

# **NOTICE OF PRIVACY RIGHTS AND PRACTICES**

*January 1, 2003*

**NOTICE OF PRIVACY RIGHTS AND PRACTICES**—*This notice describes how information about you may be used and disclosed and how you can get access to this information. Please read it carefully.*

*Please contact the Privacy Officer at (701) 845-8222 if you have any questions regarding this notice.*

***This notice describes Sheyenne Care Center's Information Privacy Practices and that of:***

- *Any health care professional authorized to enter information into your medical record created and maintained at Sheyenne Care Center.*
- *All departments and services of Sheyenne Care Center.*
- *All employees, other nursing home personnel and health care professionals providing care to you at Sheyenne Care Center.*
- *Any member of a volunteer group or students we allow to help you while you are at Sheyenne Care Center.*

*All of the individuals or entities identified above will follow the terms of this notice. They may share medical information with each other for the purpose of treatment, payment or health care operations as described in this notice.*

## ***Our Pledge to You***

*We understand that medical information about you and your health is personal and we are committed to preserving privacy and confidentiality while providing quality care. This Notice applies to all the records of your care created or maintained at Sheyenne Care Center, including any information that we receive from other health care providers. Sheyenne Care Center is required by law to:*

- *Maintain the privacy of your health information*
- *Provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you*
- *Abide by the terms of the notice*
- *Notify you if we are unable to agree to a requested restriction*
- *Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.*

## ***Understanding Your Health Record/Information***

*Each time you visit a hospital, doctor or other healthcare provider, a record of your visit is made. We need this record to provide you with quality care and to comply with certain legal requirements.*

*Typically, this record contains your symptoms, examination and test results, diagnoses, treatment and plan for future care or treatment. This information, often referred to as your health record or medical record, serves as a:*

- *Basis for planning your care and treatment*
- *Means of communication among the many health professionals who contribute to your care*
- *Legal document describing the care you received*
- *Means by which you or a third party payer can verify that services billed were actually provided*
- *A tool in educating health professionals*
- *A source of information for public health officials charged with improving the health of the nation*

- *A source of data for business management, planning and development*
- *A tool with which we can assess and continually work to improve the care we render and the outcomes we achieve*

***Understanding what is in your record and how your health information is used helps you to:***

- *Keep it accurate*
- *Better understand who, what, when, where and why others may access your health information*
- *Make more informed decisions when authorizing disclosure of health information to others*

## ***How We May Use and Disclose Medical Information About You***

*We may use or disclose your health information in any of the following ways:*

- *For treatment, payment or health care operations;*
- *Pursuant to your written authorization (for purposes other than treatment, payment or health care operations);*
- *Pursuant to your verbal agreement (for use in our facility directory or to discuss your health condition with family or friends who are involved in your care);*
- *As permitted by law; or*
- *As required by law.*

*The following describes each of the different ways we use or disclose medical information. Not every use or disclosure in a category can be listed, however, examples are provided to explain some of the categories. All of the ways we are permitted to use and disclose information will fall within one of the categories.*

- ***For Treatment:*** *We may use your health information to provide you with health care treatment and services. We may disclose your health information to doctors, nurses, rehabilitation therapy specialists or other personnel who are involved in your health care. We also may disclose your health information to people outside of our facility who may be involved in your health care such as, family members, social services or home health agencies.*

*We will also provide your doctor or a subsequent healthcare provider with copies of various reports that should assist them in treating you when you are discharged from Sheyenne Care Center. Information will also be shared when necessary to qualify you for services needed.*

- ***For Payment:*** *We may use and disclose medical information about you so that the treatment and services you receive at Sheyenne Care Center may be billed to and payment may be collected from you, an insurance company or other third party such as Medicare or Medicaid.*
- ***For example:*** *We may need to give a third party payer specific healthcare documents so they will pay for services you receive. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures and supplies used.*
- ***For Healthcare Operations:*** *We may use and disclose medical information about you for Sheyenne Care Center's operations. These uses and disclosures are necessary to run Sheyenne Care Center and provide quality services.*

***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 combine medical information about many*

residents to decide what additional services Sheyenne Care Center should offer, what services are not needed and whether certain treatments are effective. The information may be used for auditing functions including fraud and abuse detection and corporate compliance. Information may be used to resolve internal grievances.

