

# Privacy Notice

## KershawHealth Karesh Long Term Care

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.

KershawHealth Karesh Long Term Care values you, our resident, and are committed to preserving the privacy and confidentiality of your health care information. This notice being provided to you will explain how we protect the confidentiality and privacy of your information, how and when your health information may be used or disclosed and your rights regarding your health care information.

### OUR DUTY TO PROTECT YOUR HEALTH CARE INFORMATION

Privacy and confidentiality of your health information have always been a high priority within our facilities. The Health Insurance Portability and Accountability Act (HIPAA) and Health Information Technology for Economic and Clinical Health Act (HITECH) create a national standard of protection and privacy of your medical information and require that we:

1. Maintain and protect your health information
2. Notify you of our legal duties and privacy practices
3. Follow our current Notice of Privacy Practices
4. Comply with certain objections you may have with regard to our use and disclosure of your health information as specified herein
5. Comply with requirements regarding your individual rights as specified herein
6. Obtain your written authorization to use or disclose your health information for occasions other than those listed herein or permitted under law

This Notice applies to certain health records pertaining to your protected health care information, both medical and financial records created or maintained by the facility. This Notice further outlines how we may use and give out information about you for payment, healthcare operations, treatment and other requirements as outlined by law. While records are the physical property of the facility, you have certain rights in obtaining, reviewing, amending and disclosing your medical information as outlined in this notice, unless otherwise prohibited or required by law.

Should you have questions regarding this Privacy Notice, the name, address and telephone number of the person or person(s) whom you should contact is listed on the last page of this document.

### **WHO IS REQUIRED TO COMPLY**

Within the facility, the following persons must comply with the terms of this notice.

1. All facility employees
2. Departments and Units within the facility
3. Vendors or Independent Contractor who may have access to your protected health care information
4. All health district staff including, but not limited to consultants, directors, financial or other health district staff who may have access to your protected health information
5. Any independent health care professional who provides care for you and who is authorized by you
6. Any student, intern or other trainee
7. Any approved volunteer who assists you or provides personal services for you

In addition, each of the above may share medical information with each other for treatment, payment or health care operations. Each independent health care professional or contracted person who provides you with care and services has agreed to abide by this notice. However, the facility is not responsible for how each conducts his/her professional responsibilities. Your personal doctor or other independent health care professional may have different policies regarding privacy, confidentiality and disclosure of your medical information that is created and/or maintained in their office or locations.

### **HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION**

We have limited rights to use and/or disclose your health information. There are three categories allowed by law in which we can release information without your consent. The three categories are: Treatment, Payment and Health Care Operations. A summary of each will be outlined below with an example of each to help you understand how we use your information:

#### **Treatment**

We may disclose your protected health information to those who are involved in providing medical care and treatment for you. We may disclose information to independent doctors, interpreters, and other independent health care personnel who are permitted to treat you.

Nurses, Pharmacists, Therapists, Nursing Assistants, Activity, Social and Dietary Professionals, Students and Faculty who are participating in clinical training, may all share information with each other in order to better care for you and to coordinate care for you. For example, your protected health information may be shared with your Pharmacist who fills your prescriptions to evaluate for any drug interactions. Your Physician may share information with your Dietician to assure the appropriate diet for healing of any wound or fracture that you may have. Your Physician may need to share/obtain information from laboratory studies to better treat your diabetic condition. We may need to disclose health information about you to persons outside the facility who may be involved in your medical care before, during or after you leave here such as hospitals or medical specialists, that are part of your care. We may provide, without your consent, health information about you in connection with any transfer to assist you in obtaining care elsewhere or to provide health information to others as required by law.

### **Payment**

In order to obtain payment for your care and services here at the facility and/or care given by other providers, we may need to use and disclose health information about you for the purpose of billing you, your insurance company, health plan, Medicare or Medicaid or other third party. For example, we may need to provide Medicare your diagnosis, type of therapy given, or other health information about you in order for Medicare to render payment to you or the facility. Our disclosure of medical information for the purpose of obtaining payment for care and services rendered may also include giving information to your family members who are involved in your care, who help pay for your care, or who are insured on your policy. Unless required by law, you may restrict disclosure of your medical information from being submitted to your health plan for purposes of payment if you have paid in full for services provided and have notified the facility in writing of your request prior to the facility's billing your health plan.

