

Artesia Christian Home

NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION

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.

A. **INTRODUCTION**

During the course of providing services and care to you, **Artesia Christian Home** gathers, creates, and retains certain personal information about you that identifies who you are and relates to your past, present, or future physical or mental condition, the provision of health care to you, and payment for your health care services. This personal information is characterized as your “protected health information.” This Notice of Privacy Practices describes how **Artesia Christian Home** maintains the confidentiality of your protected health information, and informs you about the possible uses and disclosures of such information. It also informs you about your rights with respect to your protected health information.

B. **ARTESIA CHRISTIAN HOME’S RESPONSIBILITIES**

Artesia Christian Home is required by federal and state law to maintain the privacy of your protected health information. **Artesia Christian Home** is also required by law to provide you with this Notice of Privacy Practices that describes **Artesia Christian Home’s** legal duties and privacy practices with respect to your protected health information. **Artesia Christian Home** will abide by the terms of this Notice of Privacy Practices. **Artesia Christian Home** reserves the right to change this or any future Notice of Privacy Practices and to make the new notice provisions effective for all protected health information that it maintains, including protected health information already in its possession. If **Artesia Christian Home** changes its Notice of Privacy Practices, it will personally deliver or mail a revised notice to you at your current address.

C. **USE AND DISCLOSURE WITH YOUR AUTHORIZATION**

Artesia Christian Home will require a written authorization from you before it uses or discloses your protected health information, unless a particular use or disclosure is expressly permitted or required by law without your authorization. **Artesia Christian Home** has prepared an authorization form for you to use that authorizes **Artesia Christian Home** to use or disclose your protected health information for the purposes set forth in the form. You are not required to sign the form as a condition to obtaining treatment or having your care paid for. If you sign an authorization, you may revoke it at any time by written notice. **Artesia Christian Home** then will not use or disclose your protected health information, except where it has already relied on your authorization.

D. **HOW ARTESIA CHRISTIAN HOME MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION WITHOUT YOUR AUTHORIZATION**

1. **Permissive Disclosures**

Artesia Christian Home may, in its discretion, use or disclose your protected health information to provide you with or assist in your treatment, care and services. For example, **Artesia Christian Home** may disclose your health information to health care providers who are involved in your care to assist them in your diagnosis and treatment, as necessary. **Artesia Christian Home** may also disclose your protected health information to individuals who will be involved in your care if you leave the **Artesia Christian Home**

b. **Billing and Payment**

- i. **Medicare, Medi-Cal and Other Public or Private Health Insurers** – **Artesia Christian Home** may use or disclose your protected health information to public or private health insurers (including medical insurance carriers, HMOs, Medicare, and Medi-Cal) in order to bill and receive payment for your treatment and services that you receive at the **Artesia Christian Home**. The information on or accompanying a bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.
- ii. **Health Care Providers** – **Artesia Christian Home** may also disclose your protected health information to health care providers in order to allow them to determine if they are owed any reimbursement for care that they have furnished to you and, if so, how much is owed.

c. **Health Care Operations**

Artesia Christian Home may use your protected health information for health care operations at **Artesia Christian Home**. These uses and disclosures are necessary to manage **Artesia Christian Home** and to monitor our quality of services and care. For example, we may use your protected health information to review our services and to evaluate the performance of our staff in caring for you.

d. **Licensing and Accreditation**

Artesia Christian Home may disclose your protected health information to any government or private agency, such as to the California Department of Health Services and the California Department of Social Services, responsible for licensing or accrediting **Artesia Christian Home** so that the agency can carry out its oversight activities. These oversight activities include audits; civil, administrative, or criminal investigations; inspections; licensure or disciplinary actions; civil, administrative, or criminal proceedings or actions; or other activities necessary for appropriate oversight.

e. **Individuals Involved in Your Care or Payment for Your Care**

Unless you specifically object, **Artesia Christian Home** may disclose to a family member, other relative, a close personal friend, or to any other person identified by you, all protected health information directly relevant to such person's involvement with your care or directly relevant to payment related to your care. **Artesia Christian Home** may also disclose your protected health information to these same individuals to assist in notifying them of your location, general condition, or death.

