

# EMERALD HEIGHTS

## NOTICE OF PRIVACY PRACTICES

*Effective date:* April 14, 2003  
*Date(s) of revision:* April 8, 2004

**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.**

Please contact **Tom Rodriguez, Compliance Officer at 425-556-8230** if you have any questions regarding this notice.

### **A. General description and purpose of notice.**

This notice describes the information privacy practices of [East Side Retirement Association d/b/a Emerald Heights] ("Emerald Heights") and that of:

1. Any employee authorized to enter information into your medical record created and/or maintained at Emerald Heights' facility;
2. Any member of a volunteer group which we allow to help you while receiving services at Emerald Heights' facility; and
3. All facility employees, staff, and other personnel that may need to access your medical information.

All of the individuals or entities identified above will follow the terms of this notice. These individuals or entities may share your medical information with each other for purposes of treatment, payment, or health care operations, as further described in this notice. Your personal doctor or health care provider may have different policies or notices regarding their use and disclosure of your medical information created in their office or clinic.

### **B. Emerald Heights' policy regarding your medical information.**

We understand that medical information about you and your health is personal. We are committed to preserving the privacy and confidentiality of your medical information created and/or maintained at our facility. Certain state and federal laws and regulations require us to implement policies and procedures to safeguard the privacy of your medical information.

This notice will provide you with information regarding our privacy practices and applies to all of your medical information created and/or maintained at our facility, including any information that we receive from other health care providers or facilities. The notice describes the ways in which we may use or disclose your medical information and also describes your rights and our obligations regarding any such uses or disclosures. We will abide by the terms of this notice, including any future revisions that we may make to the notice as required or authorized by law. We are required by law to:

1. make sure that medical information that identifies you is kept private;
2. give you this notice of our legal duties and privacy practices with respect to medical information about you; and
3. follow the terms of the notice that is currently in effect.

We reserve the right to change this notice and to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in our facility in the Message Center, Skilled Nursing Center, and in the main entry of the Corwin Center. The first page of the notice contains the effective date and any dates of revision.

### **C. How we may use or disclosure your medical information.**

1. The following categories describe each of the different ways that we may use or disclose your medical information. In each category, we have explained what we mean and included examples of the different types of uses or disclosures. While not every use or disclosure is listed, we have included all of the ways in which we may make such uses or disclosures.
  - a. **Treatment.** We may use or disclose your medical information to provide you with health care treatment and services. We may disclose your medical information to doctors, nurses, nursing assistants, restorative aides, technicians, medical and nursing students, rehabilitation therapy specialists, or other personnel who are involved in your health care. For example, your physician may order physical therapy services to improve your strength and walking abilities. Our nursing staff will need to talk with the physical therapist so that we can coordinate services and develop a plan of care. We also may disclose your medical 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.
    - i. **Treatment alternatives, health-related benefits and services.** We may use or disclose your medical information for purposes of contacting you to inform you of treatment alternatives or health-related benefits and services that may be of interest to you.
  - b. **Payment.** We may use or disclose your medical information so that we may bill and collect payment from you, an insurance company, or another third party for the health care services you receive at our facility. For example, we may need to give information to your health plan regarding the services you received from our facility so that your health plan will pay us or reimburse you for the services. We also may tell your health plan about a treatment you are going to receive in order to obtain prior approval for the services or to determine whether your health plan will cover the treatment.
  - c. **Health care operations.** We may use or disclose your medical information to perform certain functions within our facility. These uses or disclosures are necessary

to operate our facility and to make sure that our residents receive quality care. For example, we may use your 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 of our residents to determine whether certain services are effective or whether additional services should be provided. We may disclose your medical information to physicians, nurses, medical and nursing students, and other personnel for review and learning purposes. We also may combine medical information with information from other health care providers or facilities to compare how we are doing and see where we can make improvements in the care and services offered to our residents. We may remove information that identifies you from this set of medical information so that others may use the information to study health care and health care delivery without learning the specific identities of our residents.

**d. As required by law.** We will disclose medical information about you when required to do so by federal, state or local law. For example, we may disclose medical information when required by a court order in a litigation proceeding such as a malpractice action.

