

Kane Regional Centers Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

We are committed to maintaining the confidentiality, integrity and security of our residents' health information entrusted to us by current and prospective residents. We hope that you take a moment to review the Kane Regional Centers Notice of Privacy Practices.

Your Right to Know

You have a right to know what we do with the confidential health and personal information that is collected about you in the normal course of providing skilled nursing care. We want to assure you that we are properly safeguarding this important information. If you have any questions about this Notice please contact: our Privacy Officer, at 412-422-6800.

This notice describes how we use and disclose your information to carry out treatment, payment and health care operations and for those purposes that are permitted by law. It also describes your rights to access and control your protected health information. "Protected health information" (PHI) is information about you, including demographic information that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

The Kane Regional Centers are required to abide by the terms of this Notice of Privacy Practices. (§164.502(i)) This notice is to comply with the Privacy Regulations issued by the Department of Health and Human Services in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

We may change the terms of our notice, at any time. The new notice will be effective for all protected health information that we maintain at that time. Upon your request, we will provide you with any revised Privacy Practices by contacting the Privacy Officer presented above. We will post the **Notice of Privacy Practice** in accessible and convenient areas to the resident and families.

You or your guardian will be asked to sign an acknowledgment that you have received this Notice of Privacy Practices upon admission. This document describes how the Kane Regional Centers will utilize and disclose your protected health information for treatment, payment and health care operations. Your information may be used and disclosed by our physicians, staff and other providers that are involved in your care and treatment. Your protected health information may also be used and disclosed to pay your health care bills and to support the operation of the Kane Regional Center. This document is not intended as an all-inclusive list of the ways that your information will be used to better meet your care needs.

WHO WILL FOLLOW THIS NOTICE.

This notice describes our Kane Regional Center's practices and that of:

- All departments and units of the Regional Center (front desk, administration, billing, maintenance, etc.)
- Any member of a volunteer group we allow to help you while you are in the Regional Center.
- All employees, staff and other Regional Center personnel.

OUR PLEDGE REGARDING MEDICAL INFORMATION:

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive at the Regional Center. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by the Regional Center, whether made by Regional Center personnel, Specialty Clinics, specialist or your personal doctor.

This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

We are required by law to:

- make sure that medical information that identifies you is kept private;
- give you this notice of our legal duties and privacy practices with respect to medical information about you; and
- follow the terms of the notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU.

The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of these categories.

- **For Treatment.** We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, clinicians, technicians, healthcare students, pharmacists, or other Regional Center personnel who are involved in taking care of you at the Regional Center. For example, a nurse treating you for a pressure ulcer may need to consult with the Wound Care team (pressure ulcer team) to implement an alternative clinical approach. In addition, we may disclose your protected health information to another physician or health care provider (e.g., a specialist or laboratory) who, at the request of your physician becomes involved in your care by providing assistance with your health care diagnosis or treatment. For example: a consult. Different departments of the Regional Center also may share medical information about you in order to coordinate the different procedures you need performed, such as; rehabilitation, prescriptions, lab work, dental work, optical, or x-rays. We also may disclose medical information about you to people outside the Regional Center who may be involved in your medical care after you leave the Regional Center, such as family members, other providers, or others that would be involved in providing services in the community that are part of your care.
- **For Payment.** We may use and disclose medical information about you so that the treatment and services you receive at the Regional Center may be billed to and payment may be collected from you, an insurance company or a third party, for example, we may need to give your health plan information about rehabilitative services you received at the Regional Center so your health plan can determine if appropriate care was rendered for payment.
- **For Health Care Operations.** We may use and disclose medical information about you for Regional Center's operation. These uses and disclosures are necessary to run the Regional Centers and make sure that all of our residents receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine medical information about many Regional Center residents to decide what additional services the Regional Centers should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, and other Regional Center personnel for review and learning purposes. We may also compare the medical information we have with medical

➤ **For Health Care Operations (continued)**

information from other nursing facilities to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove demographic information that would identify you from this set of medical information so others may use it to study health care and health care delivery without learning who the specific residents are.

- **Health-Related Benefits and Services.** We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you. For example:
- **Regional Center Directory.** We may include certain limited information about you in the Regional Center directory while you are a resident at the Regional Center. This information may include your name, admission date, and location within the Regional Center. The directory information may ONLY be released to people who ask for you by name, including your religious affiliations. Kane staff clergy, such as a priest or rabbi have access to this information.
- **Individuals Involved in Your Care.** We may release medical information about you to your durable power of attorney. We may release information to individuals only with the resident's permission.
- **Disaster Relief Efforts.** We may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.
- **Fundraising Activities and Communications** We may use and share with a business associate or a Foundation that is related to us your name, address, phone number and other such "demographic" information to contact you or your family members for fundraising purposes to benefit the Kane Regional Centers and its residents. If you do not want to receive fundraising request please contact the Kane Privacy Officer at (412) 422-6800.
- **As Required By Law.** We will disclose medical information about you when required to do so by federal, state or local law. For example, during state survey visits.
- **To Avert a Serious Threat to Health or Safety.** We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.
- **Organ and Tissue Donation.** If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.
- **Military and Veterans.** If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.
- **Workers' Compensation.** We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.
- **Public Health Risks.** We may disclose medical information about you for public health activities. These activities generally include the following:
 - to prevent or control disease, injury or disability;
 - to report deaths;
 - to report elderly abuse or neglect;
 - to report reactions to medications or problems with products;

