

# **Foss Home and Village Notice of Privacy Practices**

As of **April 14, 2003**; we are **required by law** to maintain the privacy of your health information; to provide you this detailed Notice of Our Legal Duties and Privacy Practices that relate to your health information; and to abide by the terms of the Notice that is currently in effect.

**This notice describes how medical/health information may be used and disclosed and how you can get access to this information. Please review it carefully.**

## **Uses and Disclosures for Treatment, Payment, and Health Care Operations.**

The following lists various ways in which we may use/disclose your health information for purposes of:

**1. Treatment.** We will use and disclose your information when providing you with treatment and services and those coordinating your care. We may also, disclose information to other providers who are involved in your care. Your information may be used by doctors as well as nurses, nursing assistants, physical therapists, pharmacists, dentists, suppliers of medical equipment and/ or other persons involved in your care. **For example:** we will contact your physician to discuss your Plan of Care.

**2. Payment.** We may use or and disclose your information for billing and payment purposes. We may disclose your information to the following:

- a. Insurance company
- b. Managed care company
- c. Medicare/Medicaid
- d. Or another third party payor.

**For example:** we may contact Medicare or your health plan to confirm your coverage or request prior approval for services that will be provided to you.

**3. Health Care Operations.** We may use and disclose your information as necessary for health and dental care operations; such as management, education and training, and to monitor our quality of care. We may disclose your information to another entity with which you have/had a relationship if that that entity requests information for its health care operations. This would also include any health care fraud, abuse detection or any compliance issues.

## **Specific Uses and Disclosures of Your Health Information.**

The following lists the various ways in which we may use or disclose your health and dental information.

**1. Facility Directory.** Unless you object, we will include **certain limited information** about you in our Facility Directory. This information may include: your name, location in the facility, your religious affiliation, and your general condition. Our directory **does**

**not** include specific medical information about you. We may release information, except for religious affiliation, to people who ask for you by name. We may provide religious affiliation information to any member of the clergy. If **you object** to the use of our disclosure you will need to fill out a **“Request to Restrict Use or Disclosure of Health Information”** form.

**2. Individuals Involved in Your Care or Payment for Your Care.** Unless you object, we may disclose information about you to a family member, close personal friend or any other person you identify. This could include clergy or those who are involved in your care. If **you object** to the use of our disclose of your health information you need to fill out a **“Request to Restrict Use or Disclosure of Health Information”** form.

**3. Emergencies.** We may use or disclose your health information as necessary in getting emergency treatment.

**4. Required by Law.** We may use or disclose your health information when required by the law to do so.

**5. Public Health Activities.** We may disclose your health information for public health information. **For example:** reporting to a public health authority for preventing/controlling disease, injury or disability, reporting elder abuse or neglect, or reporting deaths.

**6. Reporting Victims of Abuse, Neglect, or Domestic Violence.** If we believe that you have been a victim of any of the above we may use and disclose your health information to notify a government authority as authorized by law.

**7. Health Oversight Activities.** We may disclose your information to a health oversight agency for activity authorized by law. **For example:** audits, investigations, inspections and licensure actions, or for activities involving government oversight of the health care system.

**8. To Avert a Serious Threat to Health or Safety.** When it is necessary to prevent a serious threat to your health, safety, the health or safety of the public or another person, we may use/disclose your information. This information would be a limited disclosure to someone able to help lessen or prevent the threatened harm.

**9. Judicial and Administrative Proceedings.** We may disclose your information in response to a court or administrative order. We may also disclose information in response to a subpoena, discover request, or any other lawful processes. There must be an effort to contact you about the request or to obtain an order or agreement protecting the information.

**10. Law Enforcement.** We may disclose information for certain law enforcement purposes. **For example:** to comply with a reporting requirement, to comply with a court

order, warrant or similar legal process, or to answer certain requests for information concerning crimes.

**11. Research.** We may use or disclose your information for research purposes if the privacy aspects of the research have been reviewed and approved. If a researcher is collecting information in preparing a research proposal or if the research occurs after your death then you must authorize the use or disclosure of this information.

**12. Coroners, Medical Examiners, Funeral Directors, and Organ Procurement Organizations.** We may release your information to the above personnel. If you are an organ donor, the information may be released to an organization involved in the donation of organs and tissue.

