



# FRIENDSHIP VILLAGE™

## OF DUBLIN

### **Notice of Privacy Practices** (Effective January 1, 2018)

**This Notice describes how your health information may be used and disclosed, and how you can get access to this information. PLEASE REVIEW IT CAREFULLY.**

Your privacy is a high priority for us, and it will be treated with the highest degree of confidentiality. This Notice applies to all information and records related to your care, that we have received or created. It extends to information received or created by our employees, staff, volunteers, physicians and health care personnel. This Notice informs you about the possible uses and disclosures of your protected health information. It also describes your rights and obligations regarding your protected health information.

*The following definitions apply to this document:*

<b><u>“Provider”:</u></b>	Friendship Village of Dublin and each of its affiliates
<b><u>“Patient”:</u></b>	Patient, Resident, Client, Legal Representative
<b><u>“PHI or Protected Health Information”:</u></b>	Information that can be used to identify an individual; relates to the past, present, or future physical or mental health or condition of an individual, or the provision of health care to that individual or the past, present or future payment for the provision of health care to such an individual.
<b><u>“Covered Entity”:</u></b>	Refers to a Health Plan, Health Care Clearinghouse, or Health Care Provider that transmits health information in electronic form in connection with a standardized transaction under HIPAA.
<b><u>“Disclosure”:</u></b>	The release, transfer, and provision of access to or divulging in any other manner of information outside of the entity holding the information.
<b><u>“Minimum Necessary”:</u></b>	Refers to the standard that requires a Covered Entity to make reasonable effort to limit PHI to the minimum amount necessary to accomplish the intended purpose when using or disclosing PHI.

For us to be able to provide you with the best service and care, we need to receive protected health information from you. However, we want to emphasize that we are committed to maintaining the privacy of this information in accordance with state and federal laws.

- Maintain the privacy of your protected health information;
- Provide to you this detailed Notice of our legal duties and privacy practices relating to your protected health information; and
- Abide by the terms of the Notice that is currently in effect. We reserve the right to change the terms of this Notice and make the new Notice provisions effective for all protected health information that the Community maintains.

### **Using and disclosing your protected health information for treatment, payment and health care operations.**

We have described the uses and disclosures below and provide examples of the types of uses and disclosures we may make in each of these categories.

**For treatment:** We will use and disclose your protected health information in providing you with treatment and services. We may disclose your protected health information to Community and non-Community personnel who also may be involved in your care, including, but not limited to, physicians, nurses, nurse aides, physical therapists, pharmacists, suppliers of medical equipment, and others involved in your care. Our workforce has access to such information on a need to know basis. For example, a nurse caring for you will report any change in your condition to your physician. Your physician may need to know the medications you are taking before prescribing additional medications. It may be necessary for the physician to inform nurses or staff of the medications you are taking so they can administer the medications and monitor any possible side effects. In addition, we may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services, which may be of interest to you.

We may also disclose protected health information to individuals who will be involved in your care after you leave the Community. Anyone who has access to protected health information is required to protect it and keep it confidential.

**For Payment:** We may use and disclose your protected health information so that we can bill and receive payment for the treatment and services you receive at the Community. Bills requesting payment will usually include information, which identifies you, your diagnosis and any procedures performed, or supplies used. For billing and payment purposes, we may disclose your protected health information to your legal representative, an insurance or managed care company, Medicare, or another third-party payor. For example, we may contact Medicare or your health plan to confirm your coverage or to request prior approval for a proposed treatment or service.

**For Health Care Operations:** We may use and disclose your protected health information for Community operations. These uses, and disclosures are necessary to monitor the health status of residents, manage the Community and monitor the quality of our care. For example, we may use protected health information to evaluate our Community's services, including the performance of our staff. In addition, we may release your protected health information to another individual or covered entity for quality assessment and improvement activities or for review of or evaluation of health care professionals. Health Care Operations may also include the use of information for quality assurance, training, accreditation, medical review, auditing and business planning.

### **USING AND DISCLOSING PROTECTED HEALTH INFORMATION FOR OTHER SPECIFIC PURPOSES**

**Community Directory:** The Community maintains a directory of resident names and their location within the Community. Unless you object, we will include certain limited information about you in our Community directory. This information may include (1) your name and (2) your location in the Community. Our directory does not include health information about you. We may release information in our directory to people who ask for you by name. We may provide the directory information to any member of the clergy. You are not obligated, however, to consent to the inclusion of your information in the Community directory. You may restrict or prohibit these uses and disclosures by notifying the Community in writing of your restriction or prohibition.

#### **Community Culture:**

The culture of our Community includes informing residents and staff of changes in your health status to maintain our sense of "community". You may restrict or prohibit these uses and disclosures by notifying the Community in writing. Please contact the Social Services office for information on how to prohibit uses and disclosures.

