

Regal Heights Rehabilitation and Health Care Center

Effective Date: April of 2013

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**

This Agency is required by law to maintain the privacy of its patients' protected health information. Protected Health Information ("PHI") includes any individually identifiable information that we obtain from you or others that relates to your past, present or future physical or mental health, the health care you have received, or payment for your health care. The Agency is required to provide you with this notice of privacy practices ("Notice"), which describes our legal duties and privacy practices with respect to PHI and your rights to access and control your PHI under HIPAA. This notice applies to all of your health information created and/or maintained by our Agency including information about you that we received from other health care providers or facilities.

PERMISSIBLE USES AND DISCLOSURES

We may use or disclose your PHI for purposes of *treatment, payment and health care operations*. Although we have provided descriptions and examples below, not every use or disclosure is listed.

I. Treatment

We will use your PHI to provide, coordinate or manage your health care and any related services and products. For example, we may disclose your information to doctors, nurses, therapists, social workers, and other clinicians to coordinate and develop a plan of care and to provide you with appropriate health care services, including treatments, medications, lab work, x-rays, procedures, supplies or referrals,

II. Payment

Your PHI may be used and disclosed to obtain payment for the health care services provided to you. For example, we may tell your health insurance or other third party payor about treatment you received in order to obtain payment. In addition, your PHI may be disclosed in connection with other activities necessary for reimbursement including billing, collections, claims management, determinations of eligibility, benefits and coverage, and other utilization review activities. For example, we may need to provide information about your medical condition to your health plan to determine if the services are covered.

III. Health Care Operations

Your PHI may be used or disclosed in connection with activities necessary for the operation of the Agency. These activities include, but are not limited to, quality assessment and improvement, Agency administration, marketing, licensing, business planning, staff evaluation and training, and management activities. Your PHI may also be disclosed to the Agency's business associates that provide contracted services such as accounting, legal representation, claims processing, accreditation, and consulting. PHI use and disclosure by a business associate are subject to specific contractual requirements for the protection of PHI.

The Agency may:

- Combine and use health information about many Agency patients to decide: a) what additional services the Agency should offer; b) what services are not needed; and c) whether certain new treatments are effective.
- Combine and use PHI we have with health information from other agencies and/or healthcare entities to compare and see where we can make improvements in the care and services we offer.
- Remove information that identifies you so others may use the de-identified health information to study health care services and delivery without knowing who the patients are.
- Use or disclose your PHI, as necessary, to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you.
- Disclose information to doctors, nurses, health care technicians, medical students, therapists and others for review and learning purposes.

Note: HIV-related information, genetic information, alcohol and/or substance abuse and mental health records and other related information may have special confidentiality protections under State and federal law. Any such disclosures will be subject to these special protections.

OTHER USES AND DISCLOSURES

An authorization to use or disclose PHI is not required:

- a) to carry out treatment, payment or healthcare operations;
- b) pursuant to your verbal or written consent; or
- c) as permitted by law.

Other permitted or required uses and disclosures that do not require your authorization include the following:

IV. Uses and/or discloses without your written authorization

In limited circumstances, we may use or disclose your PHI without your written authorization, provided that prior to the use or disclosure, you are informed and given the opportunity to agree to, prohibit, or restrict the use or disclosure. We may verbally inform you of these disclosures and obtain your agreement or objection verbally. Such uses and disclosures include, if applicable, those made: a) for the Agency directory, b) to notify your family and friends of your location and/or condition; or c) to your family members, personal representative, or others involved in your care.

As required by law

We may use or disclose your PHI to the extent that it is required by law. The use or disclosure will be made in compliance with, and limited to, the relevant requirements of the law. You will be notified, as required by law, of any such uses or disclosures of which we are aware.

Public health activities

We may disclose your PHI to a public health authority that is permitted by law to collect or receive the information for public health activities, such as public health and safety, controlling disease, injury or disability, reporting birth and deaths, tracking prescription drug and medical device problems and other health oversight activities.