- f. Disaster Relief
Artesia Christian Home may disclose your protected health information to a public or private entity authorized to assist in disaster relief efforts.
Artesia Christian Home may contract with certain individuals or entities to provide services on its behalf. Examples include data processing, quality assurance, legal, or accounting services. **Artesia Christian Home** may disclose your protected health information to a business associate, as necessary, to allow the business associate to perform its functions on the **Artesia Christian Home**'s behalf. **Artesia Christian Home** will have a contract with its business associates that obligate the business associates to maintain the confidentiality of your protected health information.
- h. Fundraising
Artesia Christian Home may use certain protected health information to contact you in an effort to raise money for the **Artesia Christian Home** and its operations. **Artesia Christian Home** may disclose the protected health information to business associates or to related foundations that it uses to raise funds for its own benefit. **Artesia Christian Home** will disclose only your name, address, and phone number and the dates you receive health care services. You may notify **Artesia Christian Home** in writing if you object to such disclosures.
- i. Research
Artesia Christian Home may disclose your protected health information for research purposes, provided that an outside Institutional Review Board overseeing the research approves the disclosure of the information without a written authorization.
- j. Hospital Peer Review
Artesia Christian Home may disclose your protected health information to hospital medical staffs to aid in the credentialing of applicants and in the peer review of members.
- k. Organ Procurement
Artesia Christian Home may disclose your protected health information following your death to an organ procurement agency or tissue bank in order to aid in using your organs or tissues in transplantation.
- l. Medical Examiner or Funeral Directors
Artesia Christian Home may disclose protected health information to a medical examiner or funeral director to allow them to carry out their duties.
- m. Appointment Reminders
Artesia Christian Home may use or disclose your protected health information to remind you about appointments.
- n. Treatment Alternatives or Health-Related Benefits and Services
Artesia Christian Home may use or disclose your protected health information to inform you about treatment alternatives or health-related benefits and services that may be of interest to you.
- o. Members of Workforce
It is **Artesia Christian Home**'s policy to allow members of its workforce to share residents' protected health information with one another to the

extent necessary to permit them to perform their legitimate functions on **Artesia Christian Home**'s behalf. At the same time, **Artesia Christian Home** will work with and train its workforce members to ensure that there are no unnecessary or extraneous communications that will violate the rights of its residents to have the confidentiality of their protected health information maintained.

- p. Veterans
Artesia Christian Home may use and disclose to components of the Department of Veterans Affairs medical information about you to determine whether you are eligible for certain benefits.
- q. Workers' Compensation
Artesia Christian Home may use or disclose your protected health information to comply with laws relating to workers' compensation or similar programs.

2. Mandatory Disclosures

Artesia Christian Home will disclose protected health information to outside persons or entities without your written authorization as required by law in the following circumstances:

- a. Court Order; Order of Administrative Tribunal
Artesia Christian Home will disclose protected health information in accordance with an order of a court or of an administrative tribunal of a government agency.
- b. Subpoena
Artesia Christian Home will disclose protected health information in accordance with a valid subpoena issued by a party to adjudication before a court, an administrative tribunal, or a private arbitrator. Reasonable efforts will be made to notify you of the subpoena, or of efforts to obtain an order or agreement protecting your protected health information.
- c. Law Enforcement Agencies
Artesia Christian Home will disclose protected health information to law enforcement agencies in accordance with a search warrant, a court order or court-ordered subpoena, or an investigative subpoena or summons.
- d. Coroner
Artesia Christian Home will disclose protected health information to a coroner where the coroner requests the information to identify a decedent; to notify next of kin; or to investigate deaths that may involve public health concerns, suspicious circumstances, elder abuse, or organ or tissue donation.
- e. Elder Abuse Reporting
Artesia Christian Home will disclose protected health information about a resident who is suspected to be the victim of elder abuse to the extent necessary to complete any oral or written report mandated by law. Under certain circumstances, **Artesia Christian Home** may disclose further protected health information about the resident to aid the investigating agency in performing its duties. **Artesia Christian Home** will promptly inform the resident about any disclosure unless **Artesia Christian Home** believes that informing the resident would place the resident in danger of serious harm, or would be informing the

resident's personal representative, whom the Provider believes to be responsible for the abuse, and believes that informing such person would not be in the resident's best interest.

f. National Security and Intelligence Activities, Protected Services for the President and Others

Artesia Christian Home will disclose protected health information about a resident 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.

g. Other Disclosures Required by Law

Artesia Christian Home will disclose protected health information about a resident when otherwise required by law.