### **Health Care Operations**

We may use or disclose your protected health information to perform certain functions within our facility, to operate our facility and to ensure that you and others in our facility continue to receive quality care and services. In order to assure increased privacy and security, we may locate surveillance cameras both in and outside of our facility. We may disclose your health information to our staff (nurses, nursing assistants, physicians, consultants, therapists, etc.) for auditing, care planning, treatment, education and

learning, evaluation of staff performance, assessing quality care and for recommendations to improve care. We may disclose limited health information for other functions within our operations. For example, we may take your photograph for medication identification purposes or we may use your name or birthday on bulletin boards or the facility newsletter. Photographs may be used for medication administration or by the Activity Department for display of individual or group activities. Your name may be placed on the wall beside your door so that your visitors and our staff may easily locate you in our facility. We maintain a facility directory and roster. Unless you object, your name, location in the facility and religious affiliation will be contained in the directory. Except for your religious affiliation, the information contained in the directory/roster is disclosed to persons who specifically ask for you by name.

A member of the clergy or chaplain may visit you without asking for you by name. If you choose not to be listed in the directory, then we may not be able to acknowledge that you are in the nursing home to your family, friends and clergy or delivery personnel. If you do not want your information to be included in the directory or if you want your information or disclosure of your information to be limited, please contact us in writing. The name, address, and telephone number of the person to whom you need to submit this request is listed on the last page of this notice.

### **Individuals Involved in your care**

We may disclose your health information and financial information to you and/or your family members involved in your care. If you are unable to consent or object, we may disclose your health information to your family or friends who are the ones most closely involved in your care. In an emergency or disaster situation, limited information considered in your best interest may be disclosed to others involved in your care. If you want uses and disclosures of your health information to individuals involved in your care to be limited in any way, please contact us in writing. The name address, and telephone number of the person to whom you need to submit this request is listed on the last page of this notice.

### **Business Associates**

There are some services provided in our organization through contracts with business associates. Examples include pharmacy, laboratory, and x-ray services. When these services are contracted, we may disclose your health information to our business

associates 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, business associates are required by federal law to appropriately safeguard your information.

### **Treatment alternatives, health-related benefits and services**

We may use or disclose your protected health information for purposes of contacting you to inform you of different ways of caring for you and/or to inform you of health-related benefits and services that may be of interest to you. For example, we may notify you of a newly released medication or treatment, which may benefit you.

### **Fund-raising Activities**

Your protected health information will not be shared with individuals or organizations for general fund-raising activities. We may share information about you with individuals or organizations that are involved in fund-raising activities by or for the benefit of the facility or the facility's activity department. We would only release contact information, such as your name and room number. If you do not want the facility to release contact information, you must submit in writing to the person listed on the last page of this notice.

### **Psychotherapy Notes**

Protected Psychotherapy notes may not be disclosed without your authorization. Notes may be used by the facility without an authorization for the purpose of training staff, or in cases of legal defense. Psychotherapy notes may also be used for treatment, payment or operations. Release of Psychotherapy notes may be denied if the notes were generated by an entity outside the facility, or if in the opinion of the Health Care Professional, the notes would be harmful to self or others.

### **Research**

Research that would disclose identifying data about you must not be disclosed unless we have your written authorization. Your authorization is not required for research that does not identify you or has been approved by an Institutional Review Board and/or as required by regulatory law. Research may be conducted or disclosed only after all personal

identifiers have been removed. An example of this would be: a comparison study of all residents receiving one type of medication for memory skills, based upon a self-performance study before and after the initiation of the medication.

## **Marketing**

Your protected health information will not be shared with a marketing firm unless you have signed an authorization for disclosure. Marketing is defined as a communication about a product or service that encourages you to purchase or use a product or service. Marketing communication must identify the health care organization as the source of the communication, must state if there is to be any remuneration to the facility, and identify how you may opt-out of any future communication. We may provide you with information regarding enhanced benefits, treatment options, therapies, health products or services, case management without an authorization. Authorization is not required if the facility representative speaks directly with you or if a nominal gift is involved.

## **Health Information Exchange/ Regional Health Information Organization**

Federal and state laws may permit us to participate in organizations with other healthcare providers, insurers, and/or other health care industry participants and their subcontractors in order for these individuals and entities to share your health information with one another to accomplish goals that may include but not be limited to: improving the accuracy and increasing the availability of your health records; decreasing the time needed to access your information; aggregating and comparing your information for quality improvement purposes; and such other purposes as may be permitted by law. Information may be shared if you are an inmate or under custody of law which is necessary for your health or the health and safety of others.

## **USES AND DISCLOSURES REQUIRING YOUR WRITTEN AUTHORIZATION:**

You may give us written authorization to use and disclose your health information for any purpose. You may also revoke your authorization in writing at any time or to stop future uses or disclosures of your information except to the extent that we have already taken an action relying upon your authorization. Unless you give us a written authorization, we will not use or disclose your health information for any reason except those allowed by law and described in this notice.

