

OrrVilla Maple Terrace

HIPAA 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

Effective May 2, 2017

Please contact the Executive Director at 330-683-4455 or 333 East Sassafras Street Orrville Ohio 44667 with any questions you have about this notice.

This notice describes the practices of: (1) our facility and all departments within the facility; (2) any health care professional with access to your medical record; (3) all other employees, staff and other assisted living facility personnel; and (4) any volunteer persons at the facility.

As your assisted living facility, we keep a medical record of your care in order to provide you quality care and to meet legal requirements. This record contains your personal information and we understand the need to keep this information secure and private. We understand that medical information about you and your health is personal.

This notice provides you with information about when and how the facility can use your personal medical information. The facility is required by law to maintain the privacy of your personal information and also to provide you with information about its legal duties and practices regarding personal medical information. We are also required to notify affected individuals following a breach of unsecured protected health information. Our facility is required to abide by the terms of notice of privacy practices that is currently in effect.

This notice applies to all of the records of your care generated by the assisted living facility, whether made by assisted living facility personnel or your personal doctor. Please note that your personal doctor may have different policies regarding the uses and disclosures of your medical information in the doctor's office or clinic. This notice will inform you about the ways we can use and disclose your medical information as well as obligations we have regarding the use and disclosures of medical information. Uses and disclosures not described in this notice will be made only with your written authorization.

USES OR DISCLOSURE OF YOUR MEDICAL INFORMATION

The law permits the use or disclosure of your medical information for:

1. Treatment. We may disclose your medical information to physicians, nurses, and other health care personnel who are involved in your care. For example, if you're being treated for a hip surgery, we may disclose your medical information to the physical therapist in order to provide treatment.
2. Payment. We may use and disclose your medical information in order to bill and collect payment for the treatment and services provided to you. For example, we may provide medical information necessary to be reimbursed for services provided to you.

3. Health care operations. We may use and disclose your medical information to operate this facility. For example, we may use your medical information to evaluate the performance of the health care professional providing health care services to you or to our attorneys to make sure we are complying with the relevant laws.
4. Directory. We may list your name, where you are located in our facility, your general medical condition, and your religious affiliation in a directory. This information may be made available to members of the clergy. Except for your religious affiliation, this information may also be provided to other people who ask for you by name. You must let us know of your preference if you DO NOT want to be listed in this directory.
5. Notification/communication with family. We may disclose your medical information to notify or assist in notifying a family member, your personal representative, or another person responsible for your care about your location, your general condition, or of your death. Names of persons who you wish to be given your medical information will be listed on the Resident Information Sheet. We will give you the opportunity to object prior to making this notification if you are able and available to agree or object. If you are unable or unavailable to agree or object our health professionals will use their best judgment making decisions about communication with your family.
6. Required by law. Your medical information may be used and disclosed as required by law.
7. Public health. Your medical information can be disclosed to public health authorities for purposes related to, (a) preventing or controlling disease, injury, or disability; (b) reporting child abuse or neglect; (c) reporting domestic violence; (d) reporting to the Food and Drug Administration problems with medications and other products; and (e) reporting disease or infection exposure.
8. Health oversight activities. Your medical information can be disclosed to health agencies during the course of audits, investigations, inspections, licensure, and other proceedings.
9. Judicial and administrative proceedings. Your medical information can be disclosed in the course of administrative or judicial proceedings.
10. Law Enforcement. Your medical information can be disclosed to a law enforcement official to identify or locate a suspect, fugitive, material witness, or missing person. It can be disclosed to comply with a court order, subpoena, and for other law enforcement purposes.
11. Deceased person information. Your medical information may be disclosed to coroners, medical examiners, and funeral directors upon your death.
12. Organ donation. Your medical information may be disclosed to organizations involved in procuring, banking, or transplanting organs and tissues.
13. Research. Your medical information may be disclosed to researchers conducting research that has been approved by an Institutional Review Board or the facility's privacy board.
14. Public Safety. Your information may be disclosed to prevent or mitigate a serious and imminent threat to the health or safety in regards to a particular person or to the public.
15. Specialized government functions. Your medical information may be disclosed for military and national security purposes.
16. Worker's compensation. Your medical information may be disclosed as necessary to comply with worker's compensation laws.
17. Change of Ownership. In the event that this facility is sold or merges with another organization, your medical information and medical records will become the property of the new owner.
18. Fundraising. In the case of fundraising, we may contact you for fundraising efforts, but you can tell us not to contact you again and we will honor your request.