**13. Disaster Relief.** We may disclose information to a disaster relief organization.

**14. Military, Veterans and Other Specific Government Functions.** If you are a member of the armed forces we may use and disclose your information as required by military command authorities. We may disclose information for national security purposes or as needed to protect the President of the United States or certain other officials or to conduct certain special investigations.

**15. Workers' Compensation.** We may use or disclose your information to comply with laws relating to worker's compensation or similar programs.

**16. Fundraising Activities.** We may use certain limited contact information. **For Example:** a name and address of a family member, for fundraising, mailings, and invitations.

**17. Uses and Disclosures With Your Authorization.** Except as described in this Notice, we will use and disclose your health information. **only with** your written authorization. You **may revoke** this authorization, in writing, at any time. If you do revoke this authorization **we will not longer use or disclose** your health information for the purposes covered by that Authorization, **except** where we have already relied on the Authorization.

### **Your Rights Regarding Your Health Information.**

These right may be exercised by submitting a request to the Facility. Each of these rights is subject to certain requirements, limitations and exceptions. As your request, the Facility will supply you with the appropriate form to complete. **You have the right to:**

**1. Request Restrictions.** You have the right to request restrictions on our use or disclosure of your health information for treatment, payment or health care operations. You also have the right to request restrictions on your information we disclose about you to a family member, friend or person who is involved in your care or the payment for your care. We are required to agree to your requested restriction (except while you are competent you may restrict disclosures to family members or friends). If you do agree to

accept your requested restriction, we will comply with your request except as needed to provide you emergency treatment.

**2. Access to Personal Health Information.** You have the right to inspect and obtain a copy of your medical or billing records, or other written information that may be used to make decisions about your care. This is subject to some limited exceptions. We must allow you to inspect your records **within 24 hours** of your request (excluding weekends and holidays). Requested copies must be to you **within two days** of that request. We may **charge a reasonable fee** consistent with the state law for costs in copying and mailing your requested information.

**3. Request Amendment.** You have the right to request amendment of your health information maintained by the Facility for as long as this information is kept by or for the Facility. Your request must be made in writing, and must state the reason for the requested amendment.

We **may deny** your request for amendment if the information **(a)** was not created by the Facility, unless the originator of the information is no longer available to act on your request; **(b)** is not part of the health information maintained by or for the Facility; **(c)** is not part of the information to which you have a right of access; or **(d)** is already accurate and complete as determined by the Facility.

If we deny your request for amendment, we will give you a written denial including the reasons for the denial and the right to submit a written statement disagreeing with the denial.

**4. Requesting an Account of Disclosures.** You have the right to request an "accounting" of certain disclosures of your health information. This is a listing of disclosures made by the Facility or by others on our behalf, but this does not include disclosures for treatment, payment and health care operations or certain other exceptions.

To request an accounting of disclosures, you **must submit** a request in writing, stating a time period beginning after April 13, 2003. That is within six years from the date of your request. The **first accounting** provided within a 12-month period will be free; for further requests, we may charge you our costs.

**5. Requesting a Paper Copy of This Notice.** You have the right to obtain a paper copy of this Notice, even if you have agreed to receive this Notice electronically. You may request a copy of this Notice at any time.

**For Further Information or To File A Complaint.**

If you have **any questions** about this Notice or you would like further information concerning your privacy rights contact our **Privacy Officer at (206) 364-1300**. If you believe that your privacy rights **have been violated**, you may file a complaint in writing with the Facility by contacting the **Privacy Officer or CEO at (206) 364-1300**,

or with the **Office of Civil Rights** in the U.S. Department of Health and Human Services. **We will not harass, intimidate, threaten, coerce, discriminate or retaliate against any individual because he or she made or filed a complaint.**

**To file a complaint with the Office of Civil Rights, send a written statement to:**  
Office of Civil Rights--Region I,  
U.S. Department of Health and Human Service  
JFK Federal Building Room 1875, Government Center,  
Boston, MA 02203.

**Changes To This Notice.**

We reserve the right to change this Notice and to make revised or new Notice provisions effective for all health information already received and maintained by the Facility as well as for all health information we receive in the future, at any time. **We will post a copy of the current Notice in the Facility.** We will provide a copy of the revised Notice upon request.