

MORRISTOWN MANOR 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.

OUR RESPONSIBILITIES

Morristown Manor ("Facility") takes the privacy of your health information seriously. We are required by law to maintain that privacy and to provide you with this Notice of Privacy Practices. This Notice is provided to tell you about our duties and practices with respect to your information.

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

The following categories describe different ways that we use and disclose health information. For each category we explain what we mean and give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

- ◆ **For Treatment.** We may use health information about you to provide you with treatment, care or services. We may disclose your health information to doctors, nurses, aids, technicians or other Facility employees who are involved in taking care of you at the Facility. An example of this would be to report information to your physician about your health status.
- ◆ **Payment.** We may use and disclose your health information to bill and collect for the treatment and services we provide to you. We may send your health information to an insurance company or a third party for the payment. An example of this would be a report sent to an insurance company to verify treatment rendered.
- ◆ **For Health Care Operations.** We may use and disclose your health information for operations. These uses and disclosures are necessary to run the Facility and to make sure you receive quality care. We are also required to provide our residents' information to various governmental entities to maintain our license. An example of this would be to provide annual statistical data to the State.
- ◆ **As Required By Law.** We will disclose your health information when required to do so by federal, state or local law.
- ◆ **For Public Health Purposes.** We may disclose your health information for public health activities. These activities generally include the following:
 - to prevent or control disease, injury or disability;
 - to report births and deaths;
 - to report defective medical devices or problems with medications;
 - to notify people of recalls of products they may be using; and
 - to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.
- ◆ **About Victims of Abuse.** We may notify the appropriate government authority if we believe a resident has 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.

- ◆ **Health Oversight Activities.** We may disclose your health information to a health oversight agency for activities authorized by law. These oversight activities might include audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
- ◆ **Judicial Purposes.** We may disclose your health information in response to a court or administrative order. We may also disclose your health information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.
- ◆ **Law Enforcement.** We may release health information if asked to do so by a law enforcement official:
 - In response to a court order, subpoena, warrant, summons or similar process;
 - To identify or locate a suspect, fugitive, material witness, or missing person;
 - About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
 - About a death we believe may be the result of criminal conduct;
 - About criminal conduct at the Facility; and
 - In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.
- ◆ **Coroners, Medical Examiners and Funeral Directors.** We may release health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release health information about residents of the Facility to funeral directors as necessary to carry out their duties.
- ◆ **Organ and Tissue Donation.** We may release your health information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.
- ◆ **Research.** Under certain circumstances, we may use and disclose health information about you for research purposes. For example, a research project may involve comparing the health and recovery of all residents 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 health information, trying to balance the research needs with residents' need for privacy of their health information. Before we use or disclose health information for research, the project will have been approved through this research approval process, but we may, however, disclose health information about you to people preparing to conduct a research project, for example, to help them look for residents with specific health needs, so long as the health information they review does not leave the Facility. We will almost always ask for your specific permission if the researcher will have access to your name, address or other information that reveals who you are, or will be involved in your care at the Facility.
- ◆ **To Avert a Serious Threat to Health or Safety.** We may use and disclose your health information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.
- ◆ **Military and Veterans.** If you are a member of the armed forces, we may release your health information as required by military command authorities. We may also release health information about foreign military personnel to the appropriate foreign military authority.
- ◆ **National Security and Intelligence Activities.** We may release your health information to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

- ◆ **Protective Services for the President and Others.** We may disclose your health information to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.
- ◆ **Treatment Alternatives and Health-Related Benefits.** We may use and disclose your health information to tell you about or recommend possible treatment alternatives or health-related benefits or services that may be of interest to you.
- ◆ **Fundraising Activities.** We may use your health information to contact you in an effort to raise money for the Facility and its operations. We may disclose health information to a foundation related to the Facility so that the foundation may contact you to raise money for the Facility. In these cases, we would release only contact information, such as your name, address and phone number and the dates you are at the Facility. If you do not want the Facility to contact you for fundraising efforts, you must notify in writing the person listed on the last page of this Notice.
- ◆ **Facility Directory.** We may include certain limited information about you in the Facility directory while you are a resident at the Manor. This information may include your name, location in the Facility, your general condition (e.g., fair, stable, etc.) and your religious affiliation. The directory information, except for your religious affiliation, may also be released to people who ask for you by name. Your religious affiliation may be given to a member of the clergy, such as a priest or minister, even if they do not ask for you by name.
- ◆ **Individuals Involved in Your Care or Payment for Your Care.** We may release health information about you to your responsible party, friend or family member who is involved in your health care. We may also give information to someone who helps pay for your care. We may also tell your family or friends your condition and that you are at the Facility.
- ◆ **To Identify Rooms.** The facility routinely places the first and last names of residents on a placard just outside of the resident's room.
- ◆ **For Dining Room Seating.** The facility routinely places place cards with resident's first and last names at each dining place in the dining room.
- ◆ **Activities.** The facility may place the resident's name and/or picture in the activity room in conjunction with some of the events and activities that it will be holding. Resident birthdays also appear on the activity calendar and the facility newsletter using the resident's first name and last initial.
- ◆ **Other Disclosures.** Because of the nature of nursing facilities, conversations and discussions about the resident's condition or care could be heard by third parties. The facility will institute safeguards to avoid such disclosures when possible. The resident's name and other information may be released or disclosed for appointment reminders, research, worker's compensation matters, and to third parties such as bus drivers, tour guides, or others who may be responsible for resident's well-being while taking excursions outside the facility.

