

Lebanon Valley Brethren Home

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.

A. Purpose Of Notice

Lebanon Valley Brethren Home is committed to safeguarding the privacy and confidentiality of your protected health information including all records and information created and/or maintained at our organization. This also includes any information that we receive from other providers or facilities.

We are required by law to protect the privacy of your personal health information and to provide you with this Notice to tell you how we may use and disclose your personal medical information.

This Notice describes the ways in which we may use and disclose your protected health information, and describes your rights regarding your information, as well as our legal duties and privacy practices with respect to protected health information.

We reserve the right to change this Notice and to make the revised or new Notice changes effective for all protected health information that we already maintain about you, as well as information we may receive in the future. A current copy of the Notice will be posted in our facility. The first page of the Notice contains the effective date and any dates of revision.

We will abide by the terms of this Notice, including any future revisions made to the Notice as required or authorized by law.

B. We May Use And Disclose Your Personal Health Information For Treatment, Payment And Health Care Operations Without Needing To Obtain Your Consent Or Authorization

❖ For Purposes of Treatment:

We may use and disclose your protected health information to facility and non-facility personnel who may be involved in your care such as physicians, therapists, nurses, nurse aides, students in various health studies, family members or other persons. For example, a nurse will need to call the attending physician to report any changes in your condition or communicate with hospital staff when transfers to acute care are ordered. We may also need to communicate with individuals who will be involved in your care after you leave Lebanon Valley Brethren Home such as home health agencies.

❖ For Purposes of Payment:

We may use and disclose your protected health information so that we may bill and receive payment from you, an insurance company or other third party payor for the health care services that you received at Lebanon Valley Brethren Home. For example, we may need to give information to Medicare or your health plan to obtain prior approval for services or treatments that are ordered for you to receive.

❖ For Health Care Operations:

We may use and disclose your protected health information in order to operate our facility. For example, we may use it to evaluate staff performance or our treatment and service procedures through various quality improvement methods. We may also combine our information with other health care providers' information to compare how we are doing and learn ways to improve our services to you. We may remove information from this data that may identify you.

C. We May Use And Disclose Personal Health Information About You For Other Specific Purposes

- ❖ Lebanon Valley Brethren Home Directory
Unless you notify us that you object, we will use your name, your location and telephone number in our resident directories. The directory information may be given to people who ask for you by name.
- ❖ Clergy
We may disclose certain limited protected health information about you to a member of the clergy, such as your religious affiliation.
- ❖ Family and friends
We may disclose your protected health information to individuals, such as family, friends, or any other person you tell us that are involved in your care or who help pay for your care. Disclosures may be face to face, by telephone or by electronic mail.
- ❖ As permitted or required by law:
We may use and disclose your protected health information to you, someone who has the legal right to act for you (personal representative), or to the Secretary of the Department of Health and Human Services, if necessary to make sure your privacy is protected, and where required by law for:
 - Oversight by State and federal agencies that may include audits and investigations, inspections or licensure and certification surveys.
 - Public health activities and protective services agencies such as reporting fraud or suspected abuse or neglect; disease outbreaks, adverse reactions to medications, or problems with health care products.
 - Workers compensation to the extent authorized by law related to workers compensation or other similar programs established by law.
 - Judicial and administrative proceedings as response to court orders, summons, warrants or subpoenas.
 - Law enforcement officials request for the purpose to locate a missing person, a suspect, or material witness, to report criminal conduct on our premises or in an emergency to report the commission of a crime or imminent threat to health or safety of staff or residents.
 - Coroners, medical examiners, funeral directors or organ procurement organizations for the purpose of identifying a deceased individual, to determine the cause of death, or facilitate organ or tissue donation. Also to provide funeral directors with information in order to carry out their duties.
 - National security, military and veterans for purposes of intelligence, counterintelligence and other national security activities.
 - Fund raising activities: We may use certain information (name, address, telephone number, dates of service, age, and gender) to contact you in the future to raise money for Lebanon Valley Brethren Home. The money raised will be used to expand and improve the services and programs we provide the community.
 - Research purposes under certain limited circumstances. Because all research projects are subject to a special approval process, we will not use or disclose your protected health information for research purposes until the particular research project for which your protected health information may be used or disclosed has been approved through this special process. However, we may use or disclose your protected health information to individuals preparing to conduct the research project in order to assist them in identifying Residents with

specific health care needs who may qualify to participate in the research project. Any use or disclosure of your protected health information which may be done for the purpose of identifying qualified participants will be conducted onsite at our organization. In most instances, we will ask for your specific permission to use or disclose your protected health information if the researcher will have access to your name, address or other identifying information.

D. Your Written Authorization Is Required For All Other Uses Of Protected Health Information

We may use and disclose your protected health information (other than as described in this notice or if not permitted or required by law) ONLY with your written Authorization. You may revoke your authorization at any time as long as it is in writing. If you revoke your authorization, we will no longer use or disclose your information as you had specified, except where we have already acted upon your authorization.

- Examples that may require your written authorization include disclosure of psychotherapy notes or use of your protected health information for marketing.

