

PALATINE NURSING HOME

PRIVACY NOTICE

THIS NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION
MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO
THAT INFORMATION.

PLEASE REVIEW THIS NOTICE CAREFULLY.

Palatine Nursing Home ("Facility") is committed to maintaining the privacy of your protected health information ("PHI"), which includes electronic PHI, and which includes information about your medical condition and the care and treatment you receive from the Facility and other health care providers, all in accordance with the provisions of the Health Insurance Portability and Accountability Act and the Health Information Technology for Economic and Clinical Health Act, and their regulations (collectively, the "HIPAA Rules"). This Notice details how your PHI may be used and disclosed to third parties for purposes of your care, payment for your care, health care operations of the Facility, and for other purposes permitted or required by law and the HIPAA Rules. This Notice also details your rights regarding your PHI.

This Facility includes the physicians and other providers who provide health care services to you but are legally independent from the Facility. Although these providers are all independent, as you would expect they cooperate to provide an integrated system of care to you. This type of clinically integrated setting in which you receive health care from more than one health care provider is called an organized health care arrangement ("OHCA") under the HIPAA Privacy Rules. We may share your health information with participants in the OHCA for treatment, payment, and health care operations of the OHCA. Those participating in the OHCA include, but are not limited to, a pharmacy, physicians, podiatrists, dentists, physical therapists, occupational therapists, and speech language pathologists. This Notice is provided as a joint notice made by each of them, and, that each of them will abide by the terms of this Notice.

USE OR DISCLOSURE OF PHI

1. The Facility may use and/or disclose your PHI for purposes related to your care, payment for your care, and health care operations of the Facility. The following are examples of the types of uses and/or disclosures of your PHI that may occur. These examples are not meant to include all possible types of use and/or disclosure.

(a) Care – In order to care for you, the Facility will provide your PHI to those health care professionals, whether on the Facility's staff or not, directly involved in your care so that they may understand your medical condition and needs and provide advice or treatment. For example, a physician treating you for a condition such as arthritis may need to know what medications have been prescribed for you by the Facility's physicians.

(b) **Payment** – In order to get paid for some or all of the health care provided by the Facility, the Facility may provide your PHI, directly or through a billing service, to appropriate third party payors. For example, the Facility may need to provide the Medicare program with information about health care services that you receive from the Facility so that the Facility can be properly reimbursed.

(c) **Health Care Operations** – In order for the Facility to operate in accordance with applicable law and in order for the Facility to provide quality and efficient care, it may be necessary for the Facility to compile, use and/or disclose your PHI. For example, the Facility may use your PHI in order to evaluate the performance of the Facility's personnel.

AUTHORIZATION NOT REQUIRED

1. The Facility may use and/or disclose your PHI, without a written Authorization from you, in the following instances:

(a) **De-identified Information** – Your PHI is altered so that it does not identify you and, even without your name, cannot be used to identify you.

(b) **Business Associate** – To a business associate, which is someone who the Facility contracts with to provide a service necessary for your treatment, payment for your treatment and health care operations (e.g., billing service). The Facility will obtain satisfactory written assurance, in accordance with applicable law and the HIPAA Rules, that the business associate will appropriately safeguard your PHI, and that the business associate will ensure its subcontractors, if any, appropriately safeguard your PHI as well.

(c) **To you or a Personal Representative** – To you, or to a person who, under applicable law, has the authority to represent you in making decisions related to your health care.

(d) **Public Health Activities** – Such activities include, for example, information collected by a public health authority, as authorized by law, to prevent or control disease, injury or disability.

(e) **Food and Drug Administration** – If required by the Food and Drug Administration to report adverse events, product defects or problems or biological product deviations, or to track products, or to enable product recalls, repairs or replacements, or to conduct post marketing surveillance.

(f) **Abuse, Neglect or Domestic Violence** – To a government authority if the Facility is required by law to make such disclosure. If the Facility is authorized by law to make such a disclosure, it will do so if it believes that the disclosure is necessary to prevent serious harm or if the Facility believes that you have been the victim of abuse,

neglect or domestic violence. Any such disclosure will be made in accordance with the requirements of law, which may also involve notice to you of the disclosure.

(g) **Health Oversight Activities** - Such activities, which must be required by law, involve government agencies involved in oversight activities that relate to the health care system, government benefit programs, government regulatory programs and civil rights law. Those activities include, for example, criminal investigations, audits, disciplinary actions, or general oversight activities relating to the community's health care system.