- to notify people of recalls of products they may be using;
- to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- **Health Oversight Activities**. We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
- **Lawsuits and Disputes**. If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.
- **Law Enforcement**. We may release medical information if asked to do so by a law enforcement official:
 - In response to a court order, subpoena, warrant, summons or similar process;
 - To identify or locate a suspect, fugitive, material witness, or missing person;
 - About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
 - About a death we believe may be the result of criminal conduct;
 - About criminal conduct at the Regional Center; and
 - In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.
- **Coroners, Medical Examiners and Funeral Directors**. We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about residents of the Regional Center to funeral directors as necessary to carry out their duties.
- **Protective Services for the President and Others**. We may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

RESIDENTS RIGHTS REGARDING MEDICAL INFORMATION

You have the following rights regarding medical information we maintain about you:

- **Right to Inspect and Copy**. You have the right to inspect and copy medical information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes.

To inspect and copy medical information that may be used to make decisions about you, you must submit your request to the Director of Nursing. 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.

- **Right to Amend**. If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the Regional Center.

To request an amendment, your request must be made to the facility Administrator. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the medical information kept by or for the Regional Center;
- Is accurate and complete.

- **Right to an Accounting of Disclosures**. You have the right to request an "accounting of disclosure." This is a list of the disclosures we made of medical information about you outside the treatment, payment or operations.

To request this list or accounting of disclosures, you must do so through the Medical Records Department within your facility. The customary fee for copying costs may be charged to you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred. All requests for accounting must state the period of time you want the list for, which cannot be more than six years or before April 14, 2003.

Right to Request Restrictions. You have the right to request restrictions or limitations on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, such as a family member or friend. For example, you could ask that we not use or disclose information about a Clinic appointment you've had to family members.

*We are not required to agree to your request. **If your request for restriction causes denial of payment, you may be held responsible.*** If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions, you must make your request to your Social Worker. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply.

- **Right to Request Confidential Communications**. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only discuss your case in a more private area, such as a conference room.

To request confidential communications, you must make your request known to your Social Worker. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

- **Right to a Paper Copy of This Notice**. You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

You may obtain a copy of this notice at our website, <http://www.kanecare.com>.

To obtain a paper copy of this notice, contact the Privacy Officer, (412) 422-6800.

COMPLAINTS

If you believe your privacy rights have been violated, you are encouraged to contact the Kane Privacy Officer at (412)422-6800 and asking for the Privacy Officer or file a written correspondence to the attention of the Privacy Officer.

To file a complaint with the Department of Health and Human Services you can fill out the form online at <http://www.hhs.gov/ocr/hipaa/>. (To find out more information about filing a complaint, call the toll-free information line at (866) 627-7748.) All complaints are to be in writing and forwarded via email or regular courier to:

HIPAA COMPLAINT
7500 Security Blvd.
C5-24-04
Baltimore, MD 21244

All complaints received by the facility will be investigated.

You or your loved one will not be penalized for filing a complaint.

OTHER USES OF MEDICAL INFORMATION.

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us authorization to use or disclose medical information about you, you may revoke that permission at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

Kane Regional Centers

Notice of Privacy Practices Acknowledgment

Our Notice of Privacy Practices provides information about how we may use and disclose personal health information about you to provide care. You have the right to review our notice. As provided in our notice, the terms of our notice may change. We will post the current notice at our facilities, on our website and have copies available for distribution. If we change our notice, you may obtain a revised copy by contacting the Privacy Officer, Kane Regional Centers, 955 Rivermont, Pittsburgh, PA 15207 or by calling (412) 422-6800 and asking for the Privacy Officer.

You have the right to request that we restrict how protected health information about you is used or disclosed for treatment, payment and for other health care operations. This request must be made in writing to the Privacy Officer, Kane Regional Centers, 955 Rivermont, Pittsburgh, PA 15207. We are not required to agree to these restrictions, but if we do, we are bound by our agreement, except where we have already made disclosures in reliance on our previous privacy practice.

By signing this form, you are acknowledging that you have received a copy of our Notice of Privacy Practices.

Resident Name: _____
(please print)

Signature of Resident/Personal Representative: _____

Date: _____

(check appropriate lines)

_____ I have received and understand the reasons the Notice of Privacy Practice was presented at the time of admission.

_____ I have received and understand the reasons the Notice of Privacy Practice was presented at this time.

_____ As a right under the HIPAA Laws it is my choice to opt-out of being on the Kane Regional Center's resident directory. I understand that I may choose to become a part of the directory at any time if my request is made in writing to the Privacy Officer.