



**Broome County
Willow Point Rehabilitation & Nursing Center (WPRNC)
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.

Our Commitment to Privacy

WPRNC is committed to protecting the privacy of your medical information. We create a record of the services which you receive to make sure you are provided quality care, and to meet legal requirements. This notice applies to all the records of Protected Health Information (PHI) we keep regarding your care.

Our Responsibilities

- ◆ We are required by law to ensure the privacy and security of your PHI.
- ◆ We will let you know promptly if a breach occurs that may have compromised the privacy or security of your PHI.
- ◆ We must follow the duties and privacy practices described in this notice and provide you a copy.
- ◆ We will not share information other than as described here unless you tell us we can in writing. You may change your mind at any time by notifying us in writing.

Your Rights: when it comes to your health information, you have certain rights

- ◆ **Access:** In most cases, you can request to look at or get a copy of your medical records and health information we keep when you submit a written request. Ask us how to do this. There are certain situations where we may deny access including: psychotherapy notes created by a mental health professional and kept separate from the medical record; information compiled in reasonable anticipation of or for use in civil, criminal or administrative actions; or information that was obtained from someone other than a health care provider under the promise of confidentiality. If we deny access, we must provide you with a review of our decision.
- ◆ If you request paper or electronic copies of your records, they will be provided usually within 10 days of your request. We may charge a reasonable, cost-based fee. If your records are kept in electronic format, you have the right to receive a copy of your information in electronic format requested by you if it is readily reproducible or if not, in a readable electronic format agreed to by you and us.
- ◆ **Amendments:** You can ask us to correct PHI about you that you think is incorrect or incomplete. You must submit a request in writing that includes your reason. We could deny your request if: the information was not created by us; it is not part of the health information maintained by us; or we determine that the information is accurate. If your request is denied, we'll tell you why in writing within 60 days.
- ◆ **Accounting of Disclosures:** You can ask for a list (accounting) of the times we've shared your PHI for six years prior to the date you ask, who we shared it with and why. We will include all the disclosures except for those about treatment, payment and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free, but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
- ◆ **Notification of a Breach:** we will notify you if a breach occurs that may have compromised the privacy or security of your PHI.
- ◆ **Notice:** You can ask for a paper copy of this notice at any time, or access it electronically on our website.
- ◆ **Confidential Communications:** You can ask us to contact you in a specific way, for example home or office phone, or to send mail to a different address. We will say "yes" to all reasonable requests.
- ◆ **Restrictions:** You can ask us not to use or share certain PHI for treatment, payment or health care operations. In most cases, we are not required to agree to your request, and we may say "no" if it would affect your care.
 - ◆ If you pay for a service out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say "yes" unless a law requires us to share that information.
- ◆ If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your PHI. We will however, make sure the person has this authority before we take any action.

