

**Notice of Privacy Practices  
Effective April 14, 2003**

**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.**

We respect the privacy of your protected health information and are committed to maintaining our residents' confidentiality. This notice applies to all information and records related to your care that our organization has received or created. It extends to information received or created by: any independent health care professional who treats or cares for Residents at the organization and is authorized to enter information into your medical record; all departments and units of the organization; all employees of the organization; any volunteers we allow to help you while you are in the organization; any vendors or independent contractors who have access to protected health information of residents at the organization; all students or trainees; and any corporate office staff. The independent health care professionals, who provide care at the organization and have agreed to follow the terms of this notice, are not employees or agents of the organization and the organization is not responsible for how they fulfill their professional responsibilities.

This Notice informs you about the possible uses and disclosures of your protected health information. It also describes your rights and our obligations regarding your protected health information. It is our practice to protect your rights as delineated in the Health Insurance Portability and Accountability Act, the Code of Federal Regulations and the laws of this State, as they apply to our operations.

We are required by law to: maintain the privacy of your protected health information; Provide to you this detailed Notice of our legal duties and privacy practices relating to your protected health information; and abide by the terms of the Notice that are currently in effect.

**I. WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION FOR TREATMENT, PAYMENT AND HEALTH CARE OPERATIONS**

We have described these uses and disclosures below and provide examples of the types of uses and disclosures we may make in each of these categories.

For Treatment. We will use and disclose your protected health information in providing you with treatment and services. We may disclose your protected health information to organization and non-organization personnel who may be involved in your care, such as physicians, nurses, nurse aides, and physical therapists. For example, a nurse caring for you will report any change in your condition to your physician. We also may disclose protected health information to individuals who will be involved in your care after you leave the organization.

For Payment. We may use and disclose your protected health information so that we can bill and receive payment for treatment and services you receive at the organization. For billing and payment purposes, we may disclose your protected health information to your representative, an insurance or managed care company, Medicare, Medicaid or another third party payor. For example, we may contact Medicare or your health plan to confirm your coverage or to request prior approval for a proposed treatment or service.

For Health Care Operations. We may use and disclose your protected health information for organization operations. These uses and disclosures are necessary to manage the organization and to monitor our quality of care. For example, we may use protected health information to evaluate our organization's services, including the performance of our staff.

**II. WE MAY USE AND DISCLOSE PROTECTED HEALTH INFORMATION ABOUT YOU FOR OTHER SPECIFIC PURPOSES**

Resident Directory. Unless you object, we will include certain limited information about you in our Resident directory. This information may include your name, your location in the facility, and your general condition and your religious affiliation. Our directory does not include specific medical information about you. We may release information in our directory, except for your religious affiliation, to people who ask for you by name. We may provide the directory information, including your religious affiliation, to any member of the clergy.

Individuals Involved in Your Care or Payment for Your Care. Unless you object, we may disclose your protected health information to a family member or close personal friend, including clergy, who is involved in your care.

Disaster Relief. We may disclose your protected health information to an organization assisting in a disaster relief effort.

As Required By Law. We will disclose your protected health information when required by law to do so.

Public Health Activities. We may disclose your protected health information for public health activities. These activities may include, for example: reporting to a public health or other government authority for preventing or controlling disease, injury or disability, or reporting child abuse or neglect; reporting to the federal Food and Drug Administration (FDA) concerning adverse events or problems with products for tracking products in certain circumstances, to enable product recalls or to comply with other FDA requirements; to notify a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition or; for certain purposes involving workplace illness or injuries.

Reporting Victims of Abuse, Neglect or Domestic Violence. If we believe that you have been a victim of abuse, neglect or domestic violence, we may use and disclose your protected health information to notify a government authority if required or authorized by law, or if you agree to the report.

Health Oversight Activities. We may disclose your protected health information to a health oversight agency for oversight activities authorized by law. These may include, for example, audits, investigations, inspections and licensure actions or other legal proceedings. These activities are necessary for government oversight of the health care system, government payment or regulatory programs, and compliance with civil rights laws.

Judicial and Administrative Proceedings. We may disclose your protected health information in response to a court or administrative order. We also may disclose information in response to a subpoena, discovery request, or other lawful process; efforts must be made to contact you about the request or to obtain an order or agreement protecting the information.

Law Enforcement. We may disclose your protected health information for certain law enforcement purposes, including as required by law to comply with reporting requirements: to comply with a court order, warrant, subpoena, summons, investigative demand or similar legal process; to identify or locate a suspect, fugitive, material witness, or missing person; when information is requested about the victim of a crime if the individual agrees or under other limited circumstances; to report information about a suspicious death; to provide information about criminal conduct occurring at the facility; to report information in emergency circumstances about a crime; or where necessary to identify or apprehend an individual in relation to a violent crime or an escape from lawful custody.

