

**Villa St. Joseph**  
**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 community is dedicated to protecting the privacy of your personal health information and is committed to maintaining our residents' confidentiality. Certain state and federal laws and regulations require us to implement policies and procedures to safeguard the privacy of your health information. This Notice applies to all information created, maintained and received. This Notice informs you about your right and our obligations regarding your personal health information.

**We are required by law to:**

- Maintain the privacy of your health information.
- Provide to you this detailed Notice of our legal duties and privacy practices with respect to information we collect, maintain, and share about you.
- Abide by the terms of the Notice that are currently in effect.

**We may use and disclose your protected health information for treatment, payment, and health care operations**

**For Treatment:** We will use your health information to plan, coordinate, and provide your care. We disclose your health information for treatment purposes to physicians and other health care professionals within and outside our community who are involved in your care. We also may disclose your health information to individuals who will be involved in your care after you leave the community.

**For Payment:** We may use and disclose your protected health information so that we can bill and receive payment for the treatment and services you receive at our community. For billing and payment purposes, we may disclose your protected health information to your insurance company or third party. For example, we may contact your health insurer to confirm you're eligible for benefits or to request prior approval for a proposed treatment or service.

**For Health Care Operations:** We may use and share your health information to perform certain functions within our community to ensure our residents receive quality care and services and to evaluate our staff performance. For example, we may use your photograph for identification purposes for medication administration, treatments and care. We may disclose your health information to our staff for auditing, care planning, treatment and learning purposes.

**We may use and disclose protected health information about you for other specific purposes**

**As Required By Law:** We may disclose your health information when a federal, state or local law requires that we report information about suspected abuse, neglect, or domestic violence, reporting adverse reactions to medications or injury from a health care product. We may share your health information in response to a court order, a subpoena, a discovery request, or other legal process if we are advised that you have been made aware of the request or we receive a notice either that you agree, or if you disagree with the request, that you are taking action to prevent the disclosure. We may disclose your protected health information with a law enforcement official or authorized individuals to comply with laws, which include reporting an injury or death suspected to have been caused by criminal means, in response to a court order, warrant, subpoena, or summons or in emergency situations.

**Disaster Relief:** We may use or disclose your health information to a public or private entity authorized by law to assist in a disaster relief effort, for the purpose of coordinating with your family member your location and your condition.

**Public Health:** We may disclose your health information to public health authorities that are authorized by law to receive and collect health information for the purpose of preventing or controlling disease, injury or disability.

**Health Oversight Activities:** We may disclose your health information to a health oversight agency such as protection and advocacy agency, the state agency responsible for inspecting our community or to other agencies responsible for monitoring the health care system for such purposes as reporting or investigation of unusual incidents or to ensure that we are in compliance with applicable state and federal laws and regulations and civil right issues.

**Research:** We may disclose information to researchers when the information does not directly identify you as the source of the information or when a waiver has been issued by an institutional review board or a privacy board that has reviewed the research proposal and protocols for compliance with standards to ensure the privacy of your health information.

**Funeral Directors, Medical Examiners, and Coroners:** We may release your health information to funeral directors when necessary so they can carry out their duties. We may also release health information to a coroner or medical examiner in order to determine cause of death or for other reasons allowed by law.

**Organ and Tissue Donation:** Following your instruction we will assist in the process of eye, organ or tissue transplants, in the event of your death, we may share your health information with organizations that obtain, store or transplant eyes, organs or tissue.

**To Avert a Serious Threat to Health or Safety:** We may use and disclose your personal 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.

**Special Government Purposes:** We may disclose your health information of military personnel and veterans, when requested by military command authorities, to authorized federal authorities for the purposes of intelligence, counter-intelligence, and other national security activities such as protection of the President, or to correctional institutions.

**Worker's Compensation:** We may use or disclose your health information to comply with laws relating to workers' compensation or similar programs that provide benefits for work-related injuries or illnesses.

**Business Associates:** There are some services provided in our community through contracts with business associates who provide services for care within our community, for example, blood work, x-rays, etc. When these services are contracted, we may share your health information to our business associate so that they can perform the job we have asked them to do. To protect your health information, however, we require the business associate to appropriately safeguard your information, which they are also required to do by law.

**Fundraising:** We may use certain types of information about you, on a minimum necessary basis, in order to contact you in an effort to raise money for Villa St. Joseph and its operation. In doing so we would only release contact information such as your name or contact person's name and address. You have the right to opt out of receiving fundraising communications. In any fundraising material that we send you, we will clearly tell you how to opt out of receiving any further communications.

