

Notice of Privacy Practices

Business Record

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.

I. Our Duty to Safeguard Your Protected Health Information.

We are committed to preserving the privacy and confidentiality of your health information whether created by us or maintained on our premises. We are required by certain state and federal regulations to implement policies and procedures to safeguard the privacy of your health information. A copy of our privacy policies and procedures is maintained at the administrative services office. We are required by state and federal regulations to abide by the privacy practices described in this notice including any future revisions that we may make to the notice as may become necessary or as authorized by law.

Individually identifiable information about your past, present, or future health or condition, the provisions of health care to you, or payment for the health care treatment or services you receive is considered protected health information (PHI). As such, we are required to provide you with this Notice of Privacy Practices that contains information regarding our privacy practices that explains how, when and why we may use or disclose your protected health information and your rights and our obligations regarding such uses or disclosures. Except in specified circumstances, we must use or disclose only the minimum necessary protected health information to accomplish the intended purpose of the use or disclosure of such information.

We reserve the right to change this notice at any time and to make the revised or changed notice effective for health information we already have about you as well as any information we receive in the future about you. Should we revise or change the Notice of Privacy Practices we will post a copy of the new or revised policy in the facility. You also may request and obtain a copy of any new or revised Notice of Privacy Practices from administrative services.

Should you have any questions concerning our Notice of Privacy Practices, the names, addresses and telephone numbers of whom you should contact are listed on the last page of this document.

II. How We May Use and Disclose Your Protected Health Information

We use and disclose protected health information for a variety of reasons. We have a limited right to use and or disclose your health information for purposes of treatment, payment, or for the operations of our facility. For other uses, you must give us your written authorization to release your protected health information unless the law permits or requires us to make the use or disclosure without your authorization.

Should it become necessary to release your protected health information to an outside party, we will require the party to have a signed agreement with us that the party will extend the same degree of privacy protection to your information as we do.

The privacy law permits us to make uses or disclosures of your protected health information without your consent or authorization. The following describes each of the different ways that we may use or disclose your protected health information. Where appropriate, we have included examples of the different types of uses or disclosures. These include:



A. Use and Disclosures Related to Treatment:

We may disclose your protected health information to those who are involved in providing medical and nursing services and treatments to you. For example we may release health information about you to our nurses, nursing assistants, aides, attendants, medical and nursing students, therapists, pharmacists, medical records personnel, consultants, physicians, specialists, etc. We may also disclose your protected health information to outside entities performing other services relating to your treatment; such as diagnostic laboratories, home health or hospice agencies, radiology services, pharmacies, wheelchair vendors, etc.

B. Use and Disclosures Related to Payment:

We may use or disclose your protected health information to bill and collect payment for services or transactions we provided to you. For example we may contact your insurance company, health plan or other third party to obtain payment for services we provided to you.

C. Use and Disclosures Related to Health Care Operations:

We may use or disclose your protected health information to perform certain functions within our facility should these uses or disclosures become necessary to operate our facility and to ensure that you and others we provide care and services to continue to receive quality care and services. For example, we may take your photograph for identification purposes or use your health information to evaluate the effectiveness of the care and services you are receiving. We may disclose your protected health information to our staff (nurses, nursing assistants, aides, attendants, physicians, consultants, therapists, etc) for auditing, care planning, treatment and learning purposes. We may also combine your health information with information from other health care providers to study how our facility is performing in comparison to like facilities or what we can do to improve the care and services we provide to you. When information is combined, we remove all information that would identify you so that others may use the information in developing research on the delivery of health care services without learning your identity.

D. Uses and Disclosures Related to Fundraising Activities:

We may use a limited amount of your protected health information when raising money for our facility and its operations. We may also disclose this information to a foundation related to the facility so that the foundation may contact you to raise money on behalf of our facility. The information we may use will be limited to your name, address and telephone number or that of your guardian, conservator or responsible party, telephone number and dates for which you received treatment or services at our facility. If you do not wish to be contacted for participation in fundraising activities or have this information provided to our affiliated foundation, you must provide us with a written notification. The name of the person to contact and the method of contacting him/her are listed on the last page of this notice. You may use the Request to Restrict the Use and Disclosure of Protected Health Information to submit your request to us. A copy of this form is available upon request from administrative services.

E. Use and Disclosures Related to Treatment Alternatives, Health Related Benefits and Services:

We may use or disclose your protected health information for purposes of contacting you to inform you of treatment alternatives or health related benefits and services that may be of interest to you, (e.g. a newly released medication or treatment that has a direct relationship to your treatment or medical condition).

III. Uses and Disclosures Requiring Your Written Authorization

For uses and disclosures of your protected health information beyond treatment, payment and operations purposes, we are required to have your written authorization, except as permitted by law. You have the right to revoke an authorization at any time to stop future uses or disclosures of your information except to the extent that we have already undertaken an action in reliance upon your

authorization. Your revocation request must be provided to us in writing. The name, address, telephone number of the person to contact is located on the last page of this document.

