

## Notice of Privacy Practices Linwood Care Center (“the Facility”)

### NOTICE OF PRIVACY PRACTICES

**THIS NOTICE DESCRIBES HOW MEDICAL/HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

If you have any questions about this notice, please call 609-927-6131.  
The effective date of this privacy notice is 8/19/03.

The Facility respects the privacy of your health information and are committed to maintaining our Residents’ confidentiality. This Notice describes your rights and our obligations under the Health Insurance Portability and Privacy Act’s (“HIPAA’s”) Privacy Rule (the “Privacy Rule”) regarding your health information and informs you about the possible uses and disclosures of your health information. This Notice applies to all information and records related to your care that the Facility has received or created, or will receive or create. It extends to information received or created by our employees, staff, and volunteers as well as by doctors and/or other health care practitioners practicing at the Facility. This Notice applies to all of our Facility’s facilities, programs and affiliates which may share information as necessary to coordinate your care and for the purposes described in this Notice.

The Facility and its affiliates take seriously the privacy of your protected information, and abides by the requirements under the law to maintain the privacy of your health information; to provide you this detailed Notice of our legal duties and privacy practices relating to your health information, and to abide by the terms of the Notices that are currently in effect. The Facility reserves the right to make changes to this Notice and to add to the Notice. If revisions are made, the Facility will provide you with a revised notice by posting the notice on the Facility’s web page and in the lobby.

**THE FACILITY MAY USE AND DISCLOSE YOUR HEALTH INFORMATION FOR TREATMENT, PAYMENT AND HEALTH CARE OPERATIONS.** The Facility may use and disclose your health information for purposes of treatment, payment and health care operations as described below.

#### **I. USES AND DISCLOSURES**

- 1. For Treatment.** We will use and disclose your health information in providing you with treatment and services and coordinating your care. Your health information may be used by doctors and nurses, as well as by lab technicians, dieticians, physical therapists or other personnel involved in your care, both within the Facility and may be disclosed to other health care providers in connection with your treatment. We also may disclose health information to individuals or facilities that will be involved in your care after you leave the Facility.
- 2. For Payment.** We may use and disclose your health information so that we can bill and receive payment for the treatment and services you receive. For billing and payment purposes, we may disclose your health information to an insurance or managed care company, Medicare, Medicaid 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.
- 3. For Health Care Operations.** We may use and disclose your health information as necessary for Facility operations, such as for management purposes and to monitor the quality of care you receive at the Facility. For example, health information of many Residents may be combined and analyzed for purposes such as evaluating and improving quality of care and planning for services. Health information is used in evaluating our employees and in reviewing the qualifications and practices of doctors and other practitioners at the Facility. We may use and disclose health information for education and training purposes. We may also disclose health information to other health care entities that have a relationship with you, in compliance with the Privacy Rule.

#### **II OTHER USES AND DISCLOSURE THAT MAY BE MADE WITHOUT WRITTEN AUTHORIZATION**

Under the Privacy Rule, the Facility is permitted and may be required to use or disclose your health information without your written authorization in limited situations. The following lists the limited situations in which the Facility may use or disclose your health information without written authorization:

- 1. As Required By Law.** We may disclose your health information when required by law to do so.
- 2. Public Health Activities.** We may disclose your health information for public health activities. The activities may include, for example
  - \* Reports to a public health or other government authority for the purpose of preventing or controlling disease, injury or disability, reporting child abuse or neglect, reporting births and deaths;
  - \* Reports to the federal Food and Drug Administration (FDA) about the quality, safety or effectiveness of an FDA regulated product or activity;
  - \* To notify a person who may have been exposed to or at risk of spreading a communicable disease, if authorized by law. Under Connecticut law, if the Facility makes a lawful disclosure of HIV-related information, we will enclose a statement that notifies the

recipient of the information that they are prohibited from further disclosing the information.

