

## **NOTICE OF PRIVACY PRACTICES**

### **Effective September 15, 2013**

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

### **Understanding Your Health Information**

Each time you are admitted to our Facility, a record of your visit is created containing health and financial information. This record usually contains your name and other information that may identify you, your symptoms, examination and test results, diagnoses, treatment, and plan for future health care. We need these records to provide you with quality care and to comply with certain legal requirements. This record is sometimes referred to as your “medical record” or “medical chart.” This record allows:

- Doctors, nurses, and other health professionals to plan your treatment and care;
- The Facility to document the care you receive and obtain payment for the care we provide; and
- The Facility to measure and improve the quality of care provided to you.

Understanding what is in your record and how your health information is used helps you to:

- ensure it is accurate
- better understand who may access your health information
- make more informed decisions when authorizing disclosure to others

### **Our Commitment**

We understand that information about you and your health is personal. We are committed to maintaining the privacy of your health information. The policies outlined in this Notice apply to all of the records of your care generated or maintained by the Facility, whether recorded in your medical record, invoices, payment forms, or other ways. This Notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information. We are required by law to:

- make sure that medical information that identifies you is kept private and secured;
- give you this Notice of our legal duties and privacy practices concerning medical information about you; and
- follow the terms of the Notice that is currently in effect.

### **How We May Use and Disclose Protected Health Information About You**

The following categories describe the ways that we use and disclose health information. We will give examples, but 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 into one of the categories.

- **For Treatment.** We may use or disclose health information about you to provide you with medical treatment. We may disclose health information about you to doctors, nurses, therapists or other personnel who are involved in taking care of you. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell the dietitian if you have diabetes so that we can arrange for appropriate meals. We also may share medical information about you in order to coordinate the different things you need, such as

medications, lab work and diagnostic testing. We may also disclose health information about you to people outside the Facility who may be involved in your medical care after you leave the Facility. This may include family members, or visiting nurses to provide care in your home.

- **For Payment.** We may use and disclose health information about you so that the treatment and services you receive at our Facility may be billed for and payment may be collected from you or on your behalf from an insurance company or a third party. For example, in order to be paid, we may need to share information with your health plan about services provided to you. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.
- **For Health Care Operations.** We may use and disclose health information about you for our day-to-day health care operations. These uses and disclosures are necessary to help us review our treatment and services and evaluate the performance of our staff to ensure that residents receive quality care. We may also combine health information about many residents to help determine what additional services should be offered, what services should be discontinued, and whether certain new treatments are effective. We may disclose your age, birth date and general information about you in the Facility newsletter, on activities calendars, and to entities in the community that wish to acknowledge your birthday or commemorate your achievements on special occasions.

## Other Allowable Uses of Your Health Information

- **Health Information Organizations/Exchanges.** We may use a Health Information Organization, an electronic Health Information Exchange (HIE), or other organized healthcare arrangement to communicate your health information to other providers. As permitted by law, your health information may be shared electronically with this organization/exchange in order to provide faster access, better coordination of care and assist providers, hospital systems and public health agencies in making informed decisions regarding your care. The HIE also enables emergency medical personnel and other providers who are treating you to have immediate access to your medical data that may be critical for your care. Making your health information available to your health care providers through the HIE can also help reduce your costs by eliminating unnecessary duplication of tests and procedures. This Notice describes how we use and disclose your health information; however, you will receive separate notices of privacy practices from each of the other participants in the health information organization/exchange and each participant will separately address any questions or requests you might have with regard to your privacy. You may choose to opt-out of participation in the HIE or cancel an opt-out choice, at any time.
- **Business Associates.** There are some services provided in our Facility through contracts with business associates. Examples include medical directors, accountants and computer consultants. When these services are contracted, we may disclose your health information so that they can perform the job we've asked them to do. To protect your health information, however, we require the business associate to appropriately safeguard your information.
- **Fundraising Activities.** We may use limited health information about you to contact you or your representative in an effort to raise money as part of a fundraising effort. You have the right to opt out of receiving such communication.
- **Name Placement.** We may place your name on the door to your room, on a meal tray, and on pieces of equipment you might use, including a wheelchair, to aid staff in identifying your items. In order to foster a sense of community, we may post special events on community bulletin boards, such as your birthday. If you choose not to be included in these notices, please let us know.
- **Facility Directory.** We may include information about you in the Facility directory while you are a resident. 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 be disclosed 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 rabbi, even if they don't ask for you by name. This is so your family, friends and clergy can visit you in the Facility and generally know how you are doing.