**Community Directory:** We include limited information about you in our community directory while you are a resident here. This information includes your name, your room number and your phone number. Our directory does not include any medical information about you. You have the right to ask that your information not to be given out. If you do so we will not be able to tell your family or friends your room number or that you are a resident here.

**Individuals Involved in Your Care or Payment for Your Care:** Unless you object, we may disclose your protected health information to family members, who are involved in your health care or in payment for you care.

### **Written Authorization for Other Disclosures**

**Marketing:** All disclosures of your health information that we may use for marketing purposes or the sale of protected health information will only be shared if a written authorization is signed by you or your responsible party.

If you provide us with a written authorization for use or disclosure of your protected health information, you may revoke your authorization any time in writing. After you revoke an authorization, we will no longer use or disclose your identifiable health information for the reasons described in the authorization; however, disclosures that were made while the authorization was in effect will not be taken back.

### **Your Rights Regarding Your Protected Health Information**

**Right to Request Restrictions:** You have the right to request that we limit how we use or disclose your health information for treatment, payment, or health care operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for your care or services. For example, you could request that we do not share information about a particular diagnosis or treatment with your spouse. Most uses and disclosures of psychotherapy notes require your authorization. Should you wish a restriction placed on the use and disclosure of your health information, you must submit such request in writing. The request must include the information you want to limit, whether you want to limit our use, disclosure or both and to whom you want the limits to apply, for example, disclosures to your spouse. We are not required to agree to your requested restriction. However, should we agree, we will comply with your request not to release such information unless release of information is needed to provide you emergency care.

**Out-of-Pocket-Payments:** If you paid out-of-pocket (you have requested that we not bill your health plan) in full for a specific item or service, you have the right to ask that your health information with respect to that item or service not be disclosed to a health plan for purposes of payment or health care operations, and we will honor that request.

**Right to Request Confidential Communications:** You have the right to request that we communicate with you and your responsible party about your medical matters in a certain way or at a certain location that you believe provides you with greater privacy. For example, you can ask that we only talk to you in your room or in another room that may provide more privacy. You can ask that we only contact your responsible party at home, at work or by mail. To request confidential communications, you must submit your request in writing. Where possible, we will accommodate all reasonable requests.

**Right of Access to Protected Health Information:** You have the right to ask to see and request a copy of the health information we use to make decisions about your care. This includes your right to receive a copy of your electronic medical record in electronic form. A written authorization needs to be completed. Authorization forms are found in the Medical Records Department. We may charge a reasonable fee for our cost in copying, mailing and other supplies associated with your request. We will provide you an invoice stating the cost of copying your health information prior to processing the request. We may deny your request to inspect and copy in certain limited circumstances. If so, you may request a review of denial to be reviewed by a licensed healthcare professional who was not directly involved in the denial of your request, and we will comply with the outcome of the review. However, we will make every attempt to honor your request. You have the right to revoke your authorization at any time.

**Right to Request an Amendment of Your Health Information:** If you feel that the health information we have about you is incorrect or incomplete, you may request an amendment. You must make your request in writing and state the reason that supports your request. We have the right to deny your request and we will provide you with a written notice that explains our reasons. You will have the right to submit a written statement disagreeing with our denial.

**Right to Request an Accounting of Disclosures:** You have the right to request an accounting of our disclosures that we have made of your health information for purposes other than treatment, payment or health care operations or when you have provided us with written permission to do so. The request must be in writing and request how far back in time you want us to go, which may not be longer than 6 years prior to the date of your request.

**Right to be Notified of a Breach:** Should a breach occur with your protected health information by our community or one of our Business Associates, you will be provided with written notification as required by law.

**Right to Voice Complaint:** If you believe that your privacy rights have been violated, you may file a confidential complaint by directly contacting the Executive Director or by calling our Corporate Compliance Line at 877-772-6735. You may also file a complaint with the federal government by contacting the Secretary of the U.S. Department of Health and Human Services at 200 Independence Ave., S.W., Washington, DC 20201. You will not be penalized or retaliated against for filing a complaint.

**Right to a Paper Request of This Notice:** You have the right to a paper copy of this Notice, even if you have agreed to receive this Notice electronically. You may obtain a copy of this Notice by going to <http://www.villastjoseph.org/privacy-policy> or contacting our Admissions office.

#### **Changes to This Notice**

We have the right to revise the terms of this Notice of Privacy Practice. Any changes of this Notice will be effective for all records that we have created or maintained in the past, for any records that we may create or maintain in the future. If we make any changes, the revised Notice will be available to you on request and posted on our website.

#### **For Further Information**

If you would like further information concerning your privacy rights, please contact the Executive Director.



**[www.villastjoseph.org](http://www.villastjoseph.org)  
724-869-6300**

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