

## 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 describes how Phoenix Mountain Nursing Center, may use and disclose Protected Health Information to carry our payment and health care operations, and for other purposes that are permitted or required by law. This Notice applies to Protected Health Information associated with your care and residence while a resident at our facility.

We are required by the privacy regulations issued under the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) to maintain the privacy of Protected Health Information and to provide our residents of our legal duties and privacy practices concerning Protected Health Information. In the event applicable law, other than HIPAA, prohibits or materially limits our uses and disclosures of your Protected Health Information, as set forth below, we will restrict our uses or disclosures of your Protected Health Information in accordance with the more stringent standard. We are required to abide by the terms of this Notice so long as it remains in effect. We reserve the right to change our practices and to make the new provisions effective for all individually identifiable health information we maintain. Should we change our information practices, we will mail a revised notice to the address you have supplied us.

### **YOUR RIGHTS UNDER THE FEDERAL PRIVACY STANDARD**

Although your health records are the physical property of the healthcare provider who completed it, you have certain rights with regard to the information contained therein. You have the right to:

**Request Restrictions.** You can request restriction on uses and disclosures of your health information for treatment, and health care operations. Health care operations consist of activities that are necessary to carry out the operations of the provider, such as quality assurance and peer review. The right to request restriction does not extend to uses or disclosures permitted or required under § 164.502(a)(2)(i) (disclosures to you), 164.510(a) (for facility directories, but note that you have the right to object to such uses), or 164.512 (uses and disclosures not requiring a consent or an authorization). The latter uses and disclosures include, for example, those required by law, like mandatory communicable disease reporting. In those cases, you do not have a right to request restriction. Even in those cases in which you do have the right to request, restriction, we do not have to agree to the restriction. If we do, however, we will adhere to it unless you request otherwise or we give you advance notice.

**Request Confidential Communications.** You may ask us to communicate with you by alternate means and, if the method of communication is reasonable, we must grant the alternate communication request.

**A Copy of This Notice.** You have the right to receive and keep a copy of this notice of information practices. Although we have posted a copy in prominent locations throughout the facility and on our website, if you access those copies, you nonetheless have a right to a hard copy on request. The law requires us to ask you to acknowledge receipt of your copy.

**Inspect and Copy Your Health Information.** You have the right to inspect and copy your health information upon request. Again, this right is not absolute. In certain situations, such as if access would cause harm, we can deny access. You do not have a right of access to the following:

1. Psychotherapy notes. Such notes comprise those that are recorded in any medium by a healthcare provider who is a mental health professional documenting or analyzing a conversation during a protected counseling session or a group, joint, or family counseling session and that are separated from the rest of your medical record.
2. Information compiled in reasonable anticipation of or for use in civil, criminal, or administrative actions or proceedings.

In other situations, the provider may deny you access but, if it does, the provider must provide you with a review of the decision denying access. These reviewable grounds for denial include:

- When a licensed healthcare professional has determined, in the exercise of professional judgment, that the access is reasonably likely to endanger the life or physical safety of the individual or another person.
- When the public health information makes reference to another person (other than a healthcare provider) and a licensed healthcare provider has determined, in the exercise of professional judgment, that the access is reasonably likely to cause substantial harm to such other person.
- The request is made by the individual's personal representative and a licensed healthcare professional has determined, in the exercise of professional judgment, that the provision of access to such personal representative is reasonably likely to cause substantial harm to the individual or another person.

For these reviewable grounds, another licensed professional must review the decision of the provider denying access within 60 days. If we deny you access, we will explain why and what your rights are, including how to seek review. If we grant access, we will tell you what, if anything you have to do to get access. We reserve the right to charge a reasonable, cost-based fee for making copies.

**Request Amendments to Your Health Information.** We do not have to grant the request if we did not create the record. If, as in the case of a consultation report from another provider, we did not create the record, we cannot know whether it is accurate or not. Thus, in such cases, you must seek amendment/correction from the party creating the record. If they amend or correct the record, we will put the corrected record in our records.

If we deny your request for amendment/correction, we will notify you why, how you can attach a statement of disagreement to your records (which we may rebut), and how you can complain to our complaint official or to the Department of Health and Human Services. If we grant the request, we will make the correction and distribute the correction to those who need it and those you identify to us that you want to receive the corrected information.

**Revoke Your Authorization.** Revoke your authorization to use or disclose health information except to the extent that we have already taken action in reliance on the consent or authorization.

