

Grace Barker Nursing Center
Notice of Privacy Practices

Effective Date: September 23, 2013

**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.**

If you have any questions about this notice, please contact

Maria Hiotelis 401-245-9100

OUR OBLIGATIONS:

We are required by law to:

- Maintain the privacy of protected health information
- Give you this notice of our legal duties and privacy practices regarding health information about you
- Follow the terms of our notice that is currently in effect

This notice summarizes our duties and your rights concerning your information.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION:

The following describes the ways we may use and disclose health information that identifies you ("Protected Health Information" or "PHI"). Except for the purposes described below, we will use and disclose Protected Health Information only with your written permission. You may revoke such permission at any time by writing to our facility Privacy Officer/ Designee as written above.

For Treatment-We may use and disclose Health Information for your treatment and to provide you with treatment-related health care services. For example, we may disclose Protected Health Information to doctors, nurses, technicians, or other personnel, including people outside our facility, who are involved in your medical care and need the information to provide you with medical care.

For Payment- We may use and disclose Protected Health Information so that we or others may bill and receive payment from you, an insurance company or a third party for the treatment and

Notice of Privacy Practices

Page 2 of 6

services you receive. For example, we may give your health plan information about you so that they will pay for your treatment.

For Health Care Operations-We may use and disclose Protected Health Information for health care operations purposes. These uses and disclosures are necessary to make sure that all of our residents receive quality care and to operate and manage our facility. For example, we may use and disclose information to make sure that the care you receive is of the highest quality. We also may share information with other entities that have a relationship with you (for example, your health plan) for their health care operation activities.

Other uses or disclosures- We may use and disclose PHI for certain other purposes allowed by HIPAA rules (45 CFR 164.512) including the following:

- To avoid a serious threat to your health or safety or the health or safety of others.
- As required by state or federal law such as reporting abuse, neglect or certain other events.
- For certain public health activities such as reporting certain diseases.
- For certain public health oversight activities such as audits, investigation, or licensure actions.
- In response to a court order, warrant or subpoena in judicial or administrative proceedings.
- For certain specialized government functions such as the military or corrective institutions.
- For research purposes if certain conditions are satisfied.
- In response to certain requests by law enforcement to locate a fugitive, victim or witness, or to report deaths or certain crimes including legally required notices of unauthorized access to or disclosure of your PHI.
- To coroners, funeral directors, or organ procurement organizations as necessary to allow them to carry out their duties.
- We may disclose Protected Health Information to our business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. For example, we may use another company to perform billing services on our behalf. All of our business associates are obligated to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract. The subcontractors of the Business Associate have the same obligation.

USES AND DISCLOSURES THAT REQUIRE US TO GIVE YOU AN OPPORTUNITY TO OBJECT AND OPT

Individuals Involved in Your Care or Payment for Your Care- Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your Protected Health Information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment.

Disaster Relief- Unless you object, we may disclose your Protected Health Information to disaster relief organizations that seek your Protected Health Information to coordinate your care, or notify family and friends of your location or condition in a disaster. We will provide you with an opportunity to agree or object to such a disclosure whenever we practically can do so.

To maintain our facility directory- Unless you object, if a person visits or calls the facility and asks for you by name, we will disclose your name, general condition, and location in the facility. We may also disclose your religious affiliation to clergy.

Facility Fund raising efforts- Unless you object, we may communicate with you about our fund raising activities.

YOUR WRITTEN AUTHORIZATION IS REQUIRED FOR OTHER USES AND DISCLOSURES

The following uses and disclosures of your Protected Health Information will be made only with your written authorization:

1. Uses and disclosures of Protected Health Information for marketing purposes; and
2. Disclosures that constitute a sale of your Protected Health Information
3. Psychotherapy notes (for purposes other than TPO)

Other uses and disclosures of Protected Health Information not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you do give us an authorization, you may revoke it at any time by submitting a written revocation to our Privacy Officer and we will no longer disclose Protected Health Information under the authorization. But disclosure that we made in reliance on your authorization before you revoked it will not be affected by the revocation.