## **USE AND DISCLOSURES OF INFORMATION THAT DO NOT REQUIRE YOUR AUTHORIZATION:**

State and Federal laws or regulations either require or permit us to use or disclose your protected health information without your authorization. The uses or disclosures that we may make without your authorization include:

- 1. When Required by Law or Law Enforcement:** We may use and disclose your protected health information when laws require that we report abuse, neglect or domestic violence, or adverse reactions to medications or injury from a health care product or in response to a court order, grand jury demand, subpoena or search warrant, a death or injury believed to be a result of criminal conduct or any criminal conduct believed to have occurred. DNA, DNA analysis, dental records or samples, typing or analysis of body fluids may not be disclosed.
- 2. For Public Health Activities for the Purpose of Preventing or Controlling Disease, Injury or Disability:** We may disclose your protected health information to public health authorities. For example, we may be required to collect information about diseases or injuries (i.e., your exposure to a disease or your risk for spreading or contracting a communicable disease or condition, product recalls or to report vital statistics (deaths) to the public health authority.
- 3. To Prevent a Serious Threat to Health or Safety:** We may use and disclose health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat and limited to the information needed.
- 4. For Health Oversight Activities:** We may use and disclose your protected health information to health and oversight agencies such as the State / local Ombudsman Program, Protection and Advocacy Agency and to the other agencies responsible for inspecting, auditing, investigating and surveying our facility. The functions of these agencies are to assure compliance with local, state, federal laws and regulations. Some professional licensing boards, such as licensing boards for nurses and physicians may review your records when investigating a specific incident.

Also, we may disclose your information as authorized to comply with workers compensation laws and other similar legally established programs.

- 5. Emergencies or Disasters:** We may disclose your protected health information during a disaster or in an emergency situation to a public or private entity to assist in relief or emergency efforts. If you are unable to consent, information may be disclosed to your family or others involved in your care if in the professional judgment of the Health Care Professional information provided would be relevant to your overall care. Information may include your location or general condition.
- 6. To Coroners, Medical Examiners, Funeral Directors, Organ Procurement Organizations or Tissue Banks:** We may disclose your protected health information to a coroner or medical examiner for the purpose of identifying a deceased individual or to determine the cause of death. We may also disclose your health information to a funeral director for the purpose of carrying out your wishes and/or for the funeral director to perform his/her necessary duties. If you are an organ or body donor, we are required to disclose to the organization that will carry out your wishes.

#### **YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION:**

You have the following rights concerning the use or disclosure of your protected health information that we maintain:

- 1. To request restrictions on use and disclosures of your protected health information:** You have the right to request that we limit how we use or disclose your protected health information unless law requires the disclosure.

Should you wish a restriction placed on the use and disclosure of your protected health information, you must submit such request in writing (note: you may submit such request using our "Request to Restrict the Use and Disclosure of Protected Health Information" form which can be obtained from the Admissions Office). You must tell us what information you want us to limit, whether you want to limit our use, or disclosure or both; and to whom you want the limits to apply (i.e., disclosure to your spouse). The name, address and telephone number of the person to whom you need to submit this request is listed on the last page of this notice. We are not required to honor your request to restrict use or disclosure of your information within the nursing facility except with regard to psychotherapy notes. However, should we agree we will comply with your request. We will



not release such information unless the information is needed to provide emergency care or treatment to you. Any agreement to additional restrictions must be in writing signed by a person authorized to make such an agreement.

- 2. The Right to Inspect and Copy your Medical and Billing Records:** You have the right to inspect and copy your medical and billing records that we use to make decisions about your care and services. In order to inspect and/or copy your health information, you must submit a request to access your medical record. If you are a current resident, you or your representative have a right to view your record within 24 (twenty-four) hours and to receive a copy of your records within 2 (two) working days after receipt of request. Exceptions to the inspection and copying are protected psychotherapy notes, information compiled for use in civil, criminal, or administrative actions and information that is subject to prohibition by the Clinical Laboratory Improvements Amendment (CLIA). The facility may deny access if the information could jeopardize the health, safety, security, custody, or rehabilitation of the individual.

If you are no longer a resident at the time of your request to copy your record, the facility has thirty days to respond to your request if your records are on-site. A one-time extension of 15 (fifteen) days may be allowed upon appropriate notice and reason for the needed extension.

If you are the resident's representative, you may be asked to show authentication of your right to receive the record on behalf of the resident. If you, the resident or appropriate representative(s) agree, we may provide you with a summary or explanation of the information instead of providing you with copies of all the information. Before providing you with such a summary or copy of the record, you will be given an explanation of the charges that are to be incurred with an expectation of payment prior to the preparation of the summary or copying of the chart.

- 3. The Right to Amend or Correct Your Health Information:** You have the right to request that your health information be amended or corrected if you have reason to believe that certain information is incorrect. You have the right to make such requests of us for as long as we maintain/retain your protected health information.

Your request must be submitted to us in writing and you must submit a reason for wishing to amend your record. The name, address and telephone number of the person to whom you need to submit this request is listed on the last page of this notice.