**e. Special Situations**

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

- A. To report deaths
- B. To report suspected or actual abuse, neglect, or domestic violence
- C. To report adverse reactions to medications or problems with health care products
- D. To notify individuals of product recalls
- E. To notify an individual who may have been exposed to a disease or may be at risk for spreading or contracting a disease or condition

**ii) Health oversight activities.** We may use or disclose your medical information to a health oversight agency that is authorized by law to conduct health oversight activities. These oversight activities may include audits, investigations, inspections, or licensure and certification surveys. These activities are necessary for the government to monitor the persons or organizations that provide health care to individuals and to ensure compliance with applicable state and federal laws and regulations.

**iii) Judicial or administrative proceedings.** We may use or disclose your medical information to courts or administrative agencies charged with the authority to hear and resolve lawsuits or disputes. We may disclose your medical information pursuant to a court order, a subpoena, a discovery request, or other lawful process issued by a judge or other person involved in the dispute, but only

if efforts have been made to (i) notify you of the request for disclosure or (ii) obtain an order protecting your medical information.

**iv) Worker's compensation.** We may use or disclose your medical information to worker's compensation programs if you are in the facility with a work-related illness or injury.

**v) Law Enforcement official.** We may use or disclose your medical information in response to a request received from a law enforcement official for the following purposes:

- A. In response to a court order, subpoena, warrant, summons or similar lawful process
- B. To identify or locate a suspect, fugitive, material witness, or missing person
- C. Regarding a victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement
- D. To report a death that we believe may be the result of criminal conduct
- E. To report criminal conduct at our facility
- F. In emergency situations, to report a crime—the location of the crime and possible victims; or the identity, description, or location of the individual who committed the crime

**vi) Coroners, medical examiners, or funeral directors.** We may use or disclose your medical information to a coroner or medical examiner for the purpose of identifying a deceased individual or to determine the cause of death. We also may use or disclose your medical information to a funeral director for the purpose of carrying out his/her necessary activities.

**vii) Organ procurement organizations or tissue banks.** If you are an organ donor, we may use or disclose your medical information to organizations that handle organ procurement, transplantation, or tissue banking for the purpose of facilitating organ or tissue donation or transplantation.

**viii) Research.** We may use or disclose your medical information for research purposes under certain limited circumstances. Because all research projects are subject to a special approval process, we will not use or disclose your medical information for research purposes until the particular research project for which your medical information may be used or disclosed has been approved through this special approval process. However, we may use or disclose your medical information to individuals preparing to conduct the research project in order to assist them in identifying residents with specific health care needs who may qualify to participate in the research project. Any use or disclosure of your medical information that may be done for the purpose of identifying qualified participants will be conducted onsite at our facility. In most instances, we will ask for your specific permission to use or disclose your medical information if the researcher will have access to your name, address or other identifying information.

**ix) To avert a serious threat to health or safety.** We may use or disclose your medical information when necessary to prevent a serious threat to the health or safety of you or other individuals. Any such use or disclosure would be made solely to the individual(s) or organization(s) that have the ability and/or authority to assist in preventing the threat.

**x) Military and veterans.** If you are a member of the armed forces, we may use or disclose your medical information as required by military command authorities.

**xi) National security and intelligence activities.** We may use or disclose your medical information to authorized federal officials for purposes of intelligence, counterintelligence, and other national security activities, as authorized by law.

**xii) Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

2. We may also use or disclose your medical information, pursuant to your written acknowledgment of receipt of this notice, for the purposes described below. *You may prohibit or request restrictions on how we use and disclose this information about you and to whom we may disclose it.*

**a. Facility directory.** We may use or disclose certain limited medical information about you to visitors or callers while you are a resident at Emerald Heights. This facility directory information may include your name, your room number, your religious affiliation, and a general description of your condition. Your religious affiliation may be given only to a member of the clergy.

**b. Newsletters and postings.** Your name, room number and picture may be posted on the Message Center directory board, in Emerald Heights' phone and photographic directories, and in the doorway outside of your room. We may disclose your name, room number, wedding anniversary date, birth date, and/or death date in our facility newsletter. We will obtain your authorization or consent before including photographs or any other information about you in any newsletters or postings, such as the "Where Is My Neighbor" list. We may post informational signs about your care needs in your room, such as your emergency information, or liquid restrictions (for a Corwin Center resident), in order to notify caregivers of your specific needs.