YOUR RIGHTS:

You have the following rights regarding Health Information we have about you:

Right to Inspect and Copy- You has a right to inspect and copy Protected Health Information that may be used to make decisions about your care or payment for your care. This includes

medical and billing records, other than psychotherapy notes. **To inspect and copy this Health Information, you must make your request, in writing, to**

(Maria Hiotelis 401 245 9100)

We have up to 30 days to make your Protected Health Information available to you and we may charge you a reasonable fee for the costs of copying, mailing or other supplies associated with your request. We may not charge you a fee if you need the information for a claim for benefits under the Social Security Act or any other state or federal needs-based benefit program. We may deny your request in certain limited circumstances. If we do deny your request, you have the right to have the denial 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.

Right to an Electronic Copy of Electronic Medical Records- If your Protected Health Information is maintained in an electronic format (known as an electronic medical record or an electronic health record); you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. We will make every effort to provide access to your Protected Health Information in the form or format you request, if it is readily producible in such form or format. If the Protected Health Information is not readily producible in the form or format you request your record will be provided in either our standard electronic format or if you do not want this form or format, a readable hard copy form. We may charge you a reasonable, cost-based fee for the labor associated with transmitting the electronic medical record.

Right to Get Notice of a Breach- You have the right to be notified upon a breach of any of your unsecured Protected Health Information.

Right to Amend- If you feel that Health Information we have 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 our facility. To request an amendment, you must make your request, in writing, and include the reasons you believe the amendment is necessary. The request is to be delivered to:

(Maria Hiotelis 401 245 9100)

We may deny your request under certain circumstances, i.e., if we did not create the record or if we determine that the record is accurate and complete. Such refusal is subject to HIPAA rules.

Right to an Accounting of Disclosures- You have the right to request a list of certain disclosures we made of Protected Health Information for purposes other than treatment, payment and health care operations or for which you provided written authorization. To request an accounting of disclosures, you must make your request, in writing, to

(Maria Hiotelis 401 245 9100)

You may receive the first accounting within a 12 month period free of charge. We may charge a reasonable cost based fee for all subsequent requests during a 12 month period.

Right to Request Restrictions-You have the right to request a restriction or limitation on the Protected Health Information we use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on the Health Information we disclose to someone involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not share information about a particular diagnosis or treatment with your spouse. To request a restriction, you must make your request, in writing, to

(Maria Hiotelis 401 245 9100)

We are not required to agree to your request unless you are asking us to restrict the use and disclosure of your Protected Health Information to a health plan for payment or health care operation purposes and such information you wish to restrict pertains solely to a health care item or service for which you have paid us “out-of-pocket” in full. If we agree, we will comply with your request unless the information is needed to provide you with emergency treatment.

Out-of-Pocket-Payments- If you paid out-of-pocket (or in other words, 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 Protected 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 about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you by mail. To request confidential communications, you must make your request, in writing, to

(Maria Hiotelis 401 245 9100.)

Your request must specify how or where you wish to be contacted. We will accommodate reasonable requests.

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 web site, www.gracebarkerandthewillows.com. To obtain a paper copy of this notice, please contact Maria Hiotelis, 54 Barker Avenue, Warren, RI 02885. 401 245 9100.

CHANGES TO THIS NOTICE:

We reserve the right to change this notice and make the new notice apply to Protected Health Information we already have as well as any information we receive in the future. A copy of our current notice is posted at our web site at www.gracebarkerandthewillows.com or in the facility at the Nurse's Station. The notice will contain the effective date on the first page.

COMPLAINTS:

If you believe your privacy rights have been violated, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services. To file a complaint with our facility please contact

(Maria Hiotelis 401 245 9100)

All complaints must be made in writing. **You will not be penalized for filing a complaint.**