

# **NOTICE OF PRIVACY PRACTICES**

**As of September 23, 2013**

***THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE READ IT CAREFULLY.***

## **Who Will Follow This Notice**

This Notice describes the health information practices of *Mid Jefferson Extended Care Hospital* (the "Facility") that provides nursing facility services and/or health care for you or the resident for whom you serve as the personal representative. (Please note, "You," refers to the resident in the facility.) This Notice applies to the practices of the Facility and business associates of the Facility who contractually agree to safeguard protected health information.

## **Pledge Regarding Health Information**

The facility is committed to protection of your health information. This Notice applies to information about you that is transmitted or maintained by health care providers, healthcare clearinghouses (such as agencies that help in electronic transmission of data) and health plans (including insurance companies, HMO's, employee health plans, Medicare, Medicaid, and CHAMPUS). Health information covered under this Notice is information that could be identified with you (such as name, address, date of birth, medical record numbers, license numbers, and account numbers) and that relates to your health condition, health care services you have received or will receive and payment for those services. This Notice gives you information required by law about the duties and privacy practices of the Facility that protect the privacy of your health information. The Facility is required by law to maintain the privacy of protected health information. This Notice will also describe your rights regarding the use and disclosure of your health information.

The effective date of this notice is as of the date referenced above. The Facility must follow the terms of this Notice until it is replaced. The Facility reserves the right to change the terms of this notice at any time. If the Facility makes changes to this notice, a new Notice will be sent to all residents or their personal representatives at that time. The Facility reserves the right to apply the changes to health information maintained by the Facility before and after the effective date of the new Notice.

The Facility may use and disclose your health information for several different purposes, such as:

- *For Treatment by Health Care Providers.* For example, the facility may disclose your health information to a physician for your treatment by him.
- *For Payment.* For example, the Facility may use or disclose your health information to your health insurer in order to be paid for covered health care services.
- *For Health Care Operations.* For example, the Facility may use or disclose your health information for quality improvement activities; for conducting or arranging for medical review, legal services, and audit services; for data collection; for care coordination or case management; and for management of the Facility.
- *For Health Services.* The Facility may use your health information to contact you to give you information about treatment alternatives or other health-related benefits and services.
- *As Required by Law.* Health information must be released if required by federal, state, or local law. For example, the Facility must allow the U.S. Department of Health and Human Services to audit records. The Facility may disclose your health information as authorized by and to the extent necessary to comply with workers' compensation or other similar laws.
- *To Business Associates.* The facility may disclose your health information to business associates (the name the law gives to administrators, accountants, actuaries, billing services, and other organizations or persons hired to assist the Facility). Each business associate of the Facility must agree in writing to ensure the continuing confidentiality and security of your health information.
- *Fundraising Activities.* We may contact you as part of our fundraising activities, as permitted by law. You have the right to opt out receiving communications related to fundraising efforts of the nursing facility or corporation.

### **Special Situations**

The Facility may also use and disclose your health information in these special circumstances:

- To comply with legal proceedings, such as a court or administrative order or a subpoena.
- To law enforcement officials for limited law enforcement purposes.
- To a family member, other relative, close personal friend or other person, for the purpose of helping you with your health care or with payment for your health care, to the extent the information is relevant to the requesting person's involvement with your care or payment for such care, unless you object.
- To a family member or another person responsible for your care about your location, general condition or death, unless you object.

- To your personal representative appointed by you or designated by applicable law.
- For research purposes in limited circumstances.
- For a facility directory (unless you object) with your name, location, general condition and religious affiliation. This information will be provided to members of the clergy and, except
- for religious affiliation, to other people who ask for you by name. Unless you notify us you object, we may also use your name on a nameplate next to or on your door in order to identify your room.
- To a coroner, medical examiner, or funeral director about a deceased person.
- To an organ procurement organization in limited circumstances.
- To avert a serious threat to your health or safety or the health or safety of others or to assist in disaster relief activities (unless you object).
- To a governmental agency authorized to oversee the health care system or governmental programs.
- To federal officials for lawful intelligence, counterintelligence and other national security purposes.
- To public health authorities for public health purposes.
- To appropriate military authorities, if you are a member of the armed forces.
- For limited fundraising purposes on behalf of the Facility to a business associate or any related foundation but only to the extent of demographic information and dates of health care.
- To the extent authorized by laws relating to workers' compensation or similar programs.

