

# Pinewood Manor Nursing and Rehabilitation Center

## NOTICE OF PRIVACY PRACTICES

Effective April 13, 2003

### **THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION**

*Pinewood Manor has an unwavering belief in integrity and fair dealing. We take pride in treating our residents and families with dignity and respect. Protecting your personal health information is very important to us. We want you to have a clear understanding of how we use and safeguard your protected health information.*

This Notice of Privacy Practices describes how Pinewood Manor may use and disclose your protected health information (PHI) in order to carry out treatment, payment and health care operations and for other purposes permitted or required by law. It also describes your rights to access and control your PHI.

Pinewood Manor is required to abide by the terms of this Notice. However, we may modify the terms of this Notice at any time, and the new notice will be effective for all PHI in our possession at the time of the change, and any received thereafter. Upon request, we will provide you with any revised Notice.

Information we collect about you are from the following sources: Medical records, social security, Medicare, Medicaid, Veteran's Administration, physicians, dentists, podiatrists, hospitals, clinics, laboratories, applications we have received from you, and information you have given us.

This information may include personal information regarding payment sources, income, health diagnosis, medications, treatments, and responsible parties.

### **USES AND DISCLOSURES OF HEALTH INFORMATION**

Pinewood Manor uses PHI about you for treatment, payment and operational purposes. We do not require authorization to use your PHI for these purposes. We may also use or disclose your PHI without your authorization for several other reasons. Subject to certain requirements, we may give out health information without your authorization for public health reasons, for auditing purposes, for emergencies, and to other health care providers such as hospitals, physicians, Medicare, and Medicaid.

#### **Treatment**

Pinewood Manor may use and disclose your PHI to assist your health care providers in your diagnosis and treatment. For example, we may disclose your PHI to providers to provide information about alternative

treatments, allergies, or advance directives.

### **Payment**

Pinewood Manor may use and disclose your PHI in order to pay for the services and items you may receive. For example, we may contact your health provider to certify that you received treatment, and we may request details regarding your treatment to determine if your benefits will cover, or pay for, your treatment. We also may use and disclose your PHI to obtain payment from third parties that may be responsible for such costs, such as family members.

### **Health Care Operations**

Pinewood Manor may use and disclose your PHI to perform health care operations. For example, we may use your PHI for quality assurance, infection control, census reports, and rosters.

In addition to the above mentioned uses of your PHI related to treatment, payment and health care operations, Pinewood Manor may also use your PHI for the following purposes:

- Plan Sponsors
  - We may use or disclose PHI to Medicare, Medicaid, Social Security Administration, Veteran's Administration, or third party insurance companies.

### **Health Related Benefits and Services**

Pinewood Manor may use and disclose PHI to inform you of health related benefits or services that may be of interest or benefit to you.

### **Release of Information to Family and Friends**

Pinewood Manor may release your PHI to a friend or family member identified by you, that is assisting you in your care or is helping you pay for services.

### **Disclosures Required by Law**

Pinewood Manor will use and disclose your PHI when we are required to do so by federal, state, or local law.

In addition to the above described uses and disclosures of your PHI, Pinewood Manor may also use and disclose your PHI under the following unique circumstances:

- Maintaining vital records, such as births and deaths;
- Reporting abuse or neglect;
- Preventing or controlling disease, injury, or disability;

- Notifying a person regarding potential exposure to a communicable disease;
- Reporting reactions to drugs or problems with products or devices;
- Surveys and inspections.

### **Health Oversight Activities**

Pinewood Manor may disclose your PHI to a health oversight agency for activities authorized by law. Oversight activities can include, for example, investigations, inspections, audits, surveys, licensure and disciplinary actions; civil, administrative, and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws and the health care system in general.

### **Proceedings in Law**

Pinewood Manor may use and disclose your PHI in response to a court or administrative order. We may disclose your PHI in response to a medical records request, subpoena, or other lawful process.

### **Law Enforcement**

We may release PHI if asked to do so by a law enforcement official:

- Regarding a crime;
- Regarding criminal;
- In response to a warrant, summons, subpoena or similar legal process;
- To identify and/or locate a suspect, material witness, fugitive or missing person;
- In an emergency.

### **Serious Threats to Health and Safety**

Pinewood Manor may use and disclose your PHI when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.

### **Military**

Pinewood Manor may use and disclose your PHI if you served in a branch of the United States military to appropriate military command authorities.

## **YOUR RIGHTS**

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

You have the right to inspect and obtain a copy of your PHI that we maintain and have in our possession, including medical records and billing records. If you request copies, we will charge you a fee for the costs of copying, mailing, labor, and supplies associated with your request. To inspect and copy your PHI, you must submit your request in writing.

Under certain circumstances we may deny your request to inspect and copy your PHI. If you are denied access to this information, you have a right to appeal this decision based on certain legal guidelines.

### **The Right to Amend Your PHI**

If you feel that any PHI we have about you is not correct or incomplete, you may ask us to amend the information. To request an amendment, your request must be made in writing. Additionally, you must provide a reason that supports your request. Pinewood Manor reserves the right to deny your request for an amendment if it is not in writing or does not include supporting information. In addition, we may deny your request to amend information if:

- Information was not created by Pinewood Manor;
- The entity that created the information is no longer available;
- It is not part of the information kept by or for Pinewood Manor;
- It is not part of the information which you would be permitted to inspect or copy.

### **The Right to an Accounting of Disclosures**

You have the right to request an accounting of disclosures. This right applies to disclosures for purposes other than those made to carry out treatment, payment and health care operations as previously described in this notice. Your request must be made in writing and time period specific. Your request cannot be longer than six years and cannot include any dates before April 13, 2003. 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 your request at that time before any costs are incurred.

### **The Right to Request Restrictions**

You have the right to request a restriction or limitation on the PHI we use or disclose about. Any request on the use and disclosure of your PHI must be in writing. Your request must describe in a clear and concise manner the information you wish restricted and to whom you want the limits to apply. Please be informed that restrictions involving medical care and or payments may jeopardize the facility's ability to continue to

provide services.

**Your Right to Receive a Paper Copy of This Notice**

You may obtain a copy of this notice upon verbal or written request.

I have received information regarding the Notice of Privacy Practices

Sign: \_\_\_\_\_

Date: \_\_\_\_\_