(h) **Judicial and Administrative Proceeding** - For example, the Facility may be required to disclose your PHI in response to a court order or a lawfully issued subpoena.

(i) **Law Enforcement Purposes** - In certain instances, your PHI may have to be disclosed to a law enforcement official for law enforcement purposes. Law enforcement purposes include: (1) complying with a legal process (i.e., subpoena) or as required by law; (2) information for identification and location purposes (e.g., suspect or missing person); (3) information regarding a person who is or is suspected to be a crime victim; (4) in situations where the death of an individual may have resulted from criminal conduct; (5) in the event of a crime occurring on the premises of the Facility; and (6) a medical emergency (not on the Facility's premises) has occurred, and it appears that a crime has occurred.

(j) **Coroner or Medical Examiner** - The Facility may disclose your PHI to a coroner or medical examiner for the purpose of identifying you or determining your cause of death, or to a funeral director as permitted by law and as necessary to carry out its duties.

(k) **Organ, Eye or Tissue Donation** - If you are an organ donor, the Facility may disclose your PHI to the entity to whom you have agreed to donate your organs.

(l) **Research** - If the Facility is involved in research activities, your PHI may be used, but such use is subject to numerous governmental requirements intended to protect the privacy of your PHI such as approval of the research by an institutional review board and the requirement that protocols must be followed.

(m) **Avert a Threat to Health or Safety** - The Facility may disclose your PHI if it believes that such disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public and the disclosure is to an individual who is reasonably able to prevent or lessen the threat.

(n) **Specialized Government Functions** - When the appropriate conditions apply, the Facility may use PHI of individuals who are Armed Forces personnel: (1) for activities deemed necessary by appropriate military command authorities; (2) for the purpose of a determination by the Department of Veteran Affairs of eligibility for benefits; or (3) to a foreign military authority if you are a member of that foreign military

service. The Facility may also disclose your PHI to authorized federal officials for conducting national security and intelligence activities including the provision of protective services to the President or others legally authorized.

(o) **Inmates** - The Facility may disclose your PHI to a correctional institution or a law enforcement official if you are an inmate of that correctional facility and your PHI is necessary to provide care and treatment to you or is necessary for the health and safety of other individuals or inmates.

(p) **Workers' Compensation** - If you are involved in a Workers' Compensation claim, the Facility may be required to disclose your PHI to an individual or entity that is part of the Workers' Compensation system.

(q) **Disaster Relief Efforts** - The Facility may use or disclose your PHI to a public or private entity authorized to assist in disaster relief efforts.

(r) **Required by Law** - If otherwise required by law, but such use or disclosure will be made in compliance with the law and limited to the requirements of the law.

(s) **Fundraising Communications** - The Facility may contact you and your personal representative for appropriate fundraising communications. "Fundraising communications" include communications to you and your personal representative for the purpose of raising funds for the Facility and the communication is not made for your care or treatment. You and your personal representative will be given the opportunity to opt out or restrict your receipt of such fundraising communications. If you or your personal representative choose to opt out, the Facility will honor the decision and not use such personal information for fundraising purposes.

AUTHORIZATION

As detailed in the HIPAA Rules, certain uses and disclosures of psychotherapy notes, uses and disclosures of PHI for marketing purposes (as described in the "Marketing" section of this Privacy Notice), and disclosures that constitute a sale of PHI require a written authorization from you, and other uses and disclosures not otherwise permitted as described in this Privacy Notice will only be made with your written authorization, which you may revoke at any time as detailed in the "Your Rights" section of this Privacy Notice.

TREATMENT ALTERNATIVES/BENEFITS

The Facility may, from time to time, contact you about treatment alternatives, or other health benefits or services that may be of interest to you.

MARKETING

The Facility may only use and/or disclose your PHI for marketing activities if we obtain from you a prior written Authorization. "Marketing" activities include communications to you that encourage you to purchase or use a product or service, and the communication is not made for your care or treatment. However, marketing does not include, for example, sending you a newsletter about this Facility. Marketing also includes the receipt by the Facility of remuneration, directly or indirectly, from a third party whose product or service is being marketed. The Facility will inform you if it engages in marketing and will obtain your prior Authorization.

FAMILY MEMBER/FRIEND

The Facility may disclose to your family member, other relative, a close personal friend, or any other person identified by you, your PHI directly relevant to such person's involvement with your care or the payment for your care. The Facility may also use or disclose your PHI to notify or assist in the notification (including identifying or locating) of a family member, a personal representative, or another person responsible for your care, of your location, general condition or death. However, in both cases, the following conditions will apply:

(a) The Facility may use or disclose your PHI if you agree, or if the Facility provides you with opportunity to object and you do not object, or if the Facility can reasonably infer from the circumstances, based on the exercise of its judgment, that you do not object to the use or disclosure.

