

Shaker Place Rehabilitation and Nursing 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. This notice is distributed in compliance with HIPAA (the Health Insurance Portability and Accountability Act of 1996 and the HIPAA Omnibus Rule 2013) and is designed to assist you in understanding and protecting your individual health information.

Understanding Your Health Record Information

Whenever you are admitted to or are a Resident in a nursing facility, a record of your stay is made in your clinical record. Typically, your record contains your symptoms, examination and test results, diagnoses, treatment and a plan for future care or treatment. 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 receive
- Means by which you or a third-party payor 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 who oversee the delivery of health care in the United States and in New York.
- A source of data for facility planning and marketing
- A tool with which the facility can assess and continually work to improve the care we render and the outcome we achieve

Understanding what is in your record and how your health information is used helps you ensure its accuracy: better understand who, what, where, and why others may access your health information and make more informed decisions when authorizing disclosure to others.

Facility Responsibilities

Shaker Place Rehabilitation and Nursing Center is required to:

- Maintain the privacy of your health information



- Provide you with a notice (this document) 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 you may have to communicate health information by alternative means or at alternative locations
- Should any breach of your Personal Health Information be discovered the Facility will notify you accordingly.
- Any use or disclosure of Personal Health Information not described in this Notice of Privacy Practices shall be made only with the appropriate authorization from the individual.

Shaker Place Rehabilitation and Nursing Center reserves the right to change our practices and to make new provisions effective for all protected health information we maintain. Should our information practices change, we will mail you a revised notice.

The facility will not disclose your health information without your authorization, except as described in this notice.

How the Facility Uses and Discloses Your Health Information

1. **Treatment** – The facility will use your health information for treatment. For example, information obtained by a nurse, physician, therapist or other member of your health care team will be recorded in your record and used to determine the course of treatment that should best work for you. Your physician will document in your record his or her expectations of the members of the healthcare team. Members of the 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 also provide your physician or a subsequent healthcare provider with copies of various reports that should assist him or her in treating you should you be discharged from our facility.
2. **Payment** – The facility will use your health information for payment. For example, a bill may be sent to you or a third-party payor (including Medicare and Medicaid). The information on or accompanying the bill may include information that identifies you, as well as your diagnoses, procedures and supplies used for you care.
3. **Health Care Operations** – The facility will use your health information for regular health operations. For example, members of the medical staff, the risk or quality improvement coordinators, or members of the quality assurance team 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 health care and service we provide.

4. **Business Associates** – There are some services provided in our facility through contracts with business associates. Examples may include our accountants, consultants, attorneys, lab services and pharmacy. When these services are contracted, we may disclose your health information to our business associates so that they can perform the job they have been contracted to perform. To protect your health information, however, the facility does require all business associates to appropriately safeguard your information.
5. **Directory** – Unless you notify the facility to the contrary, the facility will use your name, location in the building, general condition, and religious affiliation for directory purposes. This information may be provided to members of the clergy and except for religious affiliation, to other facility visitors who may ask for you by name. Unless you notify the facility otherwise, the facility may also post your name on the door of your room and may also post certain symbols by your bed or room to assist staff in providing you with the proper care.
6. **Notification** – The facility 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.
7. **Communication with Family** – Health professionals, using their best judgment, 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.
8. **Research** – The facility may disclose information to researchers when their research has been approved by a facility institutional review board that has reviewed the research proposal and established protocols to insure the privacy of your health information.
9. **Funeral Directors** – The facility may disclose health information to directors or coroners so they may carry out their duties consistent with prevailing law.
10. **Organ Procurement Organizations** – The facility may disclose, consistent with applicable law, health information to organ procurement organizations or other entities engaged in procurement, banking, or transplantation of organs for the purpose of tissue donation or transplant.
11. **Marketing** – The facility may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you. Under no circumstances will the Facility sell health information for marketing purposes. Any use of Personal Health Information for marketing purposes will be disclosed to you.
12. **Food and Drug Administration (FDA)** – The facility may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs or replacement.



13. **Workers Compensation** – The facility may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.
14. **Public Health** – As required by law, the facility may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury or disability.
15. **Correctional Institution** – Should you become an inmate of a correctional institution for whom the facility has agreed to provide care, the facility may disclose to the institution or agents thereof health information necessary for your health and safety and the health and safety of other individuals.
16. **Law Enforcement** – The facility may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.
17. **Reports** – Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force member or business associate believes in good faith that the facility have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public.