Examples of uses or disclosures that would require your written authorization include, but are not limited to, the following:

- A request to provide your protected health information to an attorney for use in a civil litigation claim.
- A request to provide certain information to an insurance or pharmaceutical facility for the purposes of providing you with information relative to insurance benefits or new medications that may be of interest to you.
- A request to provide certain information to another individual or facility.

IV. Uses or Disclosures of Information Based Upon Your Verbal Agreement

We may disclose a limited amount of your protected health information to others (family, friends, etc) if we provide you with an advance oral or written notice and you do not object to such release or such release is not otherwise prohibited by law. In an emergency situation where you are unable to object (because you were not present or you were incapacitated etc.) disclosure may be made if it is consistent with any prior expressed wishes and disclosure is determined to be in your best interest. When a disclosure is made based on these or emergency situations, we will only disclose health information as it relates to the person's involvement in your care. For example, if you are sent to the emergency room we may only inform the person inquiring about you (family member, friend, etc) that you had experienced trouble breathing or we may provide information on your prognosis or progress. You will be informed and given an opportunity to object to disclosures of such information as soon as you are able to do so. This disclosure restriction does not apply to the hospital, ambulance, paramedics, physician, etc. that would be providing care to you. See Section II, How We May Use and Disclose Your Protected Health Information.

A. Information Disclosed to Family Members, Friends or Others Involved in Your Care:

We may disclose your protected health information to your family members and friends who are involved in your care or who help pay for your care. We may also disclose your protected health information to a disaster relief organization for the purposes of notifying your family or friends about your general condition, location and your status. You may object to the release of this information. You may use the *Request to Restrict the Use or Disclosure of Protected Health Information* form to notify us of your objection or your objection may be made orally. The name, address and telephone number of the person to whom you may make your objection is listed on the last page of this document

V. Uses and Disclosures of Information That Do Not Require Your Consent or Authorization.

State and federal laws and regulations either require or permit us to use or disclose your protected health information without your consent or authorization. The uses or disclosures that we may make without your consent or authorization include the following:

A. When Required by Law:

We may disclose your protected health information when a federal, state or local law requires that we report information about suspected abuse, neglect or domestic violence, reporting adverse reactions to medications or injury from a health care product, or in response to a court order or subpoena.

B. For Public Health Activities for the Purpose of Prevention or Controlling Disease, Injury or Disability:

We may disclose your protected health information when we are required to collect information about diseases or injuries (e.g. your exposure to a disease or your risk of spreading or contracting a

communicable disease or condition, product recalls, or to report vital statistics to the public health authority).

C. For Health Oversight Activities:

We may disclose your protected health information to a health oversight agency such as a protection and advocacy agency, the state agency responsible for inspecting our facility or to other agencies responsible for monitoring the health care system for such purposes as reporting or investigation of unusual incidents or to ensure that we are in compliance with applicable state and federal laws and regulations and civil rights issues.

D. To Coroners, Medical Examiners, Funeral Directors, Organ Procurement Organizations or Tissue Banks:

We may disclose your protected health information to a coroner or medical examiner for the purpose of identifying a deceased individual or to determine the cause of death. We may also disclose your health information to a funeral director for the purposes of carrying out your wishes or for the funeral director to perform the necessary duties.

If you are an organ donor, we may disclose your protected health information to the organization that will handle your organ, eye or tissue donation for the purposes of facilitating your organ or tissue donation or transplantation.

E. For Research Purposes:

We may disclose your protected health information for research purposes only when a privacy board has approved the research project. However, we may use or disclose your protected information to individuals preparing to conduct an approved research project in order to assist such individuals in identifying persons to be included in the research project. Researchers identifying persons to be included in the research project will be required to conduct all activities onsite. If it becomes necessary to use or disclose information about you that could be used to identify you by name, we will obtain your written authorization before permitting the researcher to use your information. Researchers will be required to sign a confidentiality agreement before being permitted access to health information for research purposes.

F. To Avert a Serious Threat to Health or Safety:

We may disclose your protected health information to avoid a serious threat to your health or safety or to the health or safety of others. When such disclosure is necessary, information will only be released to those law enforcement agencies or individuals who have the ability or authority to prevent or lessen the threat of harm.

G. For Law Enforcement or Specialized Government Functions:

We may disclose your protected health information when requested for a law enforcement purpose to a law enforcement official; to authorized federal officials for the purposes of lawful intelligence, counter-intelligence, and other national security

VI. Your Right Regarding Your Protected Health Information

You have the following rights concerning the use or disclosure of your protected health information that we create or that we may maintain on your premises:

A. To Request Restrictions on Uses and Disclosures of Your Protected Health Information:

You have the right to request that we limit how we use or disclose your protected health information 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 or services. For example, you could request that we not disclose to family members or friends information about a medical treatment you received.