OTHER USES OF HEALTH INFORMATION

Other uses and disclosures of health information not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you provide us authorization to use or disclose your health information, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose health 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 under the authorization, and that we are required to retain our records of the care that we provided to you.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

You have the following rights regarding health information we maintain about you:

- ◆ **Right to Request Restrictions.** You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for your care.

We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions, you must make your request in writing to the Administrator or his/her designee. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply.

Right to Request Confidential Communications. You have the right to request that we communicate with you or your responsible party about health matters in an alternative way or at a certain location. To request confidential communications, you must make your request in writing to the Administrator or his/her designee. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

- ◆ **Right to Inspect and Copy.** You have the right to inspect and copy health information that may be used to make decisions about your care.

To inspect and copy health information that may be used to make decisions about you, you can submit your request in writing or orally. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.

- ◆ **Right to Amend.** You have the right to ask us to amend your health and/or billing information for as long as the information is kept by the Facility.

To request an amendment, your request must be made in writing and submitted to the Administrator or his/her designee. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, 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 health information kept by or for the Facility;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

- ◆ **Right to an Accounting of Disclosures.** You have the right to request a list of certain disclosures that we have made of your health information.

To request this list of disclosures, you must submit your request in writing to the Administrator or his/her designee. Your request must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper, electronically). The first list you request within a 12-month period will be free. For additional lists, 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.

- ◆ **Right to a Paper Copy of This Notice.** You have the right to a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy of this Notice.

You may obtain a copy of this Notice at our web site at www.morristownmanor.com.

To obtain a paper copy of this Notice, contact the Administrator or his/her designee.

WHO THIS NOTICE APPLIES TO

This Notice describes the Facility's practices and those of:

- ◆ Any health care professional authorized to enter information into or consult your Facility medical record.
- ◆ All departments and units of the Facility.
- ◆ Any member of a volunteer group we allow to help you while you are in the Facility.
- ◆ All employees, staff and other Facility personnel.

CHANGES TO THIS NOTICE

We reserve the right to change this Notice. We reserve the right to make the revised Notice effective for health 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 the Facility. The Notice will contain on the first page, in the top right-hand corner, the effective date. In addition, if we revise the Notice, and you are still a resident of the Facility, we will offer you a copy of the current Notice in effect.

COMPLAINTS

If you believe 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 Carol Bossingham, RN, Privacy Officer or her designee. All complaints must be submitted in writing.

You will not be penalized for filing a complaint.

If you have any questions about this Notice, please contact:

Carol Bossingham, RN, Director of Education and Quality Assurance
Morristown Manor
868 South Washington Street
Morristown, Indiana 46161

CHECKLIST FOR NOTICE OF PRIVACY PRACTICES

To determine whether a **Covered Entity** has met all of the requirements of the Regulations in drafting and providing its Notice to Residents and the public, the **Covered Entity** must ask the following questions in relation to the contemplated Notice. A negative answer to any of the following may indicate that the **Covered Entity** must revise its Notice and/or the manner in which the Notice is being provided to Residents and the public.

- Has the **Covered Entity** prepared a Notice that includes:
 - (1) a header as follows: *"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";*
 - (2) a description, including at least one example, of the types of **Uses** and **Disclosures** that the **Covered Entity** is permitted to make for **Treatment, Payment, and Health Care Operations**;
 - (3) a description of each of the other purposes for which the **Covered Entity** is permitted or required to use or disclose **Protected Health Information** without the Resident's consent or authorization;
 - (4) a statement that other **Uses** or **Disclosures** will only be made with the Resident's authorization and that the Resident may revoke such authorization in writing, except to the extent that the **Covered Entity** has taken action in reliance thereon?

- If the **Covered Entity** plans to engage in the following activities, has the **Covered Entity** included a separate statement in its Notice, as applicable, that:
 - (1) the **Covered Entity** may contact the Resident to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to the Resident; or
 - (2) the **Covered Entity** may contact the Resident to raise funds for the **Covered Entity**?

- Does the Notice include a statement of the Resident's rights with respect to **Protected Health Information** and a brief description of how the Resident may exercise those rights including the following:
 - the right to request restrictions on **Uses** or **Disclosures**;
 - the right to request and receive communications of **Protected Health Information** from the **Covered Entity** by alternative means or at alternative locations;
 - the right to inspect and copy **Protected Health Information**;
 - the right to amend **Protected Health Information**;
 - the right to receive an accounting of **Disclosures** of **Protected Health Information**;
 - the right of a Resident, including a Resident who has agreed to receive the Notice electronically, to obtain a paper copy of the Notice upon request?

