

## 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.**

If you have any questions about this notice, please contact the following Privacy Point of Contact

\_\_\_\_\_  
(Insert Name & Phone Number)

The terms of this Notice of Privacy Practices applies to \_\_\_\_\_.

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of all care and services you receive to provide quality care and to comply with legal requirements. The practices outlined in this notice apply to all of your medical information created or retained by this organization, whether recorded in your medical record, invoices, payment forms or other ways. Similarly, these practices apply to the medical information gathered from other organizations by any healthcare professional, employee and/or volunteer who participates in your care.

This notice will tell you about ways in which we may use and disclose medical information about you. We also describe your right and certain obligation we have regarding the use and disclosure of medical information. We are required by law to protect the privacy of your medical information and provide you with this notice of our legal duties with respect to your medical information and privacy practices.

We are required by law to:

- Keep medical information about you private and secure.
- Follow the terms of the notice.
- Follow the privacy and security laws of the state in which the center/campus/agency is located when those laws are more stringent than the federal privacy and security laws.
- Give you this notice of our legal duties and privacy practices as it relates to medical information about you.

### **How we may use and disclose your medical information**

The following categories describe the ways that we use and disclose medical information about you. Not every use or disclosure in a category will be listed. However, all of the ways we use and disclose medical information about you will fall into one of these categories.

**For Treatment (Care):** We may use medical information about you to provide medical treatment. We may disclose medical information about you to doctors, nurses, therapists or other personnel who are involved in your care. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell the dietitian if you have diabetes, so that we can plan your meals. Different departments may share information about you to coordinate your care and provide you medication, lab work and x-rays.

**For Payment:** We may use and disclose your medical information so that the treatment and services you receive may be billed to you, an insurance company or a third-party payer. For example, we may need to give Medicare information about treatment you received in order for Medicare to pay us for treatment provided. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether the health plan will cover the treatment.

**For Healthcare Operations:** We may use and disclose medical information about you for the purpose of our day-to-day healthcare operations. This is necessary to ensure that all residents/clients receive quality care. For example, we may use medical information to review our services and to evaluate the performance of our staff. We may also use medical information to review our treatment and services to decide what additional services we should offer, what services are no longer needed and whether new treatments are effective.

**Other Allowable Uses of Your Medical Information:**

- For **public health risk** we may disclose medical information about you including the following:
  - Prevention or control of disease, injury or disability.
  - Reporting deaths.
  - Reporting child abuse or neglect.
  - Reporting reactions to medications or problems with products.
  - Notifying you of recalls or products.
  - Notifying you 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 you have been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.
- For **health oversight activities** such as licensing, auditing or inspection agencies authorized by law. These activities are necessary for the government to monitor the healthcare system, government programs and compliance with civil rights law.
- In connection with **lawsuits** or other legal proceedings in response to a court order, warrant, summons or subpoena.
- For **research studies** in certain circumstances, we may use and disclose medical information about you for research purposes. For example, a research project may involve comparing health and recovery of all residents/clients 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 medical information, trying to balance the research needs with residents'/clients' need for privacy of their medical information. Before we use or disclose medical information for research, the project will have been approved through this research approval process. We may, however, disclose medical information about you to people preparing to conduct a research project as long as the medical information they review does not leave the center/campus/agency.
- To **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 resident/client or determine the cause of death. We may also disclose medical information to funeral directors as necessary to carry out their duties.

- For **organ and tissue donations**. If you are an organ or tissue donor, we may disclose medical information to organizations that handle organ to tissue procurement or transplantation to facilitate the donation or transplantation.
- For **workers' compensation purposes**. We may use or disclose medical information about you for worker's compensation or similar programs as authorized or required by law.
- When **required by law** such as request from law enforcement to help identify or locate a suspect, fugitive, witness or missing person. Other examples would include information about a death suspected to be the result of criminal conduct.
- **Inmates**. If you are an inmate of a correctional institution or are under the custody of a law enforcement official, we may disclose medical information about you to the correctional institution or law enforcement official. This disclosure would be necessary (1) for the institution to provide you with healthcare; (2) to protect your health and safety of others; or (3) for the safety and security of the correctional institution.
- **Military and veterans**. If you are a member of the armed forces, we may disclose medical information about you as required by military authorities. We may also disclose medical information about foreign military personnel to the appropriate foreign military authorities.
- **During disaster**. In an emergency, we may disclose information to disaster relief authorities so that your family can be notified of your location and condition.
- **For national security and intelligence activities**. We may disclose medical information about you to authorized federal officials for intelligence, counterintelligence and other national security activities authorized by law.

#### **We may also contact you:**

- For **appointment reminders**.
- About **possible treatment options, alternative, health-related benefits or services** that may be of interest to you. If you do not wish to be contacted for these activities, please contact the Privacy Point of Contact.
- To support **fundraising efforts**. We may disclose your information to \_\_\_\_\_, an affiliated organization, so they may contact you in fundraising efforts. All fundraising communications will include information about how you may opt out of all future or specific campaigns.

#### **Unless you tell us otherwise, we will:**

- List your name, where you live in the healthcare community, your general condition (e.g., fair, stable) and your religious affiliation in a **directory**. The directory information, except for your religion, may be disclosed to people who ask for you by name. Your religion may be given to a member of the clergy, even if they do not ask for you by name. While living at one of our communities, directory information is disclosed so that your family, friends and clergy can visit you and generally know how you are doing.
- Disclose **medical information about you to a friend or family members** who are involved in your medical care or helps pay for your care.

## **Other uses of medical information**

Other uses of your medical information not covered by this notice or the laws that apply to us will be made only with your permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission at any time. If you revoke your permission, we will no longer use or disclose the medical 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.

