

HILLSBOROUGH COUNTY NURSING HOME

NOTICE OF PRIVACY INFORMATION PRACTICES



Effective Date: 04/14/2003
Date(s) of revision: _____

THIS NOTICE DESCRIBES HOW 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 (603) 627-5540 if you have any questions regarding this notice.

GENERAL DESCRIPTION AND PURPOSE OF NOTICE:

This notice describes Hillsborough County Nursing Home Information Privacy Practices and that of

1. Any health care professional authorized to enter information into your medical record created and / or maintained at our facility
2. Any member of a volunteer group which we allow to help you while receiving services at our facility
3. All facility employees, staff and other personnel; and
4. Any individuals or entities that perform a service for us or on our behalf.

All of the individuals or entities identified above will follow the terms of this notice. These individuals or entities may share your information with each other for purposes of treatment, payment or health care operations as further described in this notice.

HILLSBOROUGH COUNTY'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 facility. 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 facility, including any information that we receive from other health care providers or facilities. 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 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. We will post a current notice in our facility. The first page of the notice contains the effective date and dates of revision.

USES OR DISCLOSURES OF YOUR HEALTH INFORMATION

We may Use or Disclose your health information in one of the following ways:

- 1) Pursuant to your written authorization (for purposes other than treatment, payment or health care operations)
- 2) Pursuant to your verbal agreement (for use in our facility directory or to discuss your health condition with family or friends who are involved in your care);
- 3) As permitted by law
- 4) As required by law

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 disclosures.

1) Uses or Disclosures made pursuant to your written authorization:

- We may use or disclose your health information pursuant to your written authorization for purposes other than treatment, payment or health care operations. You have the right to revoke a written authorization at any time as long as your revocation is provided to us in writing. If you revoke your written authorization, we will no longer use or disclose your health information for the purposes identified in the authorization. You understand that we are unable to retrieve any disclosures that we may have made pursuant to your authorization prior to its revocation. Examples of uses or disclosures that may require your written authorization include the following:
 - A request to provide your health information to an attorney for use in a civil litigation claim
 - A request to provide your health information for purposes of including you on a mailing list

2) Uses or Disclosures made pursuant to your verbal agreement.

- We may use or disclose your health information, pursuant to your verbal agreement, for purposes of including you in our facility directory or for purposes of releasing information to persons involved in your care as described below.
 - **Facility Directory:**

We may use or disclose certain limited health information about you in our facility directory while you are a resident at our facility. This information may include your name, your assigned unit and room number, and your telephone number when applicable. Your religious affiliation may be given to a member of the clergy. The directory information may be given to people who ask for you by name.
 - **Individuals involved in your care:**

We may disclose your health information to individuals, such as family and friends, who are involved in your care or who help pay for your care. We also may disclose your health information to a person or organization assisting in disaster relief efforts for the purpose of notifying your family or friends involved in your care about your condition, status and location.

3) Uses or Disclosures for Treatment, Payment and Health Care Operations:

We may use or disclose your health information for purposes of treatment, payment or health care operations.

Treatment

We may use your health information to provide you with health care treatment and services. We may disclose your health information to Doctors, Nurses, Licensed Nursing Assistants, Nursing Students, Rehabilitation Therapists, 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 facility who may be involved in your health care, such as family members, social services, or home health agencies. We will also provide a subsequent healthcare provider / entity with copies of various reports that should assist him/her in treating you once you're discharged from HCNH.

- **Conference Reminders:**

We may use or disclose your health information for purposes of contacting your family members, or any individuals who are involved with your healthcare to remind them of an upcoming Care Conference.

- **Treatment alternatives, Health-related benefits and Services:**

We may use or disclose your health information for purposes of contacting you, your family members, or any individuals who are involved with your health care to inform you of treatment alternatives or health-related benefits and services that may be beneficial to you.

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 for the health care services you receive at our facility. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures and supplies used.

Health Care Operations:

We may use or disclose your health information to perform certain functions within HCNH. These uses or disclosures are necessary to operate our facility 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 our staff and other personnel for review and learning purposes. We also may combine health information with information from other health care providers or facilities to compare how we are doing and see where we can make improvements in the care and services offered to our residents. We will (*or may*) remove information that identifies you from this set of health information so that others may use the information to study health care and health care delivery without learning the specific identities of our residents.