Victims of abuse, neglect or domestic violence

If we believe that you have been a victim of abuse, neglect or domestic violence, we may disclose your PHI to the government entity or agency authorized to receive such information. The disclosure will be made consistent with the requirements of relevant federal and state laws.

Law enforcement purposes

We may also disclose your PHI, in accordance with applicable legal requirements, for law enforcement purposes. We may disclose your protected health information:

- (a) in response to a court order, subpoena, warrant, summons or similar process;
- (b) to identify or locate a suspect, fugitive, material witness, or missing person;
- (c) as it pertains to the victim of a crime under certain limited circumstances;
- (d) as it pertains to a death we believe may be the result of criminal conduct;
- (e) as it pertains to criminal conduct on our premises; and
- (f) in emergency circumstances, to report a crime; location of the crime or victims; or the identity, description or location of the person who committed the crime.

To family, friends and others involved in your care

With your consent, we may disclose PHI to a family member, relative, close friend or other person you identify who is involved in your care or payment related to your care. If you are unable to agree due to incapacity or emergency situation, we may disclose such information, as necessary, if we determine that it is in your best interest. Additionally, we may use or disclose your PHI to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location, general condition or death.

Coroners, medical examiners and funeral directors

We may disclose your PHI to a coroner, medical examiner or a funeral director to enable them to carry out their lawful duties.

Serious and imminent threats

We may disclose your PHI if we believe that the disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.

Cadaveric organs, eye or tissue donation purposes

If you are an organ or tissue donor, we may disclose your PHI to facilitate your intent.

Research

Prior to disclosing your PHI for research, we will obtain written authorization from you or an appropriate waiver from an IRB or Privacy Board, as required and in accordance with law.

Disaster relief efforts

We may disclose your PHI to an authorized public or private entity to assist in disaster relief efforts.

National security and intelligence

We may disclose your PHI to authorized federal officials, or others legally authorized, to conduct national security and intelligence activities.

Workers compensation

We may use or disclose your PHI to comply with workers' compensation laws and other similar legally-established programs that provide benefits for work related injuries or illnesses.

Health oversight activities

We may use or disclose PHI to a government agency authorized to oversee health care services or government benefit programs, and compliance with civil rights laws or regulatory program standards.

Lawsuits and disputes

Your PHI may be disclosed in the course of a legal proceeding in response to a court or administrative order, and, in certain cases, in response to a subpoena, discovery request or other lawful process.

Fundraising

We may contact you to raise funds for the Agency. If you do not wish to receive any further fundraising communications, you must follow the opt-out procedures contained in the communication.

Marketing

In the course of your face to face treatment or care, you may on occasion receive products or services of nominal value. No other communications about products or services which you may be encouraged to purchase or use, will be made without your written authorization as noted below.

V. Uses and/or discloses that require your written authorization

Other uses and disclosures, not otherwise specified in this Notice, require your written authorization. You may revoke your authorization in writing at any time, except to the extent that we have acted in reliance on your authorization. The following uses and disclosures will be made only with your authorization:

- a) Uses and disclosures of psychotherapy notes;
- b) Uses and disclosures of PHI for marketing purposes;
- c) Uses and disclosures constituting the sale of PHI; and
- d) Other uses and disclosures not described in this notice of privacy practices

YOUR RIGHTS

VI. Access to your health information

With some exceptions, you have the right to inspect and obtain a copy of your PHI that is maintained by the Agency. Your request to access your records must be in writing. If you request a copy of your PHI, we may charge you a fee for making copies for you. Under applicable federal law, however, you may not inspect or copy the following records:

- (a) psychotherapy notes.
- (b) information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding.
- (c) information that is subject to law that prohibits access to PHI.
- (d) PHI that was created or obtained by the Agency in the course of research that includes treatment. Access may be temporarily suspended for as long as the research is in progress.
- (e) Records that are subject to the Privacy Act.
- (f) PHI obtained from someone other than a health care provider under a promise of confidentiality and the access requested would be reasonably likely to reveal the source of the information.

If we deny your request to access your information, we will notify you in writing. In some circumstances, you may request in writing to have this decision reviewed by another licensed health care professional designated by the Agency. If you have questions about access to your medical record, please contact our Privacy Officer.

