

CLAREMONT NURSING AND REHABILITATION CENTER, AND OUR STAFF PHYSICIANS
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.

Understanding Your Health Record/Information

Each time you are admitted to Claremont Nursing and Rehabilitation Center (CNRC), a record of your stay 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:

- Basis for planning your care and treatment
- Means of communication among the many healthcare professionals who contribute to your care
- Legal document describing the care you receive
- Means by which you or a third-party payer can verify that services billed were actually provided
- A tool in educating healthcare professionals
- A source of information for public health officials charged with improving the health of the nation
- A source of data for facility planning and marketing
- A tool with which we can assess and continually work to improve the care we render and the outcomes we achieve
- A source of data for medical research.

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 better 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:

- Request restriction on certain uses and disclosures of your health information for treatment, payment and healthcare operations. You also have the right to restrict the personal health information we disclose about you to a family member, friend or other person who is involved in your care or the payment for your care. We ask that such requests be made in writing and submitted to Social Services. **We are not required to agree to your requested restriction. If we do agree to accept your requested restriction, we will comply with your request, except as needed to provide you emergency treatment.**
[**Note:** You have the right to instruct us not to release health information to your insurer/health plan when that information pertains solely to care/services the insurer did not pay for. We must honor that request.]
- Obtain a paper copy of the Notice of Privacy Practices upon request. You may request a paper copy of this Notice at any time. You may also obtain a copy of the notice by clicking on Claremont's section of the county website, www.ccpa.net.
- If you are dissatisfied with the manner in which or the location where you are receiving communications from us that are related to your health information, you may request that we provide you with such information by alternative means or at alternative locations. Such a request must be made in writing, and submitted to the Social Services Director. We will attempt to accommodate all reasonable requests. For more information about this right, see 45 C.F.R. § 164.522 (b).
- Request to inspect and/or obtain copies of health information about you, which will be provided to you in the time frames established by law. We may deny your request to inspect or receive copies in certain limited circumstances. We may charge a reasonable fee for our costs in copying and mailing your

requested information. To inspect and obtain a copy of your health record, the resident or a representative acting in his/her behalf shall make a request to the Medical Record Department [; that person will be provided access within 24 hours. If you request a copy of the information, we may impose a reasonable, cost-based fee. Record copies may be produced hardcopy or electronically, based on the requester's preference and the method in which the record is stored, and in a format readable by the requester/party to whom the record is to be provided. Requests for record copies to be given to you or your representative will be honored within 2 days or less, or a written explanation of why the request is not being honored will be provided. All other record copy requests (from insurers, attorneys, etc.) will be honored expeditiously and in less than 30 days.]

- Request the facility to amend any health information maintained by the facility for as long as the information is kept by or for the facility. To request an amendment to your medical record, a "Request for Amendment of the Medical Record" form must be completed, which may be obtained from the switchboard, human resources or Medical Record office. We and our staff physicians may deny your request for amendment if the information
 1. was not created by our facility
 2. is not part of the personal health information maintained by or for our facility
 3. is not part of the information to which you have a right of access; or
 4. is already accurate and complete, as determined by the facility.

For more information about this right, see 45 C.F.R. § 164.526.

- Obtain an accounting of disclosures of your health information. This is a listing of certain disclosures of your health information made by the facility or by others on our behalf, but does not include disclosures for treatment, payment and healthcare operations; disclosures made to you or your legal representative, or any other individual involved with your care; disclosures to correctional institutions or law enforcement officials; and disclosures for national security purposes. To request an accounting of disclosures, you must submit a request in writing to the Medical Record Department, stating a time period beginning after April 14, 2003 that is within six years from the date of your request. The first accounting provided within a 12-month period will be free; for further requests, we may charge you our costs. For more information about this right, see 45 C.F.R. § 164.528.
- Revoke an authorization to use or disclose health information, except to the extent that action has already been taken. Such a request must be made in writing, and submitted to the Medical Record Director.

Our Responsibilities

Claremont Nursing and Rehabilitation Center and our staff physicians are 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
- [Notify you if a breach of personal health information should ever occur, except where there is low probability that the information was compromised.]
- [Obtain your authorization prior to most uses and disclosures of psychotherapy notes, uses and disclosures of personal health information for marketing purposes, disclosures that constitute a sale of personal health information, and use and disclosures other than those discussed in this document.]

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 provide you with a revised notice. We will post a copy of the current Notice in the facility.

For More Information or to Report a Problem

If you have questions and would like additional information, you may contact the Director of Social Services at 717-240-1965, or the Privacy Officer at 717-240-1967. If you believe your privacy rights have been violated, you can file a complaint with the CNRC Health Information Director/Privacy Officer or with the U.S. secretary of Health and Human Services. These complaints must be filed in writing on a form provided by our facility. The complaint form may be obtained from the switchboard, Human Resources or Medical Record office and returned, when completed, to the Privacy Officer. There will be no retaliation for filing a complaint.

How We and Our Staff Physicians Will Use or Disclose Your Health Information

Treatment. 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. Your physician will have access to your record and document in your record his or her expectations of the members of your healthcare team. Members of your healthcare team will then record the actions they took and their observations. In that way, the physician will know how you are responding to treatment. We will also provide your physician or a subsequent healthcare provider with copies of various reports that should assist him or her in treating you once you are discharged from this facility.

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

Healthcare Operations. We will use your health information for regular healthcare operations. For example, members of the medical staff, the risk or quality improvement coordinator, or members of the quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and service we provide. Resident names, schedules, birthdays, and pictures may be displayed in order to assist the resident and staff or to add the “home” environment, which is part of the quality of care of the nursing facility.

Business associates. There are some services provided in our organization through contracts with business associates. Examples include therapy, pharmacy and laboratory services. 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. To protect your health information, however, we require the business associate to appropriately safeguard your information [and comply with all HIPAA regulations on your and our behalf.]

Directory: Unless you notify us that you object, we will use your name, location in the facility, 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, of your location, and general condition. If we are unable to reach your family member or personal representative, then we may leave a message for them at the phone number that they have provided us, e.g., on an answering machine.

Communication with family: Healthcare 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 when their research has been approved by a quality assurance committee that has reviewed the research proposal and established protocols to ensure the privacy of your health information.

The County Administrator. We may share your health information with the County Administrator, who is responsible for overseeing this facility and must receive information regarding the operation of CNRC as required in certain circumstances as permitted by law.

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, [but will first obtain your authorization to do so if we are compensated by the treatment or health care service providers for doing so.]

Fund raising: We may contact you as part of a fund-raising effort [but will provide you with a clear and conspicuous opportunity to opt out of future fund-raising communications. Opting out will be treated as a revocation of authorization for us to contact you for fund-raising.]

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 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.

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.

Regulatory Agencies: 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 work force 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.

Reporting Victims of Abuse, Neglect or Domestic Violence: If we believe that you have been a victim of abuse, neglect or domestic violence, we may use and disclose your health information to notify a government authority if required or authorized by law.

Coroners, Medical Examiners, Funeral Directors, Organ Procurement Organizations: We may release your health information to a coroner, medical examiner, funeral director or, if you are an organ donor, to an organization involved in the donation of organs and tissue.

Disaster Relief: We may disclose your personal health information to an organization assisting in a disaster relief effort.

Effective Date: April 14, 2003

Revised: November 29, 2012; September 11, 2013 (enclosed in brackets)