

## **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 Notice of Privacy Practices describes how we may use and disclose your health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your health information. Health Information is information about you, including demographic information that may identify you and that relates to your past, present and future physical or mental health or condition and related healthcare services.

Each time you are admitted to a nursing facility, a record is made. This record contains your symptoms, examination and test results, diagnoses, and a plan for future care and 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 receive,
- Means by which you or a third party payer can verify that services billed are actually provided,
- A tool in educating healthcare professionals,
- A source of data for medical research,
- A source of information for public health officials who oversee the delivery of health planning and marketing,
- 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 medical record and how your health information is used helps you to ensure its accuracy, to better understand who, what, when, where and why others may access your health information and to make more informed decisions when authorizing disclosures to others.

### **Our Responsibilities**

Our facility 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 this 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.

We reserve the right to change our practices and to make new provisions effective for all protected health information we maintain. Should our practices change, we will send you a revised notice.

We will not use or disclose your health information without your written authorization, except as described in this notice. Upon written authorization the Facility will make reasonable efforts to disclose the minimum amount of protected health information to accomplish the intended purpose.

### [How We Will Use or Disclose Your Health Information](#)

1. Treatment: We will use your health information for treatment. For example, information obtained by a nurse, physician, or other member of your healthcare team will be recorded in your record and used to determine the course of treatment that should work best for you. Your physician will document in your record his or her expectations of members of your healthcare team. Members of your healthcare team will then record the actions they took and their observations. We will also provide your physician or a subsequent healthcare provider with copies of various reports that should assist him or her in treating you, if and when you are discharged from our facility.
2. Payment: We will use your health information for payment. For example, a bill may be sent to you or a third-party payer, including Medicare and/or Medicaid. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures and supplies used.
3. Healthcare Operations: We will use your health information for regular healthcare operations. For example, members of the medical staff, the Clinical Coordinator or members of the quality assurance team may use information in your health record to assess the care and outcomes in your case and others like it. The information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and service we provide.
4. Business Associates: There are some services provided in our organization through contracts with business associates. Examples include accountants, consultants and attorneys. 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. To protect your health information

however, we require the business associate to appropriately safeguard your information.

5. Directory: Unless you notify us that you object, we may use your name, location in the facility, general health condition and religious affiliation for directory purposes. Unless you notify us that you object, this information may be provided to members of the clergy and, except for religious affiliation, to other people who ask for you by name. We may also use your name on a nameplate next to or on your door in order to identify your room, and on your medical record in order to identify your record, unless you notify us that you object.
6. Notification: We may use or disclose information to notify or assist in notifying a family member, personal representative or another person responsible for your care, of your general condition. If we are unable to reach your family member or personal representative, we may leave a message for them at the telephone number that they provided, on an answering machine.
7. Communication with Family: Health professionals, using their best judgement, may disclose to a family member, other relative, close personal friend or other person you identify, health information relevant to that person's involvement in your care or payment related to your care.
8. Research: Information may be disclosed to researchers, providing said research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.
9. Funeral Directors: We may disclose health information to funeral directors and coroners to carry out their duties consistent with applicable law.
10. Organ Procurement Organizations: Consistent with applicable law, we may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking or transplantation of organs for the purpose of tissue donation and transplantation.
11. Marketing: We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you. Protected health information about you will never be shared for the purposes of marketing without your written authorization.
12. Fundraising: We may contact you as part of a fundraising effort. You may opt out of fundraising communications by notifying the Facility of your request.

13. Food and Drug Administration – FDA: We may disclose to the FDA health information relative to adverse effects with respect to food, supplements, products and product defects, or post marketing surveillance information to enable product recalls, repairs or replacement.
14. Worker’s Compensation: We may disclose health information to the extent authorized by, and to the extent necessary to comply with, laws relating to Worker’s Compensation or similar programs established by law.
15. Public Health. As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling diseases, injury or disability.
16. Law Enforcement: We may disclose health information for law enforcement purposes as required by law or in response to a subpoena.
17. As Required By Law: When required to do so and only to the extent required by law, including but not limited to, reporting suspected abuse or neglect of an incapacitated adult or a minor.
18. Health Oversight Activities: To a health oversight agency for activities authorized by law, including audits, investigations and licensure.
19. Public Safety/Duty to Warn: To warn of a serious threat to a clearly identified or reasonably identifiable person, or a serious threat of substantial damage to real property but only to the threatened person or law enforcement to help prevent the threat.
20. National Security: To authorized federal officials for specialized government functions such as national security and intelligence.

### [Your Health Information Rights](#)

Although your health record is the physical property of the facility, the information in your health record belongs to you. You have the following rights:

1. You may request that we not use or disclose your health information for a particular reason related to treatment, payment, the facility’s general healthcare operations, and/or to a particular family member or other relative or close personal friend. We ask that such requests be made in writing. Although we will consider your request with regard to the use of your health information, please be aware that we are under no obligation to accept it or abide by it. We will abide by your request with regard to the disclosure of your clinical and personal records to anyone outside the facility, except in an emergency, if you are being transferred to another healthcare institution or the disclosure is required by law.

2. If you wish to change the manner in which or the location where you are receiving communications from us regarding your health information, you may request we provide you with such information by alternative means or at an alternative location. Such requests must be submitted in writing to the Privacy Officer. We will accommodate all reasonable requests.
3. You may request to inspect and/or obtain copies of health information about you, which will be provided to you in the time frame established by law. You may make such requests orally or in writing. However, in order to serve you better, we ask that you make such requests in writing. If you request to have copies made, we will charge you a reasonable fee.
4. If you believe any health information in your record is incorrect or if you believe that important information is missing, you may request that we correct the existing information or add the missing information. Such requests must be made in writing and must provide a reason to support the amendment. You can obtain a *Request for Amendment of Medical Record Form* from the facility Privacy Officer.
5. You may request that we provide you with a written accounting of disclosures made by use during the time period for which you request, not to exceed six (6) years and not before April 14, 2003. We ask that such requests be submitted in writing. Please note that an accounting will not include any disclosures made: (a) For reasons of treatment, payment or healthcare operations; (b) To you, or your legal representative or any other individual involved with your care; or (c) For the protection of national security. You will not be charged for your first accounting request in any twelve (12) month period. However, for any request you make thereafter, you will be charged a reasonable fee.
6. You have the right to obtain a copy of our Notice of Privacy Practices upon request.
7. You may revoke an authorization to use or disclose health information, except to the extent that action has already been taken. Such a request must be in writing.

### [For More Information or To Report A Problem](#)

If you have questions or you would like additional information you may contact the facility Privacy Officer or the facility Administrator. Questions may also be directed to:

Catholic Charities New Hampshire, Healthcare Services  
Attn: Privacy Officer  
215 Myrtle Street  
Manchester, NH 03104  
(603) 641-0577

If you believe that your rights have been violated you may file a complaint with us. The complaints must be filed in writing. The complaint should be directed to the facility Privacy Officer or the facility Administrator. Complaints may also be directed to:

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You may also file a complaint with the Secretary of the United States Department of Health and Human Services. There will be no retaliation for filing a complaint.