- 3. 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 authorized by law or if you agree to the report.
- 4. Health Oversight Activities.** We may disclose your health information to a health oversight agency for activities authorized by law. These may include, for example surveys, audits, investigations, inspections and licensure actions or other legal proceedings. These activities may include government oversight of the health care system, government payment or regulatory programs, and compliance with civil rights laws.
- 5. Judicial and Administrative Proceedings.** We may disclose your health information in response to a court or administrative order. We also may disclose information in response to a subpoena, discovery request, or other lawful process.
- 6. Law Enforcement.** We may disclose your health information for certain law enforcement purposes, including, for example, to comply with reporting requirements or report emergencies or suspicious deaths; to comply with a court order, warrant, or similar legal process; to identify or locate a suspect or missing person; or to answer certain requests for information concerning crimes.
- 7. Coroner, Medical Examiner, Funeral Director, Organ Procurement Organization.** We may release your health information to a coroner, medical examiner, funeral director and, if you are an organ donor, to an organization involved in the donation of organs and tissue.
- 8. Research.** Your health information may be used for research purposes, but only if (1) the privacy aspects of the research have been reviewed and approved by a special Privacy Board or Institutional Review Board and the Board can legally waive individual authorizations otherwise required by the Privacy Rule; (2) the researcher is collecting information for a research proposal; (3) the research occurs after your death; or (4) if you give written authorization for the use or disclosure.
- 9. 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, to someone able to help lessen or prevent the threatened harm.
- 10. Military and Veterans.** If you are a member of the armed forces, we may use and disclose your health information as required by military command authorities. We may also use and disclose health information about foreign military personnel as required by the appropriate foreign military authority.
- 11. National Security and Intelligence Activities; Protective Services for the President and Others.** We may disclose health information to authorized federal officials conducting national security and intelligence activities or as needed to provide protection to the President of the United States, certain other persons or foreign heads of states or to conduct certain special investigations.
- 12. Inmates/Law Enforcement Custody.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose your health information to the institution or official for certain purposes including the health and safety of you and others.
- 13. Workers' Compensation.** We may use or disclose your health information to comply with laws relating to workers' compensation or similar programs.

### **III OTHER USES AND DISCLOSURES THAT MAY BE MADE WITHOUT WRITTEN AUTHORIZATION, UNLESS YOU OBJECT**

The Facility may use or disclose your health information in the following ways, unless you object to the use or request that we limit the use:

- 1. Facility Directory.** Unless you object, we will include certain limited information about you in our Directory while you are a Resident. This information may include your name, your location in the Facility, your general condition and your religious affiliation. Our Directory does not include specific medical information about you. We may disclose Directory information, except for your religious affiliation, to people who ask for you by name. We may provide the Directory information, including your religious affiliation, to any member of the clergy.
- 2. Individuals Involved in Your Care or Payment for Your Care.** Unless you object, we may disclose health information about you to a family member, close personal friend or other person you identify, including clergy, who is involved in your care. These disclosures are limited to information relevant to the person's involvement in your care or in arranging payment for your care.
- 3. Disaster Relief.** We may disclose health information about you to an organization assisting in a disaster relief effort.
- 4. Fund-raising Activities.** We may use certain health information, limited to contact information such as your name, address and phone number and the dates you received treatment or services, to contact you in an effort to raise money for the Facility. We also may disclose contact information for fundraising purposes to a foundation related to the Facility.
- 5. Appointment Reminders.** We may use or disclose health information to remind you about appointments.
- 6. Treatment Alternatives and Health-Related Benefits and Services.** We may use or disclose your health information to inform you about treatment alternatives and health-related benefits and services that may be of interest to you.

#### **IV YOUR AUTHORIZATION IS REQUIRED FOR ALL OTHER USES OF HEALTH INFORMATION**

Except as described above in this Notice, we will use and disclose your health information only with your Written Authorization. Such an Authorization must specify other particular uses or disclosures that you may allow, and it will be limited to a certain time or event. You may revoke an Authorization to use or disclose health information, in writing, at any time. If you revoke an Authorization, we will no longer use or disclose your health information for the purposes covered by that Authorization, except where we have already relied on the Authorization.

