

Notice of Privacy Practices for Bel-Wood Nursing Home

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.

Understanding Your Health Record/Information

The Bel-Wood Nursing Home staff involved in your care creates a medical record of your health information in order to treat you, receive payment for our services to you and to comply with certain policies and laws. Typically, this record contains your symptoms, examination and test results, diagnosis, treatment, and a plan for future care or treatment. This information, often referred to as your health 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 received
- means by which you or a third-party payer can verify that services billed were actually provided
- a tool in educating health professionals
- a source of data for medical research
- a source of information for public health officials who oversee the delivery of health care in the United States
- a source of data for facility planning and marketing
- a tool with which we can assess and continually work to improve the care we render and the outcome we achieve

Understanding what is in your record and how your health information is used helps you to: ensure its accuracy, better understand who, what, when, where and why others may access your health information, and make more informed decisions when authorizing disclosures to others.

Our Responsibilities

Bel-Wood Nursing Home is required 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 our notice currently in effect
- 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 the terms of this Notice and to make the new provisions effective for all protected health information we maintain. If our privacy practices materially change, we will mail you a revised notice or personally give you a copy. A copy of the revised notice will be available upon request and will be posted at Bel-Wood Nursing Home and on our website at www.co.peoria.il.us.

We will not use or disclose your health information without your authorization, except as described in this notice.

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 the members of your healthcare team. Members of your healthcare team will then record the actions they took and their observations. In that way, the physician will know how you are responding to treatment. 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 once you are discharged from our nursing 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 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 health operations. For example, members of the medical staff, the risk or quality improvement manager, or members of the quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the health care and service we provide. Your health information may also be used to train nursing students and dietary interns.
- (4) **Business associates.** There are some services provided in our organization through contracts with business associates. Examples include our auditors, consultants and attorneys. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we have asked them to do. To protect your health information, however, we require each business associate to agree in writing that your health information will be safeguarded.
- (5) **Directory.** Unless you notify us that you object, we may use your name, location in the facility, general condition, and religious affiliation for directory purposes. 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, unless you notify us that you object.

- (6) **Individuals Involved in Your Care.** We may disclose to a family member, other relative, a close personal friend, or any other person identified by you, medical information about you that is directly relevant to that person's involvement with your care or payment related to your care. We also may use or disclose medical information about you to notify, or assist in notifying, those persons of your location, general condition, or death. If there is a family member, other relative, or close personal friend that you do not want us to disclose medical information about you to, please notify our Privacy Officer.
- (7) **Research.** We may disclose information to researchers when their 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.
- (8) **Funeral Directors, Medical Examiners and Coroners.** We may disclose health information to funeral directors and coroners to carry out their duties consistent with applicable law.
- (9) **Organ procurement organizations.** Consistent with applicable law, we may use or disclose health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs, eyes or tissue for the purpose of tissue donation and transplant.
- (10) **Marketing.** We do not engage in marketing.
- (11) **Food and Drug Administration (FDA).** We may disclose to the FDA health information relative to adverse events with respect to food or dietary supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.
- (12) **Workers compensation.** We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.
- (13) **Public health.** We may disclose your health information to public health authorities to prevent or control disease, injury, or disability, to report births and deaths, or to report suspected cases of child abuse or neglect.
- (14) **Health Oversight Activities.** We may disclose your health information to an appropriate health oversight agency or public health authority when required to do so. For example, if a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more residents, workers or the public. We may also disclose your health information in order to determine your eligibility for public benefit programs and to coordinate delivery of those programs.

- (15) **Disaster Relief.** We may use or disclose your health information to assist in disaster relief efforts. This will be done to notify family members or others of your location, general condition or death in the event of a natural or man-made disaster.
- (16) **Law enforcement.** We may disclose your health information to comply with requests pursuant to a court order, subpoena, summons or similar process. We may disclose your health information in response to a request by a law enforcement official about a victim of crime or to locate or identify a suspect, fugitive or material witness or missing person, to report a death or to report criminal conduct on our premises. We may also disclose your health information to report a crime if we respond to a medical emergency not on our premises.
- (17) **Abuse, neglect or domestic violence.** As required by law, we may use and disclose your health information to report suspected cases of abuse, neglect or domestic violence.
- (18) **Judicial and Administrative Proceedings.** We may disclose your health information in response to the order of a court or administrative tribunal. We may also disclose your health information during the course of any judicial or administrative proceeding in response to a subpoena, discovery request or other lawful process, but only if efforts have been made to tell you about the request or to obtain an order protecting the information to be disclosed.
- (19) **Avert a serious threat to health or safety.** We may use or disclose your health information to prevent a threat to the health or safety of you or someone else. We may also use or disclose your health information if it is necessary for law enforcement authorities to identify or apprehend an individual, including you.
- (20) **Armed Forces.** We may use or disclose the health information of Armed Forces personnel for activities deemed necessary by the appropriate military command to assure the proper execution of a military mission.
- (21) **National security and intelligence.** We may disclose your health information to authorized federal officials for national security purposes.
- (22) **Correctional Institutions and Custodial Situations.** We may disclose your health information to correctional institutions or law enforcement custodians for the health or safety of individuals at the correctional institution, persons who transport inmates and others, and for law enforcement at or security purposes of the correctional institution.
- (23) **Appointment reminders and notice of services.** 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.