How we may use & disclose health information about you

- ◆ **For Treatment:** We can use and share your PHI to provide treatment. For example, discussing your case in Case Conference among doctors, nurses, dieticians and social workers to determine your plan of care. We may also share your information with other medical providers to arrange community care.
- ◆ **For Payment:** We can use and share your PHI with your health plan or health insurance carrier to receive payment for our services. For example, we may need to give your health plan information about treatment you received so they will pay us for the services we provided. We may also provide your PHI, when appropriate, with government programs such as Worker's Compensation, Medicaid or Medicare to determine if you are eligible for, or to coordinate your benefits, entitlements and payments.
- ◆ **For Health Care Operations:** We can use your PHI or share it with others to run our operations and improve your care. For example, the quality improvement team may use your information to evaluate our treatment and service programs.
- ◆ **Administrative Oversight:** we may disclose PHI to health oversight agencies such as the Department of Health for activities such as audits, investigations, and licensure.
- ◆ **Business Associates:** If needed, we will share your health information with third party "business associates". They perform jobs such as medical transcription or laboratory services. Whenever this happens, we will have a written contract in place that has terms to protect the privacy of your health information.
- ◆ **Directory:** Unless you notify us that you object, we may 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 that ask for you by name. Your name is also printed outside your room and on the outside of your medical chart. This is done to assure your medical plan of care corresponds correctly with you, our resident.
- ◆ **Individuals Involved in Your Care or Payment for your Care:** we may disclose to your family member, relative, close personal friend or other person **identified by you**, PHI that is directly relevant that person's involvement with your care or payment for your care.
- ◆ **Coroners/Medical Examiners/Funeral Directors:** We may release PHI to a coroner or medical examiner to carry out their duties as authorized by law. We may also release information to funeral directors, as necessary to carry out their duties.
- ◆ **Organ donation:** if you are an organ donor, we may share your PHI with organ procurement organizations.
- ◆ **Research:** unless you object, we may release health information for research projects, only when reviewed and approved by a special process to ensure the continued privacy of the health information.
- ◆ **Fund-Raising:** unless you object, we may contact you as part of a fund-raising effort.
- ◆ **Marketing:** we will never share your information for marketing purposes without your written permission.
- ◆ **As Required by Law:** we will share your PHI when required to do so by Federal, State or local law, including the Department of Health and Human Services if it wants to see if we're complying the federal privacy law.
- ◆ **Law Enforcement:** we may have to disclose your health information for law enforcement purposes. For example, in the event that a crime occurs on the premises, to locate a missing person or certain emergencies.
- ◆ **Lawsuits and Disputes:** we may release your PHI in response to a court order or administrative order, or in response to a subpoena.
- ◆ **Emergency:** We may use your health information or share it with others in an emergency situation. For example, if you need urgent medical attention.
- ◆ **Public Health/Food & Drug Administration and Safety Issues:** we may share information about you for certain situations to prevent disease, product recalls, reporting adverse reactions to medications, reporting suspected abuse or neglect when required by law, or preventing or reducing a serious threat to anyone's health or safety.
- ◆ **Other Government Agencies Providing Benefits or Services:** We may release your PHI to other government agencies that are providing you with benefits or services when the information is necessary for you to receive those benefits or services, for example, for Workman's Compensation claims or Veteran's Administration authorities.
- ◆ **Correctional Institutions:** if you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release PHI to the correctional institution or law enforcement official if necessary to provide you with health care; to protect your health and safety or the health safety of others; or the safety and security of the correctional institution.

- ◆ **Regional Disaster Planning**: several local area nursing homes participate and work in collaboration with each other in the event of natural disasters or emergencies. In the event you are transferred to another area nursing center during a serious threat or emergency, your medical information will be transferred with you to provide continuous care.
- ◆ **Ombudsman Program**: commissioned through the Older American's Act, provides advocacy and mediation for residents when there is a dispute or conflict concerning resident rights or care in the nursing facility. As part of advocacy, you may restrict access by the Ombudsman (who is a volunteer) to your health information.
- ◆ **Special Government Functions**: such as military, national security, and presidential protective services.

We will use or share your health information for other reasons only with your written Authorization, unless we are permitted to or required to by law. You can cancel any authorization by writing to us. This cancellation would not effect information already used or shared.

For more information on how information may be shared see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

What is NOT covered in this Notice?

- ◆ Under NYS law, any HIV-related or AIDS-related confidential information will not be released unless a specific release is signed.
- ◆ If you received alcohol or substance abuse treatment, federal regulations may protect your treatment records from disclosure without your written permission.

Changes to this Notice

We may change the terms of this notice, and the changes will apply to all information we have about you.

The most current notice will be available upon request, in our office and on our website:

<http://www.gobroomecounty.com/wpnf/>

Complaints

If you have any questions about this Notice, or questions or complaints about the handling of your medical information, you may contact the Director of Health Information Management at 607.763.4400. You may also send a written complaint to the United States Department of Health and Human Services Office for Civil Rights by sending a letter to: 200 Independence Avenue, S.W., Washington, DC 20201 or; calling 1-877-696-6775 or; Visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.

We will not retaliate against you for filing a complaint.

Effective date of this notice: September 15, 2015