Any other uses will be made only with your written authorization. You can revoke an authorization by providing notice in writing so long as the facility has not taken action in reliance upon the authorization. If the authorization was obtained as a condition of insurance coverage other law may govern the rights and remedies of the insurer.

In these cases we never share your information unless you give us written permission:

- Marketing purposes other than a face-to-face communications or promotional gifts
- Sale of your protected health information
- Most sharing of psychotherapy notes

YOUR MEDICAL INFORMATION RIGHTS

1. Right to inspect and copy. You have the right to inspect and copy your medical information and billing information. You must submit your request in writing to the Executive Director. We have the right to set and charge a fee for the costs of copying, mailing, or summarizing your medical information. In certain limited circumstances, we may deny your request to inspect and copy your medical information. In the event that we make such a refusal, a review process is available to you. To initiate this review process, please contact the Executive Director.
2. Right to amend. If you feel that medical information maintained about you is incorrect or incomplete, you may ask to amend the information as long as we maintain it. Requests to amend should be submitted in writing to the Executive Director. We will try to respond to your request within 60 days of your submission of the written request, but reserve the right to extend the response period to 90 days if necessary.
3. Right to record of disclosures. You may request a list of the disclosures made with your medical information for any purposes besides treatment, payment, health care operations, or under your own authorization. To request this list, you must submit your request in writing to the Executive Director. The first list you request within a 12-month period will be free. Additional lists within the 12-month period may result in charges for the cost of providing the list. We will notify you of the cost involved and at that time you may elect to withdraw or change your request.
4. Right to request restrictions. You may request a restriction on the medical information we use or disclose about you for treatment, payment, or health care operations. You may also request a limitation on the medical information we disclose about you to someone involved in your care or for the payment of your care. While we are not required to agree to your request, if we do agree, we must comply with your request unless the information is needed to provide emergency treatment. Under no circumstances will we refuse your request to restrict disclosure of protected health information about you to a health plan if the disclosure is for payment or health operations, is not otherwise required by law, and the protected health pertains solely to a health care item or service for which you, or someone on your behalf, has already paid us in full. Submit your request for restrictions in writing to the Executive Director.
5. Right to request alternate means or locations of confidential communications. You have the right to request that we communicate with you about your medical information in a certain way or at a certain location. Submit your request in writing to the Executive Director.

6. Right to a paper copy of this notice. You have a right to a paper copy of this Notice even if you have agreed to receive the Notice electronically. You may ask us to give you a copy of this Notice at any time. To obtain a paper copy of this notice, contact the Executive Director or visit our website at www.Orrvilla.org.
7. Right to complain. If you believe your privacy rights have been violated, you may complain to us or to the U.S. Department of Health and Human Services. To initiate a complaint with us, please contact the Executive Director at 330-683-4455 Ext. 3110. All complaints must be submitted in writing. No retaliation is permitted against anyone making a complaint.

CHANGES TO THIS NOTICE

We reserve the right to change the terms of this Notice. We reserve the right to make the revised or changed Notice effective for medical information we already have about you, as well as for any information we receive in the future. Should our information practices change, we will provide you with a revised Notice. We will also post a copy of the current Notice in the facility and on the website at www.Orrvilla.org. The Notice will specify the effective date on the first page. In addition, if material changes are made to this Notice, the Notice will contain an effective date for the revisions. Copies can be obtained by contacting the Executive Director.

CONTACT

For further information, please contact the Executive Director at 330-683-4455.