- c. **Individuals involved in your care.** We may disclose your medical information to individuals, such as family and friends, who are involved in your care or who help pay for your care. We also may disclose your medical information to a person or organization assisting in disaster relief efforts for the purpose of notifying your family or friends involved in your care about your condition, status and location.
- d. **Resident volunteers.** We may disclose certain limited medical information to other Emerald Heights residents who are acting as members of the workforce by volunteering to provide services to you. Resident volunteers will be trained in Emerald Heights' privacy policies and procedures, and will be given the minimum information necessary about you to complete their responsibilities. These services include, but are not limited to:
  - i. Health and Wellness Committee sending "Get-well" and sympathy cards;
  - ii. The Country Store Cart (receive identification of diabetic residents in Corwin Center);
  - iii. The "Friendly Neighbor" program.

**D. Your rights regarding your medical information**

You have the following rights regarding your medical information that we create and/or maintain:

- 1. **Right to inspect and copy.** You have the right to inspect and copy medical information that may be used to make decisions about your care. Generally, this includes medical and billing records, but does not include psychotherapy notes.

To inspect and copy your medical information, you must submit your request in writing to the Health Records Manager for Corwin Center related requests, or to the Residential Clinic Nurse for requests relating to residential clinic records. If you request a copy of the information, we may charge a fee for the costs of copying, mailing, or other supplies associated with your request.

We may deny your request to inspect and copy your medical information in certain limited circumstances. If you are denied access to your medical information, you may request that the denial be reviewed. Another licensed health care professional selected by our facility will review your request and the denial. The person conducting the review will not be the person who initially denied your request. We will comply with the outcome of this review.

- 2. **Right to request an amendment.** If you feel that the medical information we have about you 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, your request must be made in writing and submitted to the Health Records Manager for requests related to Corwin Center records, or to the Residential Clinic Nurse for requests related to residential clinic records. Request for amendment forms are available in the Health Records Department and Residential Clinic. In the request, you must provide us with a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- a. was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- b. is not part of the medical information kept by or for our facility;
- c. is not part of the information which you would be permitted to inspect and copy;
- d. is accurate and complete.

**3. Right to an accounting of disclosures.** You have the right to request an accounting of the disclosures that we have made of your medical information.

To request an accounting of disclosures, you must submit your request in writing to the Health Records Manager or Residential Clinic Nurse, as appropriate. Your request must state a time period, which may not be longer than six (6) years prior to the date of your request and may not include dates before April 14, 2003. Your request should indicate in what form you want to receive the accounting (for example, on paper or via electronic means). The first accounting that you request within a twelve (12)-month period will be free. For additional accountings, we may charge you for the costs of providing the accounting. We will notify you of the cost involved, and you may choose to withdraw or modify your request at that time before any costs are incurred.

**4. Right to request restrictions.** You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone, such as a family member or friend, who is involved in your care or in the payment of your care. For example, you could ask that we not use or disclose information regarding a particular treatment that you received. You may request specific information about you be excluded from the facility directory or from having informational signs about your care needs posted in your room.

*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 emergency treatment to you.

To request restrictions, you must make your request in writing to the Health Records Manager or Residential Clinic Nurse, as appropriate. *Request to Restrict*

*Uses and Disclosures of Protected Health Information* forms are available in both offices or at the front reception desk. In your request, you must tell us (a) what information you want to limit; (b) whether you want to limit our use, disclosure or both; and (c) to whom you want the limits to apply (for example, disclosures to a family member).

5. **Right to request confidential communications.** You have the right to request that we communicate with you about your health care in a certain way or at a certain location. For example, you can ask that we only contact you on a cellular phone or by mail, instead of at home.

To request confidential communications, you must make your request in writing to the Compliance Officer. Forms are available from the Admissions Manager, Compliance Officer, Residential Clinic Nurse, Business Office, or Health Records Manager. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

6. **Right to a paper copy of this notice.** You have the right to receive 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.emeraldheights.com](http://www.emeraldheights.com), or by contacting Tom Rodriguez, Compliance Officer at (425) 556-8230.

## **E. Complaints**

If you believe your privacy rights have been violated, you may file a complaint with our facility or with the secretary of the Department of Health and Human Services. To file a complaint with our facility, contact: Tom Rodriguez, Compliance Officer at (425) 556-8230, or call the Internal Complaint Reporting Hotline at (425) 556-8200. Complaints to the Internal Complaint Reporting Hotline may be made anonymously. You may also choose to file a complaint in writing or electronically to Health and Human Services (HHS) Office of Civil Rights (OCR).

**You will NOT be penalized or retaliated against for filing a complaint.**

## **F. Other Uses of Medical Information**

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission and that we are required to retain our records of the care that we provided to you.