(b) If you are not present, the Facility will, in the exercise of its judgment, determine whether the use or disclosure is in your best interests and, if so, disclose only the PHI that is directly relevant to the person's involvement with your care.

FACILITY DIRECTORY

The Facility will maintain a Directory of individuals who reside in the Facility. You will be included in that Directory, which will indicate your name and your room number. Your information will also be provided to any person who asks for you by name. However, you have the right to object to the use of your information in the Directory, and you have the right to request that some or all of that information not be used or disclosed as described herein. If, because of your condition or an emergency situation, you cannot exercise your right to object, the Facility will use or disclose your information in the Directory if that is consistent with your prior expressed preference and the Facility determines that such use or disclosure is in your best interest.

ROOM LOCATION

The Facility may post, either on the door of your room or on the wall adjacent to the door, your name. This will be done for your safety and to promote efficient, quality care.

GOVERNMENT REGULATION

The Facility is subject to various rules and regulations of New York and the federal government. As a result of those rules and regulations, periodically representatives from federal or state agencies will audit the operations of the Facility and, in the process of that audit, will review medical records, some of which may contain your PHI. In addition you, as a recipient of Medicare benefits, may have agreed to allow representatives from the federal or state governments to review your medical records as a result of an audit being conducted of the Facility. Access by a federal or state agency to your PHI for audit purposes does not require your prior authorization.

YOUR RIGHTS

1. You have the right to:
 - (a) Revoke any Authorization, in writing, at any time. To request a revocation, you must submit a written request to the Facility's Privacy Officer.
 - (b) Request restrictions on certain uses and/or disclosures of your PHI as provided by law. However, the Facility is not obligated to agree to every requested restriction, except to the extent required by the HIPAA Rules or by law. To request restrictions, you must submit a written request to the Facility's Privacy Officer. In your written request, you must inform the Facility of what information you want to limit, whether you want to limit the Facility's use or disclosure, or both, and to whom you want the limits to apply. If the Facility agrees to your request, the Facility will comply with your request unless the information is needed in order to provide you with emergency treatment.
 - (c) Restrict certain disclosures of PHI about you to a health plan where you pay out of pocket in full for the health care item or service.
 - (d) Receive confidential communications of PHI by alternative means or at alternative locations. You must make your request in writing to the Facility's Privacy Officer. The Facility will accommodate all reasonable requests.
 - (e) Inspect and copy your PHI, except psychotherapy notes, all as provided by law. To inspect and copy your PHI, you must submit a request (oral or written) to the Facility's Privacy Officer. In certain situations that are defined by law, the Facility may

deny your request, but you will have the right to have the denial reviewed. The Facility can charge you a fee for the cost of copying, mailing, or other supplies associated with your request, all in accordance with law.

(f) Amend your PHI as provided by law. To request an amendment, you must submit a written request to the Facility's Privacy Officer. You must provide a reason that supports your request. The Facility may for various reasons deny your request. If you disagree with the Facility's denial, you will have the right to submit a written statement of disagreement.

(g) Receive an accounting of disclosures of your PHI as provided by law. To request an accounting, you must submit a written request to the Facility's Privacy Officer.

(h) Receive a paper copy of this Privacy Notice from the Facility upon request to the Facility's Privacy Officer.

(i) Be notified following a breach of your Unsecured PHI (as such term is defined by the HIPAA Rules).

(j) Complain to the Facility, or to the United States Department of Health and Human Services, Office for Civil Rights, Centralized Case Management Operations, U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F HHH Bldg., Washington, D.C. 20201. To file a complaint with the Facility, you must contact the Facility's Privacy Officer. All complaints must be in writing.

(k) To obtain more information on, or have your questions about your rights answered, you may contact the Facility's Privacy Officer at (518) 673-5212.

FACILITY'S REQUIREMENTS

1. The Facility:

(a) Is required by law to maintain the privacy of your PHI and to provide you with this Privacy Notice of the Facility's legal duties and privacy practices with respect to your PHI.

(b) Is required to abide by the terms of this Privacy Notice, which is currently in effect.

(c) Reserves the right to change the terms of this Privacy Notice and to make the new Privacy Notice provisions effective for all of your PHI that it maintains.

(d) Will not retaliate against you for making a complaint.