#### **V YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION**

You have the following rights regarding your health information at the Facility:

- 1. Right to Request Restrictions.** You have the right to request restrictions on our use or disclosure of your health information for treatment, payment or health care operations, but the Facility is not required to agree to the restriction. If the Facility does agree to a restriction, we restricted information to the extent necessary for your treatment.
- 2. Right to Request Confidential Communications.** You have the right to request that we communicate with you concerning your health matters in a certain manner or at a certain location. For example, you can request that we contact you only at a certain phone number. We will accommodate your reasonable requests.
- 3. Right of Access to Personal Health Information.** You have the right, upon written request, to inspect and, upon written request, obtain a copy of your medical or billing records or other written information that may be used to make decisions about your care. Under Connecticut law, if the Facility makes a copy of your protected health information, we will not charge more than 65 cents per page.
- 4. Right to Request Amendment.** You have the right to request amendment of your health information maintained by the Facility for as long as the information is kept by or for the Facility. Your request must be made in writing and must state the reason for the requested amendment. We may deny your request for amendment if the information
  - (a) was not created by the Facility, unless you provide reasonable information that the originator of the information is no longer available to act on your request;
  - (b) is not part of the health information maintained by or for the Facility;
  - (c) is not part of the health information maintained by or for the Facility;
  - (d) is not part of the information to which you have a right to access; or
  - (e) is already accurate and complete, as determined by the Facility.

If we deny your request for amendment, we will give you a written denial including the reasons for the denial and explain to you that you have the right to submit a written statement disagreeing with the denial. Your letter of disagreement will be attached to your protected health information.

- 5. Right to an Accounting of Disclosures.** You have the right to request an "accounting" of certain disclosures of your health information. This is a listing of disclosures made by the Facility or by the others on our behalf, but does not include disclosures for treatment, payment and health care operations or certain other exceptions. To request an accounting of disclosures, you must submit a request in writing, stating a time period beginning after April 13, 2003 that is within six years from the date of your request. An accounting will include, if requested: the disclosure date; the name of the person or entity that received the information and address, if known; a brief description of the information disclosed; and a brief statement of the purpose of the disclosure or a copy of the authorization or request or certain summary information concerning multiple disclosure. The first accounting provided within a 12-month period will be free; for further requests we may charge you our costs.

- 6. Right to a Paper Copy of This Notice.** You have the right to obtain a paper copy of this Notice. You may request a copy of this Notice at any time.

#### **VI SPECIAL RULES REGARDING DISCLOSURES OF PSYCHIATRIC , SUBSTANCE ABUSE AND HIV-RELATED INFORMATION**

For disclosure concerning health information relating to care for psychiatric conditions, substance abuse or HIV-related testing and treatment, special restrictions may apply. For example, we generally may not disclose this specially protected information in response to a subpoena, warrant or other legal process unless you sign a special Authorization or a court orders the disclosure.

\* Psychiatric information. The Facility does not use, maintain or disclose "Psychotherapy Notes" as that term is defined in HIPAA's Privacy Regulations.

\* HIV-related information. HIV-related information may be disclosed for the purposes of treatment or payment, but your Authorization will be necessary for other disclosures, except as otherwise permitted under state or federal law. Under Connecticut law, if the Facility makes a lawful disclosure of HIV-related information, we will enclose a statement that notifies the recipient of the information that they are prohibited from further disclosing the information.

\* Substance abuse treatment. Facility is not a substance abuse treatment Facility and does not use, maintain or disclose substance abuse records.

## **VII. DUTIES OF THE FACILITY.**

Facility is required by law to do certain things with regard to your privacy rights. They include:

**1.** Notice of Legal Duties. We are required by law to maintain the privacy of your protected health information and to provide you with notice of the Facility's legal duties and privacy practices.

**10.** Comply with Privacy Notice. The Facility is required to abide by the terms of its then-current Privacy Notice.

## **VIII. COMPLAINTS**

If you believe that your privacy rights have been violated, you may file a complaint in writing with the Facility or with the Office of Civil Rights in the US Department of Health and Human Services at 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, DC 20201. To file a complaint with the Facility, contact Cheri Kauset, Vice President of Marketing and Communications, 860-347-6300. The Facility will not retaliate against you if you file a complaint.