E. YOUR RIGHTS REGARDING PROTECTED HEALTH INFORMATION

You have the following rights with respect to your protected health information. To exercise these rights, contact **Artesia Christian Home** at the following address:

Artesia Christian Home, 11614 E. 183rd St., Artesia, CA 90701, Attention: Privacy Official.

a. Right to Request Access

You have the right to inspect and copy your protected health information maintained by **Artesia Christian Home**. In certain limited circumstances, **Artesia Christian Home** may deny your request as permitted by law. However, you may be given an opportunity to have such denial reviewed by an independent licensed health care professional.

b. Right to Request Amendment

You have the right to request an amendment to your protected health information maintained by **Artesia Christian Home**. If your request for an amendment is denied, you will receive a written denial, including the reasons for such denial, and an opportunity to submit a written statement disagreeing with the denial.

c. Right to Request Restriction

You have the right to request restrictions on the use and disclosure of your protected health information for treatment, payment or health care operations, or providing notifications regarding your identity and status to persons inquiring about or involved in your care. **Artesia Christian Home** is not required to grant your request, but if it does, it will comply with your request, except in an emergency situation or until the restriction is terminated by you or **Artesia Christian Home**.

d. Right to Request Confidential Communications

You have the right to request that **Artesia Christian Home** communicate protected health information to the recipient by alternative means or at alternative locations.

e. Right to an Accounting

You have the right to receive an accounting of disclosures of your protected health information created and maintained by **Artesia Christian Home** over the six years prior to the date of your request or for a lesser period. **Artesia Christian Home** is not required to provide an accounting of the following disclosures:

- To carry out treatment, payment, and health care operations;
- To respond to your requests for access to protected health information;
- To include your information in the **Artesia Christian Home's** Special Directory;
- To aid in the identification or care of a resident; or
- To any recipient prior to April 14, 2003 or for protected health information created more than six years before the date of your request for an accounting.

f. Right to Receive a Copy of the Notice of Privacy Practices

You have the right to request and receive a copy of **Artesia Christian Home's** Notice of Privacy Practices for Protected Health Information in written or electronic form.

F. COMPLAINTS

If you believe that your privacy rights have been violated, you may file a complaint with **Artesia Christian Home** at the following address **Artesia Christian Home**, Attention: Elroy Vander Ley, Executive Director. You also have the right to submit a complaint to the Secretary of the U.S. Department of Health and Human Services, 50 United Nations Plaza – Room 322, San Francisco, CA 94102, Attention OCR Regional Manager. **Artesia Christian Home will not retaliate against you if you file a compliant.**

G. FURTHER INFORMATION

If you have questions about this Notice of Privacy Practices or would like further information about your privacy rights, contact **Artesia Christian Home** at the following address 11614 E. 183rd St., Artesia, CA 90701, Attention: Colleen Verkaik/ Patricia Johnson, Social Services or Carol Smidt, Residential Manager.

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

**NURSING FACILITIES
PRIVACY ACT STATEMENT-HEALTH CARE RECORDS**

THIS FORM PROVIDES YOU THE ADVICE REQUIRED BY THE PRIVACY ACT OF 1974. THIS FORM IS NOT A CONSENT FORM TO RELEASE OR USE HEALTH CARE INFORMATION PERTAINING TO YOU.

1. AUTHORITY FOR COLLECTION OF INFORMATION, INCLUDING SOCIAL SECURITY NUMBER AND WHETHER OR NOT DISCLOSURE IS MANDATORY OR VOLUNTARY.

Sections 1819(f), 1919(f), 1819(b)(3)(A), 1919(b)(3)(A) and 1864 of the Social Security Act.

Medicare and Medicaid participating long-term care facilities are required to conduct comprehensive, accurate, standardized and reproducible assessments of each resident's functional capacity and health status. To implement this requirement, the facility must obtain information from every resident. This information also is used by the Federal Centers for Medicare & Medicaid Services (CMS) to ensure that the facility meets quality standards and provides appropriate care to all residents. For this purpose, as of June 22, 1988, all such facilities are required to establish a database of resident assessment information, and to electronically transmit this information to the CMS contractor in the State government, which in turn transmits the information to CMS.