- **Individuals Involved in Your Care.** We may disclose health information about you to a friend or family member who is involved in your care, unless you object. We may also give information to someone who helps pay for your care. In addition, we may disclose health information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location. We may also disclose your health information to family members and others involved in your care upon your death, unless doing so is inconsistent with your prior requests.
- **As Required By Law.** We will disclose health information about you when required to do so by federal, state or local law.
- **To Avert a Serious Threat to Health or Safety.** We may use and disclose health information about you to prevent a serious threat to your health and safety or the health and safety of the public or another person. We would do this only to help prevent the threat.
- **Organ and Tissue Donation.** If you are an organ donor, we may disclose health information to organizations that handle organ procurement to facilitate donation and transplantation.
- **Military and Veterans.** If you are a member of the armed forces, we may disclose health information about you as required by military authorities.
- **Workers' Compensation.** We may disclose health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.
- **Reporting.** Federal and state laws may require or permit the Facility to disclose certain health information related to the following:
  - *Public Health Activities.* We may disclose health information about you for public health purposes, including prevention or control of disease, injury or disability. This might include disclosing information in your medical record to report certain diseases, injuries, or death information to the Health Department; information of concern to the Food and Drug Administration; or information related to abuse or neglect.
  - *Health Oversight Activities.* We may disclose health information to a health oversight agency for activities authorized by law. These oversight activities may 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 and Administrative Proceeding.* If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to a court or administrative order. We may also disclose health information about you 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 disclose health information when requested by a law enforcement official. For example, we may release information in response to a court order, subpoena, warrant, summons or similar process; to identify or locate a suspect, fugitive, material witness, or missing person; and to report a crime and provide information about crime victims.
- **Coroners, Medical Examiners and Funeral Directors.** We may disclose medical information to a coroner or medical examiner. We may also disclose medical information to funeral directors as necessary to carry out their duties.
- **National Security and Intelligence Activities.** We may disclose health information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

## Other Uses of Health Information

Other uses and disclosures of health information not covered by this Notice or permitted/required by the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose health information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, 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 with your permission, and that we are required to retain our records of the care that we provided to you. Examples (not all-inclusive list) of items requiring written authorization are:

- Use and disclosure of health information to a pharmaceutical or other company for purposes of marketing a product to you.
- Use and disclosure of your psychotherapy notes in your medical record.
- Disclosure for the sale of your health information.
- Use and disclosure of your health information for purposes of participation in a research study.

## Your Rights Regarding Health Information about You

Although your health record is the property of the Facility, the information belongs to you. You have the following rights regarding the health information we maintain about you:

- **Right to Inspect and Copy.** You have the right to review and copy your health information, and any other information that may be used to make decisions about your care. Usually, this includes your medical and billing records, but does not include psychotherapy notes. If part of the medical information is maintained in an electronic format, you have the right to access that specific electronic information as long as the information can be produced in a format agreed upon between you and Facility management.

You must submit your request in writing to the Facility Privacy Officer. We may charge a fee for the costs of copying, mailing or other supplies associated with your request.

- **Right to Amend.** If you feel that health information in your record is incorrect or incomplete, you may ask us to amend the information. You have this right for as long as the information is kept by or for the Facility.

You must submit your request in writing to the Facility Privacy Officer. 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 an "accounting of disclosures." This is a list of certain disclosures we made of your health information, other than those made for purposes such as treatment, payment, or health care operations.

You must submit your request in writing to the Facility Privacy Officer. Your request must state a time period which may not be longer than six years from the date the request is submitted and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example,

on paper or electronically). The first list you request within a twelve 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 before any costs are incurred.

- **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 purposes. You may also request that we limit the health information we disclose to someone who is involved in your care or the payment for your care. You have the right to restrict certain disclosures of your health information to a health plan if you have fully paid for the health care treatment, item or services.

**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.

You must submit your request in writing to the Facility Privacy Officer. 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; for example, disclosures to your spouse.

- **Right to Request Alternate Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at a specific location. For example, you may ask that we only contact you via mail to a post office box.

You must submit your request in writing to the Facility Privacy Officer. We will not ask you the reason for your request. We will accommodate all reasonable requests.

- **Right to Notification of a Breach of Your Health Information.** You have the right to be notified following a breach of unsecured protected health information.
- **Right to Opt Out of Receiving Fundraising and/or Marketing Activities.** You have the right not to receive communications regarding fundraisers for the Facility. You also have the right not to receive communications marketing other treatments or products. You must submit your request in writing to the Facility Privacy Officer. In your request, you must tell us what information you do not want to receive; for example, communications regarding Facility fundraisers.
- **Right to a Paper Copy of This Notice.** You have the right to a paper copy of this Notice of Privacy Practices even if you have agreed to receive the Notice electronically. You may ask us to give you a copy of this Notice at any time. To obtain a paper copy of this notice, contact the Facility Privacy Officer. You may also obtain a copy of this Notice at our website, [www.gracepointgreeley.com](http://www.gracepointgreeley.com).

## Changes To This Notice

We reserve the right to change this Notice. We reserve the right 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. We will post a copy of the current Notice in the Facility and on the website. The Notice will specify the effective date on the first page. In addition, if material changes are made to this Notice, the Notice will contain an effective date for the revisions and copies can be obtained by contacting the Facility Privacy Officer.

## Concerns

If you believe your privacy rights have been violated, you may file a complaint with the Facility Privacy Officer, or the Corporate Compliance Officer (970-395-0404). In addition, you may file a written concern with the Secretary of the Department of Health and Human Services. **You will not be penalized for filing a complaint.**