**Notification of Hospitalizations and Health Center Admissions:** Unless you object, we may post notification of your admission into a hospital or the Health Center, in the mailroom.

**Individuals Involved in Your Care or Payment for Your Care:** Unless you object, we may disclose your protected health information to a family member, a close friend, your legal representative, and any clergy who are involved in your care. You may restrict or prohibit the uses and disclosures by notifying the Community, in writing, of your restriction or prohibition. You may request information be provided to others not necessarily involved in your care or payment of your care by listing their names on the Authorization form available in the Social Services office.

**Emergencies:** In the event of an emergency or your incapacity, we will do what is consistent with your known preference (if any), and what we determine to be in our best interest. Individuals listed as your emergency contacts on the forms filed with Resident Health Services and the Health Center, may be called in response to emergencies or concerns. We will inform you of uses or disclosures of protected health information under such circumstances and give you an opportunity to object as soon as practicable.

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

**As Required by Law:** We will disclose your protected health information when required by law to do so.

**Public Health Activities:** We may disclose your protected health information for public health activities. These activities may include, for example:

- Reporting for preventing or controlling disease, injury or disability;
- Reporting deaths;
- Reporting abuse or neglect of a dependent adult;
- Reporting reactions to medications or problems with products;
- Notifying a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition; or
- Disclosing for certain purposes involving workplace illness or injuries.

**Reporting Victims of Abuse, Neglect, or Domestic Violence:** We may use or disclose protected health information to protective services or social services agency or other similar government authorities, if we reasonably believe you have been the victim of abuse, neglect or domestic violence.

**Health Oversight Activities:** We may disclose your protected health information to a health oversight agency for oversight activities authorized by law. These may include, for example, audits, investigations, inspections and licensure actions, judicial/administrative proceedings to which you are not a party, or other legal proceedings. In most cases, the oversight activity will be for overseeing the care rendered by the Community or the Community's compliance with certain laws and regulations. The Community does not control or define what information is needed by the health oversight agencies.

**Appointment Reminders:** We may use or disclose protected health information to remind you about appointments.

**Treatment Alternatives:** We may use or disclose protected health information to inform you about treatment alternatives.

**Health-Related Benefits and Services:** We may use or disclose protected health information to inform you about health-related benefits and services.

**To Avert a Serious Threat to Health or Safety:** When necessary to prevent a serious threat to your health or safety or the health or safety of the public or another person, we may use or disclose health information, limiting disclosures to someone able to help lessen or prevent the threatened harm.

**Judicial and Administrative Proceedings:** We may disclose your personal health information in response to a court or administrative order. We may also disclose information in response to a subpoena, discovery request, or other lawful legal process; efforts will be made to contact you regarding the request or to obtain an order or agreement protecting the information.

**Enforcement:** We may also release your protected health information to law enforcement officials for the following purposes:

- Pursuant to a court order, warrant, subpoena/summons, or administrative request;
- Identifying or locating a suspect, fugitive, material witness or missing person;
- Regarding a crime victim, but only if the victim consents, or the victim is unable to consent due to incapacity, and the information is needed to determine if a crime has occurred, non-disclosure would significantly hinder the investigation, and disclosure is in the victim's best interest;
- Regarding a decedent, to alert law enforcement that the individual's death was caused by suspected criminal conduct; or
- For reporting suspected criminal activity.

**Coroner, Healthcare Examiners, Funeral Homes:** We may release your personal health information to a coroner, medical examiner, and funeral director. We may also release information to an organization involved in the donation of organs if you are an organ donor.

**Notification of Death:** Unless you object, we may post notification of your death, along with information regarding your memorial, in the mailroom.

## **Privacy Act of 1974**

**Authority for Collection of Information Including Social Security Number:** Skilled nursing facilities for Medicare and Medicaid are required to conduct comprehensive, accurate, standardized, and reproducible assessments of each resident's functional capacity and health status. As of June 22, 1998, all skilled nursing and nursing facilities are required to establish a database of resident assessment information and to electronically transmit this information to the State. The State is then required to transmit the data to the Federal Central Office Minimum Data Set (MDS) repository of the Centers for Medicare and Medicaid Services. This data is protected under the requirements of the Federal Privacy Act of 1974 and the MDS Long Term Care System of Records.

**Principal Purposes for Which Information is Intended to be Used:** This information will be used to track changes in the health and functional status over time for purposes of evaluating and improving the quality of care provided by nursing homes that participate in Medicare and Medicaid. Submission of MDS information may also be necessary for the nursing homes to receive reimbursement for Medicare services.

