning and marketing.
- Tool with which we can assess, and continually work to improve, the care we provide 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 others who may access our information and make more informed decisions when authorizing disclosure to others.

RESPONSIBILITIES

To offer you optimal services and to comply with privacy regulations we will:

- 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 protected health information we maintain. Should our practices change, we will provide you with a revised notice.

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

USE OR DISCLOSURE OF HEALTH INFORMATION

1. **Treatment.** We will use your health information for your care and treatment. For example, information obtained by a nurse, your physician or another health care professional will be recorded in your record and used to determine the best course of treatment for you.

Your physician will document in your record the expectations they may have for your care. Members of the health care team will follow the plan as it is outlined and then make notes of their actions and observations so your physician will know how you are responding to treatment throughout your stay. Our health care team will use the information from tests, treatment methods, etc, to work together for you. Periodically, we will provide health care providers with copies of various reports that should assist them in prescribing treatment for you once you are discharged from our facility.

2. **Payment.** We will use your health information for payment. For example, a bill may be sent to you or a third-party payor, including Medicare or Medicaid. The information on the bill, or sent with the bill, may include information that identifies you as well as listing your diagnosis, procedures and supplies used.
3. **Health Care Operations.** We will use your health information for conducting the business of the facility. For example, information about your health condition may be used for improvement of the quality of our services. This information will be used in efforts to change the way we do things so that the effectiveness and quality of our services are better.
4. **Business Associates.** Some of our services are provided through the services of other contacts called Business Associates. These include our therapists, dietitians and other consultants. We contract for these services and may disclose your health information to these Business Associates so they can provide the service we have asked them to provide. To protect your health information, we require these Business Associates to appropriately safeguard your information.
5. **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 other religious affiliation, to other people who ask for you by name. We may also use

your name on a nameplate next to your door to identify your room unless you notify us that you object.

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 location and general condition. If we are unable to reach your family member or personal representative, we may leave a message for them at the phone number they have provided us.
7. **Communication with Family.** A health professional may disclose to a family member, other relative, close personal friend or any other person you identify any health information relevant to that person's involvement in your care or payment related to your care. Our staff will use their best professional judgment in disclosing information about you.
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.** We may disclose health information to funeral directors and coroners to allow them to carry out their duties consistent with applicable law.
10. **Organ Procurement Organizations.** Consistent with applicable law, we may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking or transplantation of organs for the purpose of tissue donation and transplant.
11. **Marketing.** 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.
12. **Fund Raising.** We may contact you as a part of a fund-raising project.
13. **Food and Drug Administration.** We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects or post marketing surveillance information to enable product recalls, repairs or replacement.
14. **Workers' 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.
15. **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.
16. **Correctional Institution.** Should you be an inmate of a correctional institution, we may disclose to the institution or agents thereof health information necessary for your health and the health and safety of other individuals.
17. **Law Enforcement.** We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.
18. **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 work force member or Business Associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards which are potentially endangering one or more residents, workers or the public.

YOUR HEALTH INFORMATION RIGHTS

Although your health record is the physical property of the nursing facility, 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 operation of the facility and/or to a particular family member, other relative or personal friend. We ask that your request be made in writing.

We will abide by your requests with regard to the disclosure of your clinical and personal records to anyone outside the facility--except in an emergency, if you are being transferred to another health care institution or when the disclosure is required by law

- You may request that we provide you with communications by alternative means or at alternative locations. Such requests must be made in writing and submitted to this facility's Privacy Officer. We will attempt to accommodate all reasonable requests.
- You may request to inspect, and/or obtain copies of, your health information. This will be provided to you in the timeframes established by law. You may make such requests orally or in writing. It is better to request this in writing using our standard form (Form 19-6A). If you request to have copies made, we will charge you a reasonable fee.
- You may request that we correct the existing information or add any information you believe should be in your health record. Such a request must be made in writing and must provide a reason to support the change. We ask that you use the proper facility form (Form 19-9A) to make your request.
- You may request that we provide you with a written accounting of all disclosures of your PHI made by us during the time period you specify (not to exceed six years). You will not be charged for your first accounting request in any 12-month period. For any requests after that you will be charged a reasonable fee.
- You may request a copy of this **Notice of Information Practices** (Form 19-11).
- 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 our facility Privacy Officer.

If you believe your privacy rights have been violated, you may file a complaint with us. This must be filed in writing on Medicalodges' **Complaint Regarding Uses/Disclosures of Protected Health Information** (Form 19-3A) provided by the facility. The form may be obtained from the facility Privacy Officer and returned to them upon completion. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services. There will be no intimidation or retaliation for filing a complaint.

Acknowledgement

I/We, _____, have received the **Notice of Information Practices** (Form 19-11) for Medicalodges, Inc., and this affiliate and understand that any questions I/we have will be directed to the Administrator/Privacy Officer.

Dated this _____ day of _____, 20_____.

WITNESS

RESIDENT