- Does the Notice include sufficient detail to place the Resident on notice of the **Uses** and **Disclosures** that are permitted or required by the Regulations or other applicable law?

- Does the Notice include a statement that:

- (1) the **Covered Entity** is **Required By Law** to maintain the privacy of **Protected Health Information** and to provide Residents with notice of its legal duties and privacy practices with respect to **Protected Health Information**;
- (2) the **Covered Entity** is required to abide by the terms of the Notice currently in effect;
- (3) for the **Covered Entity** to apply a change in a privacy practice that is described in the Notice to **Protected Health Information** it created or received prior to issuing a revised Notice, a statement that the **Covered Entity** reserves the right to change the terms of its Notice and to make the new Notice provisions effective for all **Protected Health Information** that it maintains; and
- (4) describes how the **Covered Entity** will provide Residents with a revised Notice?

Does the Notice state that Residents may complain to the **Covered Entity** and the **Secretary** if they believe their privacy rights have been violated; briefly describe how to file a complaint; and state that the Resident will not be retaliated against for filing a complaint?

Does the Notice contain the name and/or title, and telephone number of a person or office to contact for further information regarding filing complaints or other information provided in the Notice?

Does the Notice contain the date on which the Notice is first in effect, which may not be earlier than the date on which the Notice is printed or otherwise published?

If the **Covered Entity** elects to limit the **Uses** or **Disclosures** that it is permitted to make, does the Notice describe its more limited **Uses** or **Disclosures**? (Note: A **Covered Entity** may not limit **Disclosures Required By Law**.)

If the **Covered Entity** materially changes its **Uses** or **Disclosures**, the Resident's rights, legal duties or other privacy practices stated in the Notice, has the **Covered Entity** promptly revised and redistributed the Notice? (Note: A material change may not be implemented prior to the effective date of the Notice in which such material change is reflected.)

Has the **Covered Entity** made the Notice available upon request to any person, including Residents, in compliance with the following:

(1) if a **Direct Treatment Relationship** exists with an Resident, the **Covered Entity** must provide the Notice no later than the date of the first service delivery, including service delivered electronically; have the Notice available at the service delivery site for Resident to request and take with them; and post the Notice in a clear and prominent location where it is reasonable to expect Residents seeking service to be able to read the Notice; and whenever the Notice is revised, make the revised Notice likewise available as described herein;

(2) if the **Covered Entity** maintains a website, the Notice must be prominently posted and made available on the website;

(3) if the **Covered Entity** provides Notice via e-mail, the Resident has agreed to electronic Notice; and if the **Covered Entity** knows that the e-mail transmission has failed, **Covered Entity** must provide a paper copy of the Notice;

(4) if the first service delivery is delivered electronically, the **Covered Entity** must provide electronic Notice automatically and contemporaneously in response to the Resident's first request for service?

If the **Covered Entity** participates in an **Organized Health Care Arrangement** and has created a joint Notice, has the **Covered Entity** complied with the following:

- (1) the **Covered Entities** participating in the **Organized Health Care Arrangement** must agree to abide by the terms of the Notice;
- (2) the Notice must include a statement that it covers more than one **Covered Entity**; must describe the **Covered Entities**, or class of **Covered Entities**, with reasonable specificity; must describe with reasonable specificity the service delivery sites, or classes of delivery sites; and, if applicable, state that the **Covered Entities** will share **Protected Health Information** as necessary to carry out **Treatment, Payment, and Health Care Operations** relating to the **Organized Health Care Arrangement**? (Note: Provision of a joint Notice to an Resident by any one of the **Covered Entities** included in the joint Notice, will satisfy the Notice requirements of the remaining **Covered Entities**.)

Has the **Covered Entity** documented compliance with the Notice requirements by retaining a copy of each Notice issued by the **Covered Entity** for a period of six (6) years from the date each Notice was created, or the date each Notice was last in effect, whichever is later?

SUGGESTED ADDITIONAL STATEMENTS FOR NOTICE OF PRIVACY PRACTICES

If applicable, the following **Uses** and **Disclosures** could be added to the facility's Notice of Privacy Practices:

- ◆ A statement that the facility will put the resident's first and last names on the door of the resident's room.
- ◆ A statement that, because of the nature of nursing facilities, conversations and discussions about the resident's condition or care could be overheard by third parties, but that the facility will institute safeguards to avoid such disclosures when possible.
- ◆ A statement that the facility may place the resident's name in the activity room in conjunction with some of the events and activities that it will be holding.
- ◆ A statement that the facility may disclose the resident's name and other information to third parties such as bus drivers, tour guides or other individuals who may be responsible for the resident's well-being while taking excursions outside the facility.
- ◆ Statements that the facility will use or disclose the resident's information for any of the following purposes:
 - Appointment reminders;
 - Research;
 - Worker's compensation matters.
- ◆ Any agreement or acknowledgement contained in the facility's Admission Agreement that pertains to the privacy of the resident's personal or clinical information.