## **Business Associates**

There are some services provided in our organization through contracts with business associates. An example of a business associate may be a copy service we use when making copies of your medical record or outside attorneys we utilize. When the services are contracted, we may disclose your medical information so they can perform the job we've asked them to do and bill you or your third-party payer for services rendered. Federal law requires the business associate to appropriately safeguard your information.

## **Marketing**

We must receive your authorization for any use or disclosure of medical information for marketing, except if the communication is in the form of a face-to-face communication made to you personally; or a promotional gift of nominal value provided by us. It is not considered marketing to send you information related to your individual treatment, case management, care coordination or to direct or recommend alternative treatment, therapies, healthcare providers or settings of care. These may be sent without written permission. If the marketing is to result in direct or indirect payment to us by a third party, we will state this on the authorization.

## **Sale of Protected Health Information**

We must obtain your authorization for any disclosure of your protected health information which is a sale of protected health information. The authorization will state that the disclosure will result in remuneration to our organization.

## **Confidentiality of Psychotherapy Notes**

Your authorization is required for any use or disclosure of psychotherapy notes.

## **Your rights regarding medical information about you**

Although your medical record is the property of the center/campus/agency, the information belongs to you. You have the following rights regarding your medical information.

### **Right to Inspect and Copy**

- With some exceptions, you have the right to review and copy your medical information.

*If you would like to inspect or copy your medical information, please contact the Privacy Point of Contact. We may or may not charge a fee for the cost of copying, mailing or other supplies associated with your request.*

### **Right to Amend**

- If you feel that medical information in our record is incorrect or incomplete, you may ask to amend this information. You have this right for as long as the information is kept by the center/campus/agency.

*If you would like to amend your medical information, please contact the Privacy Point of Contact for assistance.*

We may deny your request for an amendment if it does not include a reason to support the request. Additionally, 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 medical information kept by or for this center/campus/agency; or
- Is accurate and complete.

### **Right to request 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 medical information, other than those made for purposes such as treatment, payment or healthcare operations.

*If you would like an Accounting of Disclosures, please contact the Privacy Point of Contact for assistance. 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 April 14, 2003. Your request should indicate in what form you want the list (for example paper or electronically). The first list you request within a twelve (12) -month period will be free. For additional lists within the twelve (12) -month time period, 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 request at that time before any costs are incurred.*

### **Right to Request Restrictions**

- You have the right to request, in writing, that we not use or disclose medical information about you for treatment, payment or healthcare operations or to a person involved in your care except when specifically authorized by you, when required by law or in an emergency. We will consider your request but we are not legally required to accept it. We will inform you of our decision on your request.
- You have the right to request a required restricted disclosure of your protected health information to your health plan when you have paid for a service in full.

*If you would like to request a restriction, please contact the Privacy Point of Contact. In your request you will be required to tell us the following: (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want to the limits to apply.*

### **Right to Request Alternative Communications**

- You have the right to request that we communicate with you about medical matters in a confidential manner or at a specific location. You may request us to send mail to an address other than your home, by notifying us in writing of the specific way or location for us to use to communicate with you.

*If you would like to request communications by alternative means, please contact the Privacy Point of Contact. We will not ask you the reason for your request. Your request must specify how or where you wish to be contacted.*

### **Right to a Paper Copy of this Notice**

- **You have the right to a paper copy of this notice**, 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 will be given a copy of this notice at the time of admission/start of service by the center/campus/agency. In addition, you may obtain a copy of this notice at our website, [www.good-sam.com](http://www.good-sam.com).*

### **Right to Receive an Electronic Copy of Protected Health Information**

- You have the right to receive an electronic copy of protected health information when maintained in an electronic medical record.

*If you would like to request an electronic copy of your protected health information, please contact the Privacy Point of Contact.*

### **Breach Notification**

In the event of any breach of unsecured protected health information, we shall fully comply with the Health Information Technology for Economic and Clinical Health Act Breach Notification Rule, which will include notification to you of any impact that breach may have had on you and/or your family member(s) and actions we undertook to minimize any impact the breach may or could have on you.

### **Changes to the Notice**

We reserve the right to change this notice. We reserve the right to make the revised notice effective for medical 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 a visible location in the center/campus/agency and on our website ([www.good-sam.com](http://www.good-sam.com)). The notice will specify the effective date on the first page, in the top right hand corner. In addition, if material changes are made to this notice, the notice will contain an effective date for revisions and copies can be obtained by contacting the Privacy Point of Contact.

### **Complaints**

If you feel your rights have been violated you may submit your complaint verbally or in writing to the administrator/senior living manager/agency director or the Privacy Point of Contact. You may submit your complaint in writing on the **Suggestion and Concern** form (GSS #213). You may request this from the administrator/senior living manager/agency director or the Privacy Point of Contact. You may call the Compliance Solutions Hotline at (800) 631-6142. You may file a written complaint with the United States Department of Health and Human Services – Office of Civil Rights.

**You will not be penalized for filing a complaint.**

### **Notice of Organized Healthcare Arrangement**

This notice applies to Green County General Hospital d/b/a Good Samaritan Society – Shakamak Retirement Community and Green County General Hospital d/b/a Good Samaritan Society – Northwood Retirement Community which is managed by The Evangelical Lutheran Good Samaritan Society to provide skilled nursing and assisted living facility care in Indiana. As permitted by law, these organizations will share your health information among themselves for the purposes of treatment, payment or healthcare operations. This notice is being provided to you as a supplement to this Notice of Privacy Practices.

*(Give Notice of Privacy Practice to Resident/Resident's Responsible Party.)*