Research. We may allow protected health information of residents from our own facilities to be used or disclosed for research purposes provided that the researcher adheres to certain privacy protections. Your protected health information may be used for research purposes only if the privacy aspects of the research have been reviewed and approved by a special Privacy Board or Institutional Review Board, if the researcher is collecting information in preparing a research proposal, if the research occurs after your death, or if you authorize the use or disclosure.

Coroners, Medical Examiners, Funeral Directors, Organ Procurement Organizations. We may release your protected health information to a coroner, medical examiner, funeral director or, if you are an organ donor, to an organization involved in the donation of organs and tissue.

To Avert a Serious Threat to Health or Safety. We may use and disclose your protected health information when necessary to prevent a serious threat to your health or safety or the health or safety of the public or another person. However, any disclosure would be made only to someone able to help prevent the threat.

Military and Veterans. If you are a member of the armed forces, we may use and disclose your protected health information as required by military command authorities. We may also use and disclose protected health information about foreign military personnel as required by the appropriate foreign military authority.

Worker's Compensation. We may use or disclose your protected health information to comply with laws relating to workers' compensation or similar programs.

National Security and Intelligence Activities; Protective Services for the President and Others. We may disclose protected health information to authorized federal officials conducting national security and intelligence activities or as needed to provide protection to the President of the United States, certain other persons or foreign heads of states or to conduct certain special investigations.

Fundraising Activities. We may disclose protected health information to a foundation which may contact you in raising money to benefit our facilities and operations. In doing so, we would only release contact information, such as your name, address and phone number and the dates you received treatment or services at one of our facilities. In such cases, we would also provide you with the opportunity to opt out of receiving further fundraising communications, by notifying us of your desires in writing.

Appointment Reminders. We may use or disclose protected health information to remind you about appointments.

Treatment Alternatives. We may use or disclose protected health information to inform you about treatment alternatives that may be of interest to you.

Health Related Benefits and Services. We may use or disclose protected health information to inform you about health-related benefits and services that may be of interest to you.

### **III. YOUR AUTHORIZATION IS REQUIRED FOR OTHER USES OF PROTECTED HEALTH INFORMATION**

We will use and disclose protected health information (other than as described in this Notice or required by law) only with your written Authorization. You may revoke your Authorization to use or disclose protected health information in writing, at any time. If you revoke your Authorization, we will no longer use or disclose your protected health information for the purposes covered by the Authorization, except where we have already relied on the Authorization.

### **IV. YOUR RIGHTS REGARDING YOUR PERSONAL HEALTH INFORMATION.**

You have the following rights regarding your protected health information at the facility:

Right to Request Restrictions. You have the right to request restrictions on our use or disclosure of your protected health information for treatment, payment or health care operations. You also have the right to restrict 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. We are required to agree to your requested restriction unless you are being transferred to another health care institution, the release is required by law, or the release of information is needed to provide you emergency treatment.

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 must allow you to inspect your records within 24 hours of your request. If you request copies of the records, we must provide you with copies within 2 days of that request. We may charge a reasonable fee for our costs in copying and mailing your requested information.

Right to Request Amendment. You have the right to request the organization to amend any protected health information maintained by the organization for as long as the information is kept by or for the organization. Your request must be made in writing and must state the reason for the requested amendment.

We may deny your request for amendment if the information: was not created by the organization, unless the originator of the information is no longer available to act on our request; is not part of the personal health information maintained by or for the

organization; is not part of the information to which you have a right of access; or is already accurate and complete, as determined by the organization

If we deny your request for amendment, we will give you a written denial including the reasons for the denial and the right to submit a written statement disagreeing with the denial.

Right to an Accounting of Disclosures. You have the right to request an “accounting” of our disclosures of your protected health information. This is a listing of certain disclosures of your protected health information made by the organization or by others on our behalf, but does not include disclosures for treatment, payment and health care operations or certain other exceptions.

To request an accounting of disclosures, you must submit a request in writing, stating a time period beginning after April 13, 2003 that is within six years from the date of your request. An accounting will include, if requested: the disclosure date; the name of the person or entity that received the information and address, if known; a brief description of the information disclosed; a brief statement of the purpose of the disclosure or a copy of the authorization or request; or certain summary information concerning multiple similar disclosures. The first accounting provided within a 12-month period will be free; for further requests, we may charge you our costs.

Right to a Paper Copy of This Notice. You have the right to obtain a paper copy of this Notice, even if you have agreed to receive this Notice electronically. You may request a copy of this Notice at any time. You may obtain a copy of this Notice at our website [www.uchas.org](http://www.uchas.org).

