

KIMBALL COUNTY MANOR ASSISTED LIVING PRIVACY NOTICE

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.

Each time you are admitted, a record of your stay is made. Typically, this record contains the medical and billing records about you. This information, often referred to as your record set serves as a:

1. Basis for planning and providing your care and treatment.
2. Basis for determining your charges, as well as determining what can be billed to Medicare or Medicaid.
3. A means of communication among the many health professionals who contribute to your care.
4. Legal document describing the care you received.
5. Means by which you or a third-party payer can verify that services billed were actually provided.
6. A tool in educating health professionals.
7. A source of data for medical research.
8. A source of information for public health officials who oversee the delivery of health care.
9. A source of data for facility planning and marketing.
10. A tool with which we can assess and continually work to improve the care we render and the outcomes we achieve.

Our Responsibilities

Our nursing facility is required to:

1. Maintain the privacy of your health information.
2. Provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you.
3. Abide by the terms of this notice.
4. Notify you if we are unable to agree to a requested restriction.
5. Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

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 provide you with a revised notice.

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

How We Will Use or Disclose Your Health Information

1. Treatment – We will use your health information for treatments. 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 treatment that should work best for you and to help provide you with continuity of care. We will also provide your physician or other subsequent health care providers with copies of various written reports, verbal reports, and additional information that should assist in treating you while under their care. This also means that we will be providing information to outside providers, i.e., pharmacy, therapy services, hospitals, consulting physicians, etc., to assure that your care is provided in a continuous and efficient manner.
2. Payment – We will use your health information for payment. For example, a bill may be sent to you or a third-party payer, including Medicare or Medicaid. These bills may include information that identifies you, as well as your diagnosis, procedures, and supplies used.
3. Health Care Operations – We will use your health information in ways that will be needed for facility operations. For example, your information may be used 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 services we provide.
4. Business Associate – There are some services provided in our organization through contact with business associates. Examples include our accountants, consultants and attorneys. 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 associates to appropriately safeguard your information.
5. Directory – Unless you notify us that you object, we will use your name and room number on our room directory. Your name will also be posted outside your room. Your admission, room number, personal phone number and general condition may be provided to members of the clergy and to other people who ask for you by name. We will also disclose your religious affiliation to the clergy of your choice or their representatives. We may notify your clergy if you become critically ill. They frequently then use that information to pray for you at their regular church services and/or post your name on the prayer chain at your church. We will also release your name and general information about you to community groups that provide services to our residents, such as volunteers, church groups, service organizations, etc.
6. 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, condition update or change in condition. If we are unable to reach your family member or personal representative, then we may leave a message for them at the phone number that they have provided, e.g., on an answering machine or with whomever answers the phone.
7. Communication with Family – We may, using our best judgment, disclose to a family member, other relatives, close personal friends, or any other person you identify, health information relevant to that person's involvement in your care or the payment related to your care.
8. Research – We may disclose information to researchers when their research has been approved by us and they have established protocols to ensure the privacy of your health information.

How We Will Use or Disclose Your Health Information (cont.)

9. Funeral Directors – We may disclose health information to funeral directors and coroners to carry out their duties consistent with applicable law.
10. Organ Procurement Organizations – If you have donated your organs, we will disclose health information to those organ procurement organizations as is consistent with applicable law.
11. News – We write a news column to be posted in local newspapers. This news column may contain the following information without your authorization or consent: your name, photograph, age, gender, and the date(s) of service.
12. Postings – We also have bulletin boards and other areas where information is posted throughout the building that can contain pictures and other information about you and events that happen during your stay or after your stay. Your name, room number and physician's name is posted on the spine of your medical chart any may be seen by people who are standing at the nurses' station. Your name is also on the drawer that contains your medications on the medication cart. Your picture is also used with our medication records. Others could see your picture or name as we pass medications. There is a sign out book at the nurse's station that is signed when a visitor takes residents out of the building, so others could view your information.
13. Marketing – We may contact you to provide appointment reminders or information about alternative treatment or other health-related benefits and services that may be of interest to you.
14. Infection Control – We use standard precautions in accordance with CDC guidelines. Certain infections or conditions require that we use certain isolation procedures. If that need arises for you, we will post the isolation information outside your room to assure that visitors and staff entering your room are aware of the necessary precautions.
15. Fund Raising – We may contact you as part of a fund-raising effort. However you will be given the opportunity to opt out of receiving additional fund raising materials.
16. Food and Drug Administration – We 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.
17. Workers' Compensation – We 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.
18. Public Health, Governmental Agencies, and Law Enforcement – We will disclose health information to these organizations or agents as required by law as well as to protect your health and the health and safety of others.
19. 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 we 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

Although your health record is the physical property of the facility, the information in your health record belongs to you. You have the following rights:

1. You may request that we do not use or disclose your health information for a particular reason related to treatment, payment or the facility's general health care operation, and/or to a particular family member, other relative or close personal friend. We ask that such requests be made in writing. Although we will consider your request, please be aware that we are under no obligation to accept it or to abide by it.
2. If you are dissatisfied with the manner in which or the location where you are receiving communications from us that are related to your health information, you may request that we provide you with such information by alternative means or at alternative locations. Such a request must be made in writing. We will attempt to accommodate all reasonable requests.
3. You have the right to inspect and receive a copy of health information about you. To inspect and receive a copy of such information, you must submit your request in writing to the administrator. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request. We may deny your request to inspect and receive a copy of information in very limited circumstances. HIPAA provides several important exceptions to your right to access your protected health information. For example, you will not be permitted to access psychotherapy notes or information compiled in the anticipation of, or for use in, a civil, criminal or administrative action or proceeding. If you are denied access to your health information, you may request that the denial be reviewed.
4. 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 or add the missing information. Such requests must be made in writing and provide a reason to support the amendment. We will review your request and inform you of what we have done to accommodate your request.
5. You may request that we provide you with a written accounting of all disclosures made by us during the time period for which you specify (not to exceed 6 years). We ask that such request be made in writing. Please note that an accounting will not apply to any of the following types of disclosures: disclosures made for reasons of treatment, payment or health care 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; and disclosures for national security purposes. You will not be charged for your first accounting request in any 12-months period. However, for any requests that you make thereafter, you will be charged a reasonable, cost-based fee. We must act on your request for an accounting no later than 60 days after receipt of the request. We may extend the time for providing you with an accounting by not more than 30 days, and must provide you a written explanation for the delay.
6. You have the right to obtain a paper copy of our Privacy Notice upon request. A copy is also kept in the notebook near the main office where survey results are also kept.
7. You may revoke an authorization to use or disclose health information, except to the extent that action has already been taken. Such a request must be made in writing.

For More Information

If you have questions and would like additional information, you may contact the Health Information Director who serves as the Privacy Officer

If you believe that your privacy rights have been violated, you may file a complaint with us. You may use the grievance form or may voice your complaint to the administrator, social service director, or charge nurse. You may also file a complaint with the Secretary of the Federal Department of Health and Human Services. Be assured that in no way will you be treated differently because you have filed a complaint. Any form of retaliation, intimidation, coercion or any discriminatory action will not be tolerated.

Effective 8/1/03

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