E. Your rights regarding your protected health information

You have the following rights regarding your protected health information at Lebanon Valley Brethren Home:

Nursing Center Residents

❖ Right to request restrictions

You have the right to request a restriction or limitation on our use or disclosure of your protected health information for treatment, payment or health care operations. You also have the right to restrict or limit the protected health information we disclose about you to a family member, friend or other person who is involved in your care or the payment for your care. For example, you may ask not to give information on a particular treatment that you receive.

We are required to agree to your requested restriction, unless you are being transferred to another health care institution, the release of records is required by law, if the release of information is needed to provide emergency treatment, or for payment for services rendered.

A written request for restrictions should be sent to the Vice President of Health Services. We prefer that you use our form. You must tell us what information you want to limit, whether you want us to limit our use, disclosure or both, and to whom you want the limits to apply (for example, disclosures to a family member).

❖ Right of access to Protected Health Information

You have the right to request, either orally or in writing, your medical or billing records or other written information that may be used to make decisions about your care. We prefer that you use our form for a written request. The form may be obtained from and returned to the Vice President of Health Services. We must allow you to inspect your records within 24 hours of your request. If you request copies of the record, we must provide you with copies within two business days of that request. We will charge a reasonable fee for copying and mailing your requested information

Other Residents and Patients

❖ Right to request restrictions

You have the right to request restriction or limitation on our use or disclosure of your protected health information for treatment, payment or health care operations. You also have the right to restrict or limit the protected health information we disclose about you to a family member, friend or other person who is involved in your care or payment for your care.

Although **we are not required to agree to your request**, we will give it serious consideration. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

You must make your request for restrictions in writing to the Vice President of Health Services. We prefer that you use our form. You must tell us what information you want to limit, whether you want us to limit our use, disclosure or both, and to whom you want the limits to apply (for example, disclosures to a family member).

❖ Right of access to Protected Health Information

You have the right to inspect and obtain a copy of your medical or billing records or other written information that may be used to make decisions about your care, subject to some limited exceptions such as psychotherapy notes.

We may deny your request to inspect or receive copies in certain limited circumstances. If you are denied access to protected health information, in some cases you will have a right to request review of the denial. A licensed health care professional designated by the facility who did not participate in the decision to deny would perform this review.

If you want to inspect or obtain copies of your protected health information or billing records, you must submit your request in writing using the form we will provide to the Vice President of Health Services. We have 30 days to respond to your request. We will charge a reasonable fee for our costs in copying and mailing your requested information.

All Residents and Patients

❖ Right to request an amendment

You have the right to request to amend your protected health information if you think it is wrong or incomplete, as long as the information is kept by or for Lebanon Valley Brethren Home. Your request for an amendment must be requested in writing and submitted to the Vice President of Health Services.

We may deny your request if it is not in writing or does not include a reason to support the request. Also your request to amend may be denied if the information:

- Was not created by us, unless you can show that the originator of the information is no longer available to act on your request,
- Is not part of the protected health information kept by or for Lebanon Valley Brethren Home,
- Is accurate and complete.
- Is not part of the information that you have a right to inspect or copy,

If your request is denied a written reason for the denial will be given to you and instructions on how you can give us a statement of disagreement. Your statement of disagreement may be added to your protected health information.

❖ Right to an accounting of disclosures

You have the right to request a listing (accounting) of the disclosures of your protected health information that we made except for:

- those that we made to carry out treatment, payment or health care operations,
 - those that were given to you or your personal representative
 - those that were given in accordance with an authorization signed by you or your representative, or
 - those that were given out for law enforcement purposes.
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- To request a listing of disclosures you must obtain the request form from and submit your request to the Vice President of Health Services. State a time period (it cannot be longer than six (6) years prior to the date of your request). It cannot include dates before April 14, 2003. You need to tell us in what form you want to receive the listing; for example, on paper or via electronic means.
 - You will not be charged for the disclosure for the first time in a twelve (12) month period. You may be charged for any additional requests you make within that time frame and will be told the

cost of each. You can then decide whether to withdraw or modify your request before any costs are incurred.

❖ Right to request confidential communications

You have the right to request that we communicate with you about your health care in a certain way or at a certain location. We will accommodate all reasonable requests. For example, you can ask that we contact you by mail.

- To request confidential communications, you must make your request in writing to the Vice President of Health Services and tell us how or where you wish to be contacted. You do not need to give us a reason for your request.

❖ Right to receive a paper copy of this notice

You may ask us for a copy of this Notice at any time. If you have agreed to receive this notice electronically, you may also have a paper copy of this Notice.

- To receive a copy of the Notice, contact the Director of Social Services.

F. Complaints

If you believe that your privacy rights have been violated, you may file a complaint with our organization, by using our confidential hotline service, the Friends Compliance Line at 1-800-211-2713 or with the Secretary of the Department of Health and Human Services. ***You will not be penalized in any way for filing a complaint.*** All complaints must be submitted in writing.

To file a complaint with our organization or if you have any questions about this Notice, contact:

Director of Compliance
350 Sentry Parkway East
Building 670, Suite 120
Blue Bell, PA 19422
215-646-0720