Right to Request Confidential Communications. You have the right to request that we communicate with you concerning protected health matters in a certain manner or at a certain location. For example, you can request that we contact you only at a certain phone number. Your requests must be submitted to the Administrator in writing. We will accommodate your reasonable requests.

## **V. COMPLAINTS**

If you believe that your privacy rights have been violated, you may file a complaint in writing with us or with the Office of Civil Rights in the U.S. Department of Health and Human Services. To file a complaint with us, please contact the HIPAA Compliance Officer at United Church Homes and Services by telephone at (828) 464-8264, or by mail at United Church Homes and Services, 100 Leonard Avenue, Newton, NC 28658.

## **VI. CHANGES TO THIS NOTICE**

We will promptly revise and distribute this Notice whenever there is a material change to the uses or disclosures, your individual rights, our legal duties, or other privacy practices stated in this Notice. We reserve the right to change this Notice and to make the revised or new Notice provisions effective for all personal health information already received and maintained by the organization as well as for all personal health information we receive in the future. We will post a copy of the current Notice in the facility. In addition, we will provide a copy of the revised Notice to all residents and mail copies to resident representatives.

## **VII. FOR FURTHER INFORMATION**

If you have any questions about this Notice or would like further information concerning your privacy rights, please contact the facility Administrator or the HIPAA Compliance Officer at United Church Homes and Services, by telephone at (828) 464-8264, or by mail at United Church Homes and Services, 100 Leonard Avenue, Newton, NC 28658.

**NOTICE OF PRIVACY PRACTICES**

**Record of Acknowledgements**

Name of Resident: \_\_\_\_\_ Date: \_\_\_\_\_

We are committed to preserving the privacy and confidentiality of your health information whether created by us or maintained on our premises. We are required by certain state and federal regulations to implement policies and procedures to safeguard the privacy of your health information. We are required by state and federal regulations to abide by the privacy practices described in the notice provided to you including any future revisions that we may make to the notice as may become necessary or as authorized by law.

**The effective date of this *Privacy Notice* is April 14, 2003.**

We reserve the right to change our organization's *Privacy Notice* at any time and to make the revised or changed notice effective for health information we already have about you as well as any information we receive in the future about you. Should we revise or change our *Privacy Notice*, we will post a copy of the new or revised notice in our main lobby. You may obtain a copy of the new/revised *Privacy Notice* from the business office.

- Our *Privacy Notice* was revised on \_\_\_\_\_.
- No changes since the effective date listed above.

**Privacy Notices, Information Restrictions, Record Amendments/Corrections, Disclosures of Information, Revoking an Authorization, Inspection and Copying of Records, Confidential Communications, Filing Complaints, Etc.**

Should you have questions concerning obtaining copies of our privacy notice, requesting restrictions on the release of your information, revoking an authorization, amending or correcting your health information, obtaining a listing of the information we disclosed concerning your health information, requests to inspect or copy your medical information, requests that we communicate information about your health matters in a certain way or denial of access to your health information, please contact the facility Administrator. Should you have any questions concerning our organization's privacy practices, filing complaints, or any other concerns you may have relative to our organization's privacy practices, please contact:

HIPAA Compliance Officer  
United Church Homes and Services  
100 Leonard Avenue  
Newton, NC 28658  
(828) 464-8264

**YOU MAY ALSO FILE COMPLAINTS WITH:**  
U.S. Department of Health and Human Services  
200 Independence Avenue, S.W.  
Washington, DC 20201 (202) 619-0257  
Toll Free 1-877-696-6775

**Acknowledgement**

I certify that I received a copy of this organization's privacy notice and that I have had an opportunity to review this document and ask questions to assist me in understanding my rights relative to the protection of my health information. I am satisfied with the explanations provided to me and I am confident that the organization is committed to protecting my health information.

Date: \_\_\_\_\_ My Signature: \_\_\_\_\_  
 My Printed Name: \_\_\_\_\_  
 Date: \_\_\_\_\_ Signature of Witness: \_\_\_\_\_

I certify that I am the authorized representative of \_\_\_\_\_, and that I have received the privacy notice on behalf of this individual and that the organization provided me with an opportunity to review this document and ask questions to assist me in understanding his/her privacy rights. I am satisfied with the explanations provided to me and I am confident that the organization is committed to protecting my health information.

Date: \_\_\_\_\_ Signature of Representative: \_\_\_\_\_  
 Printed Name: \_\_\_\_\_  
 Relationship to Individual: \_\_\_\_\_  
 Date: \_\_\_\_\_ Signature of Witness: \_\_\_\_\_

A copy of this document must be provided to the person to whom the *Privacy Notice* was provided and a copy must be filed in the medical record.

United Church Homes and Services and Lake Prince Center, Inc.