We may be unable to comply with your request for an amendment to the record if you fail to submit the request in writing, or if you fail to include a reason for the amendment. If another provider other than our facility created the document which you wish to amend or if the provider is no longer available to review your request or make the amendment, then your request may be denied. We cannot amend the record if the information is not maintained as part of our record, or if it is not part of the information which you would be permitted to inspect and copy, and/or the information is already accurate.

We must respond to your request for an amendment within 60 days of receiving the written request. An additional 30 days may be allowed upon appropriate notice and reason for the needed extension. If we approve your request, we will make such amendments or corrections and notify those with a need to know of such amendments or corrections.

If we are unable to comply with your request, we will provide you with a written notification of the reason(s) of such denial and your rights to have the request, the denial, and any written response attached to any future disclosure of the information in question.

You may submit your amendment request(s) on our "Request for Amendment/ Correction of Protected Health Information" form. Copies of these forms are available in the Social Service office.

- 4. The Right to Request Confidential or Alternate Communication:** You have the right to request that we communicate with you about your health matters in a certain way or at a certain location. We may or may not agree with your request. We will agree to your request as long as it is reasonably easy for us to do so. You are not required to reveal, nor will we ask the reason for, your request. To request confidential communications you must: notify us in writing, indicate what information you wish to limit, indicate whether or not you wish to limit or restrict our use or disclosure of such information and identify to whom the restrictions apply (i.e., which family member(s), agency, etc).

You may file your request with the Social Service Department. You may submit your request on our "Request for Confidential or Alternate Communication" form. Copies of these forms are available in the Admissions office.

**5. The Right to Request an Accounting of Disclosures of Protected Health**

**Information:** You have the right to request that we provide you with a listing of when, to whom, for what purpose, and what content of your protected health information we have released over a specified period of time. The accounting will not include any information we have made for the purpose of treatment, payment or health care operations or information released to you, or your representative or the facility directory, disclosures made for national security purposes, or any releases pursuant to your authorization.

To request this accounting, you must submit in writing your request and indicate the time period for which you wish the information

(i.e., May 1, 2013 through June 1, 2013) and in what form you want this information. Your request may not include releases for more than six (6) years. We will respond to your request within sixty (60) days of receipt of the written request. Should additional time be needed to reply, you will be notified of such extension. However, in no case will such extension exceed thirty (30) days. The first accounting you receive during a twelve (12) month period will be free. There may be a reasonable fee for additional requests during the twelve (12) month period. We will notify you of the costs involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

The name, address, and telephone number of the person to whom you may file your request is listed on the last page of this document. You may submit your request on our "Request for and Accounting of Disclosures of Protected Health Information" form. Copies of this form are available in the Social Service office.

**6. The Right to Receive a Paper Copy of this Notice:** You have the right to receive a paper copy of this notice or any revised notice. You may request an electronic copy of this notice, but you are entitled to a paper copy. This notice will be posted in a public area in the facility and on our web site.

To obtain a paper copy or a larger print version of this notice, contact our Social Service Department.

- 7. The Right to Revoke:** Uses and disclosures of protected health information not included in this notice will be made only with your authorization or as allowed or required by law. If you have authorized use or disclosure of health information about you, you may revoke that authorization in writing at any time. If you revoke your authorization, we will not disclose any further health information about you that you had authorized. You understand that we are unable to withdraw any disclosures prior to the revocation.
- 8. The Right to be Notified of a Breach of your Protected Health Information:** A breach is defined as an impermissible use, acquisition, access or disclosure of your protected health information that compromises the security or privacy of your health information. Unintentional or inadvertent access without intent of further disclosure is not considered a breach. If a breach of your protected health information should occur, you will be notified without unreasonable delay, but no later than 60 calendar days from date of breach. If a criminal investigation or national security issue is involved, law enforcement may direct the facility to delay notification. You have the right to know what is believed to be the extent of the breach, steps you may need to take to protect yourself and information on how the facility is investigating, resolving and preventing a further breach. The notification will also state the name of a contact person to discuss the breach.
- 9. Privacy Notice Updates or Revisions:** We reserve the right to change, update, or revise this Privacy Notice effective for health information we already have about you, as well as any information we receive in the future. Except as required by law, we will not implement any revisions or changes prior to the effective date of the revised notice. We will post a copy of the current notice in a public area in the facility and on the KershawHealth Karesh Long Term Care Web Page. You will receive a copy either by hand delivery or by mail.

#### **HOW TO FILE A COMPLAINT ABOUT OUR PRIVACY PRACTICES:**

If you have reason to believe that we have violated your privacy right, or you disagree with a decision we made about your privacy rights, you have the right to file a complaint with the

Facility Privacy Representative, the Corporate Compliance Officer, the Compliance Hotline (1-844-302-4057) or with the Secretary of the Department of Health and Human Services. You may submit your complaint on our Grievance form located in the Social Service Department.