

## *Cedarview Care Center*

### **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 a long term care facility or visit a hospital, a record of your visit is made. Typically, this record contains your symptoms, examinations, test results, diagnoses, treatments and care plan. 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 health professionals who contribute to your care.
- Legal document describing the care you received.
- Means by which you or a third-party payer can verify that services billed were actually provided.
- A tool in educating health professionals.
- A source of data for medical research.
- 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.

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 more informed decisions when authorizing disclosure to others.

#### **Your Health Information Rights**

Although your health record is the physical property of **Cedarview Care Center** the information belongs to you. You have the right to:

- Request a restriction on certain uses and disclosures of your information as provided by 45 CFR 164.522 and the HITECH Act. **Cedarview** is not required to agree to requested restrictions, however **Cedarview** is required to comply with an individual's request for restriction in billing a third party for services have been paid in full by the individual.

- Receive a paper copy of the notice of privacy practices.
- Review and obtain a copy of your health record as provided for in 45 CFR 164.524. We have a right to charge applicable fees for copies.
- Amend your health record as provided in 45 CFR 164.528.
- Obtain an accounting of disclosures of your health information as provided in 45 CFR 164.528 and the HITECH Act.
- Request communications of your health information by alternative means or at alternative locations as provided by 45 CFR 164.522(b).
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken.

### **Cedarview Care Center Responsibilities**

**Cedarview** is 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 to communicate health information by alternative means or an alternative location in accordance with 45 CFR 164.522(b).

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 supply you with a notice describing the changes.

We will not use or disclose your health information without your authorization, except as described in this notice.

### **For More Information or to Report a Problem**

If you have questions and would like additional information, you may contact **Terry Schneider - Administrator** at phone number **507-444-4206**.

If you believe your privacy rights have been violated, you can file a complaint with the **Terry Schneider – Administrator at 507-444-4206** or with the Office of Civil Rights. There will be no retaliation for filing a complaint.

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

### **Uses and Examples of Disclosures for Treatment, Payment and Health Operations**

*We will use your health information for treatment. Treatment means providing, coordinating, and managing health care and related services including, coordination or consultation with and, in some instances, referral to third parties such as other health care providers.*

**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 your treatment that should work best for you. Your physician will 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 use your health information for payment related activities including, but not limited to, eligibility determination, claims processing, utilization review activities, and collection activities.*

**For example:** A bill may be sent to a third-party payer, such as Medicare. This information on or accompanying the bill may include information that identifies you, as well as your diagnosis, treatments and supplies used.

*We will use your health information for health care operations including quality assessment and improvement activities; evaluation and training of health care professionals and staff; health insurance related activities; auditing functions; planning and development; and administrative functions such as activities relating to compliance with federal regulations protecting the privacy of your health information.*

**For example:** Members of the nursing staff or members of the Quality Council Committee 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.

#### *Business Associates*

There are some services provided in our organization through contacts with business associates. Examples include laboratory services, x-ray services and pharmacy. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we've asked them to do and bill your third-party payer for services rendered. To protect your health information, however, we require the business associate to appropriately safeguard your information.

#### *Directory*

Unless you notify us that you object, we will use your name and location in the facility for directory purposes. This information may be provided to members of the clergy and 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.

### *Communication with Family*

Health professionals, using their best judgement, 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.

### *Other Disclosures*

We may include your name in a facility publication such as a newsletter, birthday list, door name plate, religious listing etc. to recognize important events, accomplishments or days that involve you. We may use your name for fundraising or marketing events or promotions.

### Other Uses and Disclosures

*Under certain circumstances, we may also use or disclose health information without your consent or authorization. Those circumstances and the rules with which we must comply when making such disclosures are set forth in 45 CFR 164.512 and the HITECH Act . Permitted purposes or circumstances for disclosure include the following:* to comply with a state or federal law; to cooperate with authorized agencies and authorities carrying out public health activities including, but not limited to, activities related to preventing or controlling disease, injury or disability, preventing or responding to child abuse or neglect, and activities related to the safety of items regulated by the FDA; to fulfill reporting requirements related to victims of abuse, neglect or domestic violence; for health oversight activities including, but not limited to, audits, investigations, inspections, and other activities necessary for appropriate oversight of health care systems and services; for judicial and administrative proceedings; for law enforcement purposes; to coroners, medical examiners and funeral directors who require such information to carry out their duties; to organ procurement organizations or related entities as necessary to facilitate donation and transplantation; for research purposes; to avert a serious threat to health or safety; for certain other specialized government functions; to comply with workers' compensation or similar programs established by law and providing benefits for work-related injuries or illness.

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