Your Health Information Rights

You should be aware that your record is the physical property of Shaker Place Rehabilitation and nursing Center. The information in your record, however, belongs to you. Accordingly, you have the following rights:

- You may request that we not use or disclose your health information for a particular reason related to treatment, payment, the facility's general healthcare operations and/or to a particular family member, other relative, or close personal friend. The facility requires that such requests be made in writing on a form provided by the facility. Although we will consider your request, please be aware that we have no obligation to accept it or to abide by it. For more information about this right, the facility refers you to 45 Code of Federal Regulations (CFR) Section 164.522.(a).
- If you are dissatisfied with the manner in which or the location where you are receiving communications from the facility that are related to your health information, you may request that the facility provide you with such information by alternative means or at alternative locations. Such a request must be made in writing and submitted to the facility's Health Information Office. The facility will attempt to accommodate all reasonable requests. For more information about this right, the facility refers you to 45 Code of Federal Regulations (CFR) Section 164.522(b).



- You may request to inspect or obtain copies of health information about you, which will be provided to you within the time frames established by law. If you request copies, the facility has the right to and will charge you a reasonable fee. For more information about this right, the facility refers you to 45 Code of Federal Regulations (DFR) Section 164.524.
- If you believe that any health information in your record is incorrect or if you believe that important information is missing, you may request that we correct the existing information. Such requests must be made in writing and must provide a reason to support any amendment to the record. The facility will supply you with the appropriate form for such requests. For more information about this right, the facility refers you to 45 Code of Federal Regulations (CFR) Section 164.526.
- You may request that we provide you with a written accounting of all disclosures made by us during the time period for which you request (not to exceed 6 years). The facility requires that such requests be in writing on a form provided by the facility. Please note that an accounting does **not** apply to any of the following types of disclosures:
 - Disclosures made for reasons of treatment
 - Disclosures made for reasons of payment
 - Disclosures made for reasons of healthcare operations
 - Disclosures made to you or your legal representative or any other individual involved with your care
 - Disclosures to correctional institutions or law enforcement officials
 - Disclosures for national security purposes

You will not be charged for your first accounting request in any 12-month period. For any requests made thereafter, you will be charged a reasonable fee. For more information about this right, the facility refers you to 45 Code of Federal Regulations (CFR) Section 164.528.

- You have the right to obtain a paper copy of our Notice of Privacy Practices upon request.
- You may revoke an authorization to use or disclose health information, except to the extent that action has already been taken. Such revocation requests must be in writing on a form provided by the facility.
- The Facility may or may not maintain clinical notations referencing mental health as a routine part of the clinical record. Psychotherapy notes are typically created by mental health professionals that may include, but are not limited to, psychiatrists, psychologists, and social workers. Under most circumstances the psychotherapy notes may be separately maintained by the mental health professional or practitioner. Under these circumstances the applicable psychotherapy records may be the property of the mental health professional and not of the Facility. *The disclosure or use of psychotherapy notes may require additional or separate authorization.* “Psychotherapy notes” do not include normal references made in the clinical record to mental health



diagnoses or treatments by attending physicians or other health care practitioners. “Psychotherapy notes” means notes recorded (in any medium) by a health care provider who is a mental health professional documenting or analyzing the contents of conversation during a private counseling session or a group, joint, or family counseling session and that are separated from the rest of the individual’s medical record. Psychotherapy notes excludes medication prescription and monitoring, counseling session start and stop times, the modalities and frequencies of treatment furnished, results of clinical tests, and any summary of the following items: diagnosis, functional status, the treatment plan, symptoms, prognosis, and progress to date.

- If you have a health or insurance plan of any kind you have the right to restrict certain disclosures of Personal Health Information to the health plan if you have paid for the health care expense in full out of pocket.
- You have the right to access you records for inspection purposes within twenty-four (24) hours of your request. “Access to records for inspection” does not include the provision of copies of records.

Additional Information or Problems

If you have additional questions or concerns, you may contact the facility’s HIPAA Privacy Officer. If you believe your privacy rights may have been violated, you may file a complaint with the facility. The complaint form may be obtained from the HIPAA Privacy Officer and when completed, should be returned. You may also choose to file a complaint with the Secretary of the Federal Department of Health and Human Services. There is no retaliation for filing a complaint.

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