Should you wish a restriction placed on the use and disclosure of your protected health information, you must submit such request in writing. You can use the *Request to Restrict the Use and Disclosure of Protected Health Information* form. The name, address and telephone number of the person to whom the request is to be submitted is listed on the last page of this document.

We are not required to agree to your restriction request. However, should we agree, we will comply with your request not to release such information unless the information is needed to provide emergency care or treatment to you.

B. The Right to Inspect and Copy Your Medical and Billing Records:

You have the right to inspect and copy your health information, such as your medical and billing records that we use to make decisions about your care and services. In order to inspect or copy your health information, you must submit a written request to us. If you request a copy of your medical information, we will charge you a reasonable fee for the paper, labor, mailing and or retrieval costs involved in filing your requests. You will be provided with information concerning the cost of copying your health information prior to performing such service. Payment for the service must be received prior to the copying of the records. The name, address and telephone number of the person to whom you may file your request is listed on the last page of this document.

We will respond within thirty (30) days of receipt of such requests. Should we deny your request to inspect and or copy your health information, we will provide you with written notice of our reasons of the denial and your rights for requesting a review of your denial. If such review is granted or is required by law, we will select a licensed health care professional not involved in the original denial process to review your request and our reasons for denial. We will abide by the reviewer's decision concerning your inspection and copy requests.

C. The Right to Amend or Correct Your Health Information:

You have the right to request that your health information be amended or corrected if you have reason to believe that certain information is incorrect or incomplete. You have the right to make such requests of us for as long as we maintain or retain your health information. Your requests must be submitted to us in writing. We will respond within sixty (60) days of receiving the written request. If we approve your request, we will make such amendments or corrections and notify those with a need to know of such amendments or corrections.

We may deny your request if:

- Your request is not submitted in writing;
- Your written request does not contain a reason to support your request;
- The information was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- It is not part of the health information kept by or for our facility;
- It is not part of the information which you would be permitted to inspect and copy; or
- The information is already accurate and complete.

If your request is denied, we will provide you with a written notification of the reasons(s) of such denial and your rights to have the request, the denial, and any written response you may have relative to the information and denial process appended to your health information. The name, address and telephone number of the person to whom you may file your request is listed on the last page of this document.

D. The Right to Request Confidential Communications:

You have the right to request that we communication with you about your health matters in a certain way or at a certain location. For example, you may request that we not send any health information about you to a family member's address. We will agree to your request as long as it is reasonably easy for us to do so. To request confidential communications you must:

- Notify us in writing;
- Indicate what information you wish to limit;
- Indicate whether or not you wish to limit or restrict our use or disclosure of such information; and
- Identify to whom the restrictions apply (e.g., which family members, agency, etc).

The name, address and telephone number of the person to whom you may file your request is listed on the last page of this document.

E. The Right to Request an Accounting of Disclosures of Protected Health Information:

You have the right to request that we provide you with a listing of when, to whom, for what purpose, and what content of your protected health information we have released over a specified period of time. This accounting will not include any information we have made for the purposes of treatment, payment, or health care operations or information released to you, your family, or the facility directory, disclosures made for national security purposes or any releases pursuant to your authorization.

Your request must be submitted to us in writing and must include the time period for which you wish the information (e.g. May 1, 2003 through August 31, 2005). Your request may not include releases for more than six (6) years prior to the date of your request and may not include releases prior to April 14, 2003. Your request must indicate in what form (printed copy or email) you wish to receive this information. We will respond to your request within sixty (60) days of the receipt of your written request. Should additional time be needed to reply, you will be notified of such extension. However this will not exceed thirty (30) days. The first accounting you request during a twelve (12) month period will be free. There will be a reasonable fee for additional requests during the twelve (12) month period. 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. Payment must be received prior to the preparation of the accounting.

The name, address and telephone number of the person to whom you may file your request is listed on the last page of this document.

F. The Right to Receive a Paper Copy of This Notice:

You have the right to receive a paper copy of this notice even though you may have agreed to receive an electronic copy. You may request a paper copy of this notice at anytime or you may obtain a copy of this information from our website (www.friendshipservices.org). The name, address, and telephone number of the person to whom you may obtain a paper copy is listed on the last page of this document.

VII. How to File a Complaint About Our Privacy Practices

If you believe that we violated your privacy rights, violated our privacy policies and procedures, or you disagree with a decision we made concerning access to your protected health information, you have the right to file a complaint with us or the Secretary of the Department of Health and Human Services. Complaints may be filed without fear of retaliation in any form.

The name, address, and telephone number of the person to whom you may file your complaint is listed on the last page of this document