Because the law requires disclosure of this information to the Federal and State sources as discussed above, a resident does not have the right to refuse consent to these disclosures.

These data are protected under the requirements of the Federal Privacy Act of 1974 and the MDS Long-Term Care System of Records.

2. PRINCIPAL PURPOSES FOR WHICH INFORMATION IS INTENDED TO BE USED

The information will be used to track changes in health and functional status over time for purposes of evaluating and improving the quality of care provided by nursing facilities that participate in Medicare or Medicaid. Submission of MDS information may also be necessary for the nursing facilities to receive reimbursement for Medicare services.

3. ROUTINE USES

The primary use of this information is to aid in the administration of the survey and certification of Medicare/Medicaid long-term care facilities and to improve the effectiveness and quality of care given in those facilities. This system will also support regulatory, reimbursement, policy, and research functions. This system will collect the minimum amount of personal data needed to accomplish its stated purpose. The information collected will be entered into the Long-Term Care Minimum Data Set (LTC MDS) system of records, System No. 09-70-1517. Information from this system may be disclosed, under specific circumstances (routine uses), which include: To the Census Bureau and to: (1) Agency contractors, or consultants who have been engaged by the Agency to assist in accomplishment of a CMS function, (2) another Federal or State agency, agency of a State government, an agency established by law, or its fiscal agent to administer a Federal health program or a Federal/State Medicaid program and to

contribute to the accuracy of reimbursement made for such programs, (3) to Quality Improvement Organizations (QIOs) to perform Title XI or Title XVIII functions, (4) to insurance companies, underwriters, third party administrators (TPA), employers, self-insurers, group health plans, health plans, health maintenance organizations (HMO) and other groups providing protection against medical expenses to verify eligibility for coverage or to coordinate benefits with Medicare program, (5) an individual or organization for a research , evaluation, or epidemiological project related to the prevention of disease of disability, or the restoration of health , or payment related projects, (6) to a member of Congress or congressional staff member in response to an inquiry from a constituent, (7) to the Department of Justice, (8) to a CMS contractor that assists in the administration of a CMS-administered health benefits program or to a grantee of a CMS-administered grant program, (9) to another Federal agency or to an instrumentality of any governmental jurisdiction that administers, or that has the authority to investigate potential fraud or abuse in a health benefits program funded in whole or in part by Federal funds to prevent, deter, and detect fraud and abuse in those programs, (10) to national accrediting organizations, but only for those facilities that these accredit and that participate in the Medicare program.

4. EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION

The information contained in the Long -Term Care Minimum Data Set is generally necessary for the facility to provide appropriate and effective care to each resident. If a resident fails to provide such information, for example on medical history, inappropriate and potentially harmful care may result. Moreover, payment for such services by third parties, including Medicare and Medicaid, may not be available unless the facility has sufficient information to identify the individual and support a claim for payment.

SIGNATURE ON THIS FORM IS OPTIONAL

Signature of Resident/Responsible Party

Date

Artesia Christian Home

**NOTICE OF PRIVACY PRACTICES
FOR PROTECTED HEALTH INFORMATION**

I hereby acknowledge receipt from **Artesia Christian Home** of a copy of its Notice of Privacy Practices for Protected Health Information effective April 14, 2003.

RESIDENT:

SHEILA HENYAN

(Printed or typed name)

(Signature)

Date: _____

RESIDENT'S PERSONAL REPRESENTATIVE:

(if signed on resident's behalf)

(Printed or typed name)

(Signature)

Date: _____

Relationship to Resident: _____

Artesia Christian Home
CONFIRMATION OF RECEIPT
OF NOTICE OF PRIVACY PRACTICES FOR
PROTECTED HEALTH INFORMATION

Name of Resident: SHEILA HENYAN

Artesia Christian Home hereby certifies that it provided:

- the above named resident; or
- _____, the personal representative of the above-named resident

with a copy of its Notice of Privacy Practices for Protected Health Information on (date), and at the same time made a good faith effort to obtain a written acknowledgment of his/her receipt of such Notice of Privacy Practices.

Artesia Christian Home did not receive a written acknowledgment of receipt because:

Artesia Christian Home:

Signature: _____

Printed Name: _____

Title: _____

Date: _____