- **Business Associates:** *There are some services provided in our organization through contracts with business associates. Examples: radiology, laboratory tests, dental assessments, physical/occupational/speech therapies, healthcare consultants, durable medical equipment suppliers. When these services are contracted, we may disclose your health information to our business associate so they can perform the job we have asked them to do and bill you or your third party payer for services rendered. To protect your health information, however, we require the business associate to appropriately safeguard your information.*
- **Directory:** *Unless you notify us that you object, we will use your name and room number and religious affiliation for directory purposes. This information may be provided to members of the clergy and except for religious affiliation, to other people who ask for you by name.*
- **Communication with family:** *Employees, using their best judgment, may disclose health information to any person you identify as involved in your medical care. We may also give information to someone who helps pay for your care. We may tell your family or friends that you are at Sheyenne Care Center.*
- **As Required by Law:** *We will disclose medical information about you when required to do so by federal, state or local law.*
- **Research:** *We may disclose information to researchers when their research has been approved by Sheyenne Care Center's management team that has reviewed the research proposal and established protocol to protect the privacy of your health information.*
- **Funeral directors, Coroners, Medical examiners:** *We may disclose health information to funeral directors, consistent with applicable law, to carry out their duties. We may release medical information to a coroner or medical examiner; this may be necessary to determine the cause of death.*
- **Treatment Alternatives:** *We may contact you to provide information about treatment alternatives or other health related benefits and services that may be of interest to you.*
- **Fund Raising:** *We may contact you as a part of a fundraising effort for Sheyenne Care Center.*

- **Food and Drug Administration:** We may disclose, to the FDA, health information relative to adverse events with respect to food, supplements and product defects or post marketing surveillance information to enable product recalls, repairs or replacement.
- **Public Health:** As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury or disability.
- **Law Enforcement:** We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.
- **Health Oversight Activities:** We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities may include audits, investigations, inspections and licensure. These activities are necessary for the government to monitor the healthcare system, government programs and compliance of civil rights laws.
- **Due Diligence:** In connection with the sale or transfer of assets to a potential successor in interest, if the potential successor in interest is a covered entity or, following completion of the sale or transfer, will become a covered entity.

## ***Changes to the Privacy Notice***

*We reserve the right to change our privacy practices and to make the new provisions effective for all protected health information we already have about you as well as any information we receive in the future. Should our privacy practices change, we will post a copy of the updated notice at Sheyenne Care Center and notify you of the changes.*

## ***Other Uses of Health Information***

*We will not disclose your health information without your written authorization, except as described in this notice. If you provide us with authorization to use or disclose medication information about you, you may revoke that authorization, in writing, at any time. You understand that we are unable to take back any disclosures we have already made with your permission.*

## ***Your rights regarding your health information***

*You have the following rights regarding your health information which we create and/or maintain:*

- *Request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or healthcare operations. We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide your emergency treatment.*
- *Obtain a paper copy of this Privacy Notice upon request.*
- *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.*
- *Amend your health record if you feel that medical information we have about you is incorrect or incomplete.*
- *Obtain an accounting of disclosures of your health information. This is a list of the disclosures we made of medical information about you.*

- *Request communication of your health information by alternative means or at alternative locations.*

*For questions, more information or to exercise any of the above rights, contact Privacy Officer at (701) 845-8222.*

### ***Complaints***

*If you believe your privacy rights have been violated, you may file a complaint with Sheyenne Care Center's Privacy Officer by dialing (701) 845-8222 or writing to:*

***Privacy Officer  
Sheyenne Care Center  
979 North Central Avenue  
Valley City, ND 58072***

*You may also contact the United States Secretary of Health and Human Services at telephone number 1-877-696-6775 (toll free) or e-mail [hhs@mail@os.dhhs.gov](mailto:hhs@mail@os.dhhs.gov)  
There will be no retaliation for filing a complaint.*