**Obtain an Accounting.** You have the right to obtain an accounting of non-routine uses and disclosures those other than for treatment, payment, and health care operations, or of protected health information about them. We do not need to provide an accounting for:

- For disclosures to you.
- For disclosures authorized by you.
- For disclosures of limited data sets (partially de-identified data used for research, public health, or health care operations).
- For the facility directory or to persons involved in your care or for other notification purposes as provided in § 164.510 (uses and disclosures requiring an opportunity for the individual to agree or to object, including notification to family members, personal representatives, or other persons responsible for the care of the individual, of the individual's locations, general condition, or death).
- For national security or intelligence purposes under § 164.512(k)(2) (disclosures not requiring consent, authorization, or an opportunity to object).
- That occurred before April 14, 2003.
- We must provide the accounting within 60 days. The first accounting in any 12-month period is free. Thereafter, we reserve the right to charge a reasonable, cost-based fee.

## USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION

The following categories describe different ways that we use or disclose your health information. For each category of uses and disclosures we will explain what we mean and, where appropriate, provide examples for illustrative purposes. Not every use or disclosure will be listed. However, all of the ways we are permitted or required to use and disclose your health information will fall into one of the categories.

**Authorization:** Except as outlined below we will not use or disclose your health information unless you have signed a form authorizing the use or disclosure. You have the right to revoke that authorization except to the extent that we have taken action in reliance of that authorization.

**Treatment:** With the regulatory consent granted by the Department of Health and Human Services we may use or disclose your health information for treatment.

Example: A physician, nurse, or other member of your healthcare team will record information in your record to diagnose your condition and determine the best course of treatment for you. The primary caregiver will give treatment orders and document what he or she expects other members of the healthcare team to do to treat you. Those other members will then document the actions they took and their observations. In that way, the primary caregiver will know how you are responding to treatment.

We will also provide your physician, other healthcare professionals, or a subsequent healthcare provider with copies of your records to assist them in treating you once we are no longer treating you.

**Payment:** With the regulatory consent granted by the Department of Health and Human Services we may use or disclose your health information for payment.

Example: We may send a bill to you or to a third-party payer, such as a health insurer. The information on or accompanying the bill may include information that identifies you, your diagnosis, treatment received, and supplies used.

**Health Operations:** With the regulatory consent granted by the Department of Health and Human Services we may use or disclose your health information for health operations (see definition above).

Example: Members of the medical staff, the risk or quality improvement manager, or members of the quality assurance team may use information in your health record to assess the care and outcomes in your cases and the competence of the care-givers. We will use this information in an effort to continually improve the quality and effectiveness of the healthcare and services we provide.

**Business Associates:** We provide some services through contracts with business associates. Examples include certain diagnostic tests, a copy service to make copies of medical records, and the like. When we use these services, we may disclose your health information to the business associate so that they can perform the function(s) we have contracted with them to do and bill you or your third-party payer for services rendered. To protect your health information, however, we require the business associate to appropriately safeguard your information.

**Communication with family:** Unless you object, 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.

**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, your location, and general condition.

**Marketing/continuity of care:** We 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.

**Volunteers:** We employ volunteers to assist us in administering our services. Where appropriate such volunteers will have access to your private health information in order to properly and adequately assist us in delivering our services to you.

**Other Uses and Disclosures:** We may make certain other uses and disclosures of your personal health information without your authorization. More specifically we may use or disclose your personal health information:

- For any purpose required by law (i.e. respond to a court order).
- To public health or legal authorities charged with preventing or controlling disease, injury, or disability.
- If a member of our work force or a business associate believes in good faith that we have engaged in unlawful conduct or otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public, they may disclose your health information to health oversight agencies and/or public health authorities, such as the department of health.
- In the course of judicial or administrative proceedings (i.e. respond to a subpoena or discovery request).
- To the proper authorities for law enforcement purposes.
- To coroners, medical examiners, and/or funeral directors consistent with law.
- For cadaveric organ, eye or tissue donation.
- When their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.
- If you are a member of the military as required by armed force services, and we may also disclose your personal health information for other specialized government functions such as national security or intelligence activities.
- 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.
- Under the privacy standards, we must disclose your health information to DHHS as necessary for them to determine our compliance with those standards.
- To the Food and Drug Administration (FDA) relative to adverse effects/events with respect to food, drugs, supplements, product or product defects, or post marketing surveillance information to enable to enable product recalls, repairs, or replacement.
- Unless you notify us that you object, we will use your name, location in the facility, 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 people who ask for you by name.
- We may contact you as a part of a fund-raising effort. You have the right to request not to receive subsequent fund-raising materials.

**HOW TO GET MORE INFORMATION OR TO REPORT A PROBLEM**

If you have questions, complaints, or would like additional information, you may contact Douglas Adams, Jr. at 602-996-5200. You may also file a complaint in writing with the Secretary of the U.S. Department of Health and Human Services in Washington, D.C., within 180 days of a violation of your rights. There will be no retaliation for filing a complaint.

**EFFECTIVE DATE**

This Notice is effective April 14, 2003.