Business Associates:

There are some services provided in our organization through contacts with business associates. Examples include Physician Services, Speech Therapy, Consulting Agencies and Auditors etc. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we have asked them to do and bill you or your third party payer for services rendered. So that your health information is protected, however, we require the business associate to appropriately safeguard your information.

(4) Uses or Disclosures permitted by law:

State and Federal laws and regulations either require or permit us to make certain uses or disclosures of your health information without your permission. These uses or disclosures are generally made to meet public health reporting obligations or to ensure the health and safety of the public at large. The uses or disclosures, which we may make pursuant to these laws and regulations, include the following:

(a) Public Health Activities

1. To report deaths
2. To report suspected or actual abuse, neglect, or domestic violence involving a child or an adult
3. To report adverse reactions to medications or problems with health care products
4. To notify individuals of product recalls
5. To notify an individual who may have been exposed to a disease or may be at risk for spreading or contracting a disease or condition

(b) 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, or 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.

(c) Judicial or Administrative proceedings:

We may use or disclose your health information to courts or administrative agencies charged with the authority to hear and resolve lawsuits or disputes. We may disclose your health information pursuant to a court order, a subpoena, a discovery request, or other lawful process issued by a judge or other person involved in the dispute, but only if efforts have been made to

- 1) Notify you of the request for disclosure or
- 2) Obtain an order protecting your health information.

(d) 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.

(e) Law Enforcement:

We may use or disclose your health information in response to a request received from a law enforcement official for the following purposes:

- 1) In response to a court order, subpoena, warrant, summons or similar lawful process
- 2) To identify or locate a suspect, fugitive, material witness, or missing person
- 3) Regarding a victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement
- 4) To report a death that we believe may be the result of criminal conduct
- 5) To report criminal conduct at our facility
- 6) In emergency situations, to report a crime—the location of the crime and possible victims; or the identity, description, or location of the individual who committed the crime

(f) Funeral Directors, Coroners or Medical Examiners:

We may use or disclose your health information to a coroner or medical examiner for the purpose of identifying a deceased individual or to determine the cause of death. We also may use or disclose your health information to a funeral director for the purpose of carrying out his/her necessary activities.

(g) Research:

We may use or disclose your health information for research purposes under certain limited circumstances. Because all research projects are subject to a special approval process, we will not use or disclose your health information for research purposes until the particular research project for which your health information may be used or disclosed has been approved through this special approval process. However, we may 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.

(h) Organ Procurement Organizations:

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

(i) 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.

(j) National Security and Intelligence Activities:

- We may use or disclose your health information to authorized federal officials for purposes of intelligence, counterintelligence, and other national security activities, as authorized by law.

(k) Inmates

- If you are under the custody of a law enforcement official, we may use or disclose your health information to the correctional institution or to the law enforcement official as may be necessary for the institution to provide you with health care; to protect the health or safety of you or another person and/or for the safety and security of the correctional institution.

(Not sure, if there is a need to include this)

(5) Uses or Disclosures required by law:

We may use or disclose your information where such uses or disclosures are required by State and Federal regulations.

Your rights regarding your Health Information:

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

(a) 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. Generally, this includes medical and billing records. To inspect and copy your health information, 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.

(b) 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 facility.

- To request an amendment, your request must be made in writing and submitted to *Director of Nurses*. 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
 - Is not part of the health information kept by or for our facility
 - Is not part of the information which you would be permitted to inspect and copy
 - Is accurate and complete

(c) 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 health care operations. To request an accounting of disclosures, you must submit your request in writing 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. The first accounting that you request within a twelve (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.

(d) 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 in the payment of your care.

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*. 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 a family member).

Complaints

If you believe your privacy rights have been violated, you may file a complaint with our facility or with the secretary of the Department of Health and Human Services. To file a complaint with our facility, contact the *Privacy Officer at (603) 627-5540 ext 371*. All complaints must be submitted in writing. You will NOT be penalized for filing a complaint.

My signature below indicates that I have been provided with a copy of the Notice Of Privacy Practices.

| | | |
|--|------------|-------|
| Resident Name: | Signature: | Date: |
| Legal Representative: | Signature: | Date: |
| If signed by legal representative, relationship to resident: | | |

Distribution:

Original to Legal Section of Resident's Chart

Copy to Resident