### **Uses and Disclosures with Your Authorization**

The facility will not use or disclose your health information for other purposes unless you give your written authorization to do so. If you give written authorization to use or disclose your health information for a purpose that is not described in this notice, then, in most cases, you may revoke it in writing at any time. If you revoke your authorization, the Facility will no longer use or disclose the health information about you for reasons covered under our written authorization. You understand that the Facility is unable to take back any disclosures made based on your authorization before you revoked the authorization.

### **Your Rights Regarding Health Information About You**

You have the following rights regarding your health information that is maintained by the Facility:

#### Right to Request Restrictions

- You have the right to place additional restrictions on the Facility's use and disclosure of your health information. To request such restrictions, you must put your request in writing to the Facility Privacy Officer at the address listed below:

- Your request must describe the information you want to limit, whether you want to limit the information's use or disclosure, and to whom you want the limits to apply. We will review your request but we are not required to agree to your request. If we agree to your request, we will document the restrictions and abide by them, except in emergency situations as necessary. You may not limit the uses and disclosures that we are legally required or allowed to make. You have the right to restrict disclosure of PHI to a health plan in instances where you, as an individual, have personally paid for the services out-of-pocket and in full. Please note that the Facility may not always be able to agree to your request.

#### Right to Request Confidential Communications

- You have the right to ask that the Facility communicate with you in confidence, about your health information by a different means or at a different location. For example, you may request that the Facility communicate with you by mail at work rather than at home. Your request must be sent in writing to the Privacy Officer at the address indicated below and state the means or location to communicate with you in confidence.
- The Facility may not be able to agree to some requests unless the method of communication is necessary to avoid endangering you and your request continues to allow the Facility receive payment.

#### Right to Inspect and Copy

- You have the right to inspect and copy health information that may be used to make decisions about your treatment. Your request may be made orally or in writing to the Privacy Officer.
- If you request a copy, the facility may charge a fee for the costs of mailing, copying and other supplies related to your request. In very limited cases, the Facility may deny your request for copying, but if your request is denied, you will have the opportunity to appeal the decision.

#### Right to Amend

- If you feel that health information that the Facility has about you is incorrect or incomplete, you may ask to amend the information for as long as the information is kept by or for the Facility. Your request must be in writing and submitted to the Privacy Officer. In addition, you must provide a reason that supports your request.
- The Facility may deny your request for an amendment if it is not in writing or does not include a reason to support the request. The Facility may also deny your request if you ask the Facility to amend information that is not part of the health information kept by or for the Facility;

was not created by the Facility, unless the person or entity that created the

information is no longer available to make the amendment;

is not part of the information which you would be permitted to inspect and copy; or is accurate and complete.

- If the Facility does not agree to amend your information, you may have a statement of your disagreement added to your health information.

#### Right to an Accounting of Disclosures

- You have the right to request an “Accounting of Disclosures” of Paper Health Records made for any purpose other than treatment, payment, or health care operations, disclosures to correctional institutions or law enforcement officials, disclosures for national security or intelligence purposes, or disclosures specifically authorized by you.
- You have the right to request an “Accounting or Disclosure” of Electronic Health Records used for treatment, payment or healthcare operations. Your protected health information may not be disclosed for the purposes of marketing or sale for remuneration without your express authorization except where permitted by law. Your protected health information may not be used or disclosed where it involves psychotherapy notes, except as permitted by law.
- To request a list of disclosures, you must submit your request in writing to the Privacy Officer. Your request must state a time period which may not be longer than six years for paper records and three years for EHR. Your request should indicate in what form you want the list (for example, paper or electronic).
- The first list you request within a 12 month period will be free. For additional lists, the Facility may charge you for the costs of providing the list. The Facility will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any cost are incurred.

#### Right to a Paper Copy of This Notice

- You have the right to a paper copy of this notice, which you may ask for at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy. To obtain a paper copy of this notice, contact the Privacy Officer referenced below.

#### Right to Notice of Breach of unsecured Protected Health Information

You have the right to be notified in the event a discovery is made or is reasonably believed to have occurred involving a breach of your unsecured protected health information.

## Complaints

If you believe that your privacy rights have been violated, you may file a complaint with the Facility or with the Secretary of the Department of Health and Human Services. To file a complaint with the Facility, contact

Name        Wade Lester

Address     2600 Highway 365  
              Nederland, TX 77627

Phone        409.726.8700

All complaints must be submitted in writing. You will not be penalized for filing a complaint.

## Questions

If you have any questions about this Privacy Notice, please contact the Privacy Officer for the Facility:

Name        Mr Wade Lester

Address     2600 Highway 365  
              Nederland, TX 77627

Phone        409.726.8700