

ALL SAINTS CATHOLIC NURSING HOME NOTICE OF PRIVACY PRACTICES

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.

Please contact the Privacy Officer at (904) 772-1220 ext. 229 if you have any questions regarding this notice.

**This notice is effective April 14, 2003.

If you believe your privacy rights have been violated, you can file a complaint with the Director of Medical Records/Privacy Officer or with the Secretary of Health and Human Services. There will be NO retaliation for filing a complaint.

UNDERSTANDING YOUR HEALTH RECORD/INFORMATION

Each time you visit a hospital, physician, or other healthcare provider, a record of your visit is made. Typically, this record contains your symptoms, examination 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:

1) basis for planning your care and treatment; 2) means of communications among the many health professionals who contribute to your care; 3) legal document describing the care you received; 4) means by which you or a third party payer can verify that services billed were actually provided; 5) a tool in educating health professionals; 6) a source of data for medical research; 7) a source of information for public health officials charged with improving the health of the nation; 8) a source of data for facility planning and marketing and a tool with which we can assess and continually work to improve the care we render 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 who, what, when, where and why others may access your health information; make more informed decisions when authorizing disclosure to others.

YOUR HEALTH INFORMATION RIGHTS:

Although your health record is the physical property of the healthcare practitioner or facility that compiled it, the information belongs to you. You have the right to:

1) Request a restriction on certain uses and disclosures of your information as provided by 45 CFR 164.522. You have the right to request a limitation on the health information we use or disclose about you for treatment, payment or healthcare 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 in the payment of your care. For example you could ask that we not disclose information regarding a particular treatment that you received. **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 emergency treatment to you. To request restrictions, you must make your request in writing to Admissions. 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, to a family member).

2) Obtain a paper copy of the notice of information practices upon request; Inspect and copy your health record as provided for in 45 CFR 164.524 (Exception: Psychotherapy Notes). To inspect and copy your health record (Generally this includes medical and billing records) you must submit your request in writing to the Medical Records Department. 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. In certain limited circumstances we may deny access to your health information. You may request that the denial be reviewed. Another licensed health care professional selected by our facility will review your request and the denial. The person conducting the review will not be the person who initially denied your request. We will comply with the outcome of this review;

3) Amend your health record as provided in 45 CFR 164.528 To obtain a request to amend your health information, your request must be made in writing and submitted to the Director of Medical Records. In addition, you must provide us with a reason that supports your request. We may deny your request if it is not in writing or does not include a reason to support the request. Additionally, we may deny your request if you ask us to amend information that: 1) Was not created by us, 2) Is not part of the health information kept by or for our facility, 3) Is not part of the information which you would be permitted to inspect and copy, 4) Is accurate and complete. 4) Obtain an accounting of disclosures of your health information by alternative means or at alternative locations. This accounting will not include disclosures made for purposes of treatment, payment, or health care operations. To request an accounting of disclosures, your request must be in writing, submitted to the Medical Records Department. Your request must state a time period, which may not be longer than six (6) years prior to the date of your request and may not include dates before April 14, 2003. Your request should indicate in what form you want to receive the accounting (paper, electronic). The first accounting you request within a 12 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;

5) Revoke your authorization to use or disclose health information except to the extent that action has already been taken.

OUR RESPONSIBILITIES:

This organization is required to:

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 information practices change, we will mail a revised notice to the address you've supplied to us and post a copy of the current notice in our facility. The first page of the notice contains the effective date and any dates of revision.

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

To obtain a paper copy of this notice, contact Admissions.

EXAMPLES OF DISCLOSURES FOR TREATMENT, PAYMENT AND HEALTH CARE OPERATIONS:

We will use your health information for treatment. For example: Information obtained by a nurse, physician, or other member of your healthcare team will be recorded in your record and used to determine the course of treatment that should work best for you. We will also provide your physician or a subsequent healthcare provider with copies of various reports that should assist him/her in treating you.

We will use your health information for payment. For example; A bill may be sent to you or a third party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures and supplies used. We may also 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 payment.

We will use your health information for regular health operations. For example: Members of the medical staff, the risk or quality improvement manager, or members of the quality improvement team may use information in your health record to evaluate the performance of our staff in caring for you. We may disclose your health information to physicians, nurses, nursing assistants, rehabilitation therapy specialists, technicians, and other personnel for review and learning purposes. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and service we provide.

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 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.

OTHER USES OR DISCLOSURES:

BUSINESS ASSOCIATES: There are some services provided in our organization through contracts with business associates. Examples include Pharmacy and Dietary consulting services. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we've asked them to do, and in some cases bill you or your third party payer for services rendered. We require the business associate to appropriately safeguard and protect your information.

DIRECTORY: Unless you notify us that you object, we will 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 religious affiliation to other people who ask for you by name.

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, your location, and general condition.

COMMUNICATION WITH FAMILY: Health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care.

RESEARCH: We may disclose information to researchers under certain limited circumstances, when their research has been approved by a special approval process. The research proposal and established protocols would be reviewed to ensure the privacy of your health information. We may however use or disclose your health information to individuals preparing to conduct the research project in order to assist them in identifying residents with specific health care needs who may qualify to participate in the research project. Any use or disclosure of your health information that may be done for the purpose of identifying qualified participants will be conducted onsite at our facility. In most instances, we will ask for your specific permission to use or disclose your health information if the researcher will have access to your name, address or other identifying information.

CORONERS, MEDICAL EXAMINERS, OR FUNERAL DIRECTORS: We may use or disclose your health information to a coroner, medical examiner or funeral director for the purpose of identifying a deceased individual or to determine the cause of death, consistent with applicable law to carry out their duties.

ORGAN PROCUREMENT ORGANIZATIONS: If you are an organ donor, 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 purposes of tissue donation and transplant.

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.

FUND RAISING: We may contact you as part of a fund-raising effort.

FOOD AND DRUG ADMINISTRATION (FDA): 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.

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 when your health condition arises out of a work related illness or injury, or other similar programs established by law.

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. Examples include: To report deaths; To report suspected or actual abuse, neglect, or domestic violence; To report adverse reactions to medications or problems with health care products; To notify an individual who may have been exposed to disease or may be at risk for spreading or contracting a disease or condition.

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.

LAW ENFORCEMENT: We may disclose health information for law enforcement purposes as required by law, or in response to a valid subpoena, court order, warrant, summons or similar lawful process. We may disclose health information in emergency situations, to report a crime or criminal activity at our facility.

TO AVERT A SERIOUS THREAT TO HEALTH OR SAFETY: We may use or 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.

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 workforce member or business associate believes in good faith that we have engaged

in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public.

My signature below indicates that I have been provided a copy of the notice of privacy practices.

Signature of Resident or Legal Representative Date

If signed by legal representative, relationship to the
patient _____