**Routine Uses:** The primary use of this information is to aid in the administration of the survey and certification of Medicare/Medicaid long term care facilities and to improve the effectiveness and quality of care given in those facilities. This system will also support regulatory, reimbursement, policy, and research functions. This system will collect the minimum amount of personal data needed to accomplish its stated purpose.

The information collected will be entered into the Long-Term Care Minimum Data Set (LTC MDS) system of records, System No. 09-70-1516. Information from this system may be disclosed, under specific circumstances, to: (1). A congressional office from the record of an individual response to an inquiry from the congressional made at the request of that individual; (2). The Federal Bureau of Census; (3). The Federal Department of Justice; (4). An individual or organization for a research evaluation, or epidemiologic project related to the prevention of, or epidemiologic project related to the prevention of disease of disability, or the restoration of health; (5). Contractors working for CMS to carry out Medicare/Medicaid functions, collating or analyzing data, or to detect fraud or abuse; (6). An agency of a State government for purposes of determining, evaluating, and/or assisting overall or aggregate cost, effectiveness, and/or quality of health care services provided in the State; (7). Another Federal agency to fulfill a requirement of a Federal statute that implements a health benefits program funded in whole or in part with Federal funds or to detect fraud or abuse; (8). Peer Review Organizations to perform Title XVIII or Title XIX functions; (9). Another entity that makes payment for or oversees administration of health care services for preventing fraud or abuse under specific conditions.

**Whether disclosure is mandatory or voluntary and its' effect on individual if not providing information:** For nursing home resident residing in a certified Medicare/Medicaid nursing facility, the requested information is mandatory because of the need to assess the effectiveness and quality of care given in certified facilities and to

assess the appropriateness of provided services. If a nursing home does not submit the required data, it cannot be reimbursed for any Medicare/Medicaid services.

## **YOUR RIGHTS**

You have the following rights regarding your protected health information at the Community.

- The right to receive notice of our policies and procedures used to protect your protected health information;
- The right to request that certain uses and disclosures of your protected health information be restricted;
- The right to request access to your protected health information, within the limits of HIPAA guidelines;
- The right to request that your protected health information be amended.
- The right to obtain an accounting of certain disclosures by us of your protected health information for the past six years after April 13, 2012.
- The right to revoke any prior authorizations for use or disclosure of protected health information, except to the extent that the Community has acted on your Authorization; and
- The right to request the method by which your protected health information is communicated.

## **OUR RIGHTS**

- We have the right to agree to your requested restrictions on the use or disclosure of your personal health information. If we do agree to accept your requested restrictions, we will comply with your request, except as needed to provide you with emergency treatment.
- We have the right to deny your request to inspect or receive copies of your protected health information, within the limits of HIPAA guidelines.
- We have the right to deny your request for amendment or protected health information if it was not created by us, if it is not part of your personal health information maintained by us, if it is not part of the information to which you have a right of access, or it is already accurate and complete, as determined by us.

## **AUTHORIZATION**

Uses and disclosures of your protected health information not allowed by law under our Notice of Privacy Practices will only be made with your authorization. You can revoke the Authorization as described in your written Authorization. If you revoke your Authorization, we will no longer use or disclose your protected health information for the purposes covered by the Authorization, except where we have already relied on the Authorization. A copy of the Authorization form is available in the Health Center Social Services office.

## **COMPLAINTS**

If you believe your privacy rights have been violated, you may file a written complaint with our Privacy Official. The Privacy Official will review and respond to you in a timely manner. At any time, you can contact the office of Civil Rights in the U.S. Department of Health and Human Services.

Office for Civil Rights  
U.S. Department of Health and Human Resources  
Government Center  
J.F. Kennedy Federal Building – Room 1875  
Boston, Massachusetts 02203  
Voice Phone (617) 565-1340  
Fax (617) 565-3809  
TDD (617) 565-1343

You will not be retaliated against for filing a complaint.

## **CHANGE TO THIS NOTICE**

We will promptly revise and distribute this Notice whenever there is a material change to the permitted uses or disclosures, your individual rights, our legal duties, or other privacy practices stated in this Notice. We reserve the right to change this Notice and to make the revised or new Notice provisions effective for all protected health information already received and maintained by the Community, as well as, for all protected health information we receive in the future. We will post a copy of the current Notice in the Community. In addition, we will provide a copy of the revised Notice to all Residents upon request.

## **ACKNOWLEDGMENT**

We request that you sign an Acknowledgement of Receipt of Friendship Village of Dublin's Notice of Privacy Practices.

## **CONTACT INFORMATION**

If you have any questions about this Notice or would like further information concerning your privacy rights, please contact:

Friendship Village of Dublin Social Services  
6000 Riverside Drive  
Dublin, Ohio 43017  
(614) 764-1600