VII. Restrictions

You have the right to request restrictions on how we use and disclose your PHI for treatment, payment or health care operations. We are not required to agree to a restriction that you request, except for one exception. We are required to honor your request for restriction of PHI that relates to a health care item or service for which you paid for out of pocket in full. Other than that exception, the Agency can deny your request. However, if we do agree to the requested restriction, we will comply with your request unless the information is needed to provide emergency treatment. You may request a restriction by forwarding a written request to the Privacy Officer at the address listed below specifying (1) what information you want to restrict; (2) whether and how you want to restrict our use, disclose or both; and (3) to whom you want the restrictions to apply.

VIII. Confidential communications

You have the right to request to receive confidential communications from us by alternative means or at an alternative location. For example, you may only want to have PHI sent by mail or to an address other than your home. While we are not required to agree to all requests, we will accommodate all reasonable requests for confidential communications. Please make requests for such communications in writing to our Privacy Officer at the address below.

IX. Right to amend protected health information

If you believe your PHI is incorrect or incomplete, you have the right to request us to amend your PHI. The request must be in writing and specify what needs to be changed and why. We will respond to your request in writing, either accepting or denying your request. We may deny your request if the information:

- (a) was not created by us;
- (b) is not part of your medical or billing records or other records used to make decisions about you;
- (c) is not available for inspection as set forth above; or
- (d) is accurate and complete.

If we deny your request, you have the right to file a statement of disagreement with us and we have the right to rebut your statement. If you have questions about amending your health record, please contact our Privacy Officer.

X. Right to receive an accounting of disclosures

You have the right to receive an accounting of certain disclosures we have made, if any, of your PHI, and that we are aware of, for up to six prior years prior to your request, except for disclosures made:

- (a) to carry out treatment, payment and health care operations as provided above;
- (b) incident to a use or disclosure otherwise permitted or required by applicable law;
- (c) pursuant to your written authorization or consent;
- (d) to you about yourself;
- (e) for national security or intelligence purposes as provided by law;
- (f) to correctional institutions or law enforcement officials as provided by law;
- or
- (g) as part of a limited data set as provided by law.

The right to receive this information is subject to certain exceptions, restrictions and limitations.

XI. Right to Notification upon Breach of Unsecured Protected Health Information

You have the right to or will receive notifications of any breach of your unsecured PHI.

XII. Revisions to Notice

We reserve the right to change the terms of this Notice and our privacy practices. Changes are effective for all PHI that we maintain. We post a copy of the current Notice in the Agency and on our website (if active) and we will provide you with a copy of the current Notice upon request.

XIII. Complaints

If you believe that your privacy rights have been violated, you may file a complaint with this Agency by sending a written complaint to the Privacy officer at the address below, or by sending a written complaint to the Secretary of the United States Department of Health and Human Services at: Office for Civil Rights, U.S. Department of Health and Human Services, 26 Federal Plaza, Room 3312, New York, NY, 10278; Voice Phone (212) 264-3313; Fax (212) 264-3039; TDD (212) 264-2355. The complaint must name the Agency complained about and describe the acts or omissions believed to be a violation of the privacy of your health information. The complaint must be filed within 180 days of when you knew or should have known that the act or omission that you are complaining about occurred. (This time limit may be waived by the Secretary for good cause.) The Secretary may investigate your complaint including the circumstances regarding any alleged acts or omissions.

You will not be retaliated against for filing a complaint.

XIV. Copy of this Notice

You have the right to obtain a paper copy of this Notice from us, upon request, even if you have agreed to accept a copy electronically.

To request a copy of this Notice, or obtain additional information about this Notice, you may contact:

Regal Heights Rehabilitation and Health Care Center's Privacy Officer: Ms. Claudia Sepulveda
By telephone at (718) 662-5151, Extension 3065

OR

In writing to

Regal Heights Rehabilitation and Health Care Center
70-05 35th Avenue
Jackson Heights, NY 11372
Attention: Privacy Officer