Any other uses and disclosures of your health information will be made only pursuant to your written authorization.

Your Health Information Rights

Although your health record is the physical property of Bel-Wood Nursing Home, the information in your health record belongs to you. You have the following rights:

Restrictions:

You may request that we not use or disclose your health information for a particular reason related to treatment, payment, Bel-Wood's general health care operations, and/or to a particular family member, other relative or close personal friend. Although we will consider your request, please be aware that we are under no obligation to accept it or to abide by it.

Communications:

If you are dissatisfied with the manner in which or the location where you are receiving communications from us that are related to your health information, you may request that we provide you with such information by alternative means or at alternative locations. Such a request must be made in writing, and submitted to our Privacy Officer. We will attempt to accommodate all reasonable requests.

Inspection and Copies:

You may request to inspect and/or obtain copies of health information about you, which will be provided to you in the time frames established by law. If you request copies, we will charge you a reasonable fee. If your request to inspect your record is denied, we will give you a letter letting you know why and explaining your options.

Amendment of Your Records:

If you believe that any health information in your record is incorrect or if you believe that important information is missing, you may request that we amend the existing information or add the missing information. Such requests must be made in writing, and must provide a reason to support the amendment. We are not required to agree with your request or to make the change requested. If your requested amendment is denied, we will give you a letter letting you know why and explaining your options.

Accounting of Disclosures:

You have a right to receive an accounting of disclosures that we have made of your health information during the time period you request, not to exceed the six years prior to the date of your request. Please note that an accounting will not apply to any of the following types of disclosures:

1. disclosures made for reasons of treatment, payment or health care operations;
2. disclosures made to you or your personal representative or any other individual involved with your care;
3. disclosures made pursuant to a valid authorization;
4. disclosures made to correctional institutions or law enforcement custodians;
5. disclosures made for national security or intelligence purposes;
6. disclosures incidental to an otherwise permitted use or disclosure; and
7. disclosures made prior to April 14, 2003.

We must provide you with the requested accounting within 60 days after we receive your request. We may also receive an additional 30 days to provide the accounting if we give you a written statement explaining the delay and give you the date by which we will provide the accounting.

You will not be charged for your first accounting request in any 12-month period. However, for any subsequent request within the same 12-month period, you will be charged a reasonable cost-based fee.

Copy of Notice:

You have the right to obtain a paper copy of our Notice of Privacy Practices upon request even if you originally received the Notice electronically.

Revocation of Authorization:

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 made in writing.

For More Information or to Report a Problem

If you have questions and would like additional information, you may contact Bel-Wood's Privacy Officer at 309-697-4541.

If you believe that your privacy rights have been violated, you may file a complaint with Bel-Wood's Privacy Officer at 6701 W. Plank Rd. Peoria, IL 61604. You may also file a complaint with the Secretary of the federal Department of Health and Human Services at: Office of Civil Rights, U.S. Department of Health and Human Services, 200 Independence Avenue, SW, Washington, DC 20201. There will be no retaliation for filing a complaint.

Effective Date: April 14, 2003

Acknowledgment

I hereby acknowledge that I received a copy of Bel-Wood's Notice of Privacy Practices, dated April 14, 2003.

Acknowledged By: _____
Resident (Print Name)

Resident's or Resident's Personal
Representative's Signature

Date

Check if any of the following apply:

- Power of Attorney for Health Care
- Guardian with power to make Health Care Decisions

FOR STAFF USE ONLY:

I attempted to obtain a written acknowledgment that the Resident or Resident's Personal Representative received a copy of Bel-Wood's Notice of Privacy Practices but was unable to do so because:

_____ Resident refused to sign

_____ Resident's Personal Representative refused to sign

_____ Other – Specify: _____

Staff Member's Signature

Date

(Staff: Place acknowledgement in Resident's Medical Record.)