



NOTICE OF PRIVACY PRACTICES (Wisconsin Nursing Home)

Purpose: This form Notice of Privacy Practices presents the information that federal law requires us to give our residents regarding our privacy practices. This form Notice of Privacy Practices requires customization to match the particular privacy practices of the various services we offer, as well as the various relationships we have with others.

Instructions: Consult our Privacy Official and legal counsel to ensure that the Notice of Privacy Practices we intend to use accurately reflects our privacy practices. This Notice reflects the greater privacy protections and rights afforded by the Wisconsin patient confidentiality statute. We must check other applicable state privacy law to determine if it provides greater privacy protections or rights than federal law. If so, our Notice must reflect those greater protections or rights. Our Privacy Official must approve each Notice of Privacy Practices to ensure that the Notice sufficiently complies with applicable federal and state laws before we may distribute the Notice.

We must distribute this Notice to each individual no later than the date of our first service delivery, including service delivered electronically after the April 14, 2003. We must also have the Notice available at the service delivery site for individuals to request to take with them. We must post the Notice at each of our physical service delivery sites in a clear and prominent location where it is reasonable to expect any individuals seeking service from us to be able to read the Notice. Whenever the Notice is revised, we must make the Notice available upon request on or after the effective date of the revision in a manner consistent with the above instructions. Thereafter, we must distribute the Notice to each new resident at the time of service delivery and to any person requesting a Notice.

We must make a good faith effort to obtain a written acknowledgement of receipt of this Notice from each individual with whom we have a direct treatment relationship and to whom we provide this Notice, except in emergency situations. We have included this acknowledgement as part of our admission agreement. If we do not obtain the acknowledgement, we must document our efforts and the reason we did not obtain the acknowledgement.

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. THE PRIVACY OF YOUR MEDICAL INFORMATION IS IMPORTANT TO US.

Our Legal Duty

We are required by applicable federal and state law to maintain the privacy of your medical information. We are also required to give you this notice about our privacy practices, our legal duties, and your rights concerning your medical information. We must follow the privacy practices that are described in this notice while it is in effect. This notice takes effect 4-14-03, and will remain in effect until we replace it.

We reserve the right to change our privacy practices and the terms of this notice at any time, provided such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices and the new terms of our notice effective for all medical information that we maintain, including medical information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this notice and make the new notice available upon request.

You may request a copy of our notice at any time. For more information about our privacy practices, or for additional copies of this notice, please contact us using the information listed at the end of this notice.

Uses and Disclosures of Medical Information

We may use and disclose medical information about you for treatment, payment, and health care operations. For example:

Treatment: We may use or disclose your medical information to a physician or other health care provider providing treatment to you. We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party that has already obtained your permission to have access to your protected health information. **For example**, we would disclose your protected health information, as necessary, to a therapy company to provide you with services. We will also disclose protected health information to other physicians who may be treating you when we have the necessary permission from you to disclose your protected health information. **For example**, your protected health information may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you.

In addition, we may disclose your protected health information from time-to-time to another physician, becomes involved in your care by providing assistance with your health care diagnosis or treatment to your physician.

Payment: We may use and disclose your medical information so that we, or another health care provider or entity subject to the federal Privacy Rules, may obtain payment for services provided to you. Your protected health information will be used, as needed, to obtain payment for your health care services. This may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services we recommend for you such as; making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities. **For example**, your protected health information will be transmitted, via the internet, for Medical Assistance billing and Medicare billing. **Also**, your protected health information will be disclosed to necessary providers, via phone, fax, email or mail for billing purposes. Necessary providers could mean; therapy services, oxygen providers, transportation providers, dental and optical providers, podiatry and pharmacy services, etc.

Health Care Operations: We may use and disclose your medical information in connection with our health care operations. Health care operations include:

- quality assessment and improvement activities;
- reviewing the competence or qualifications of health care professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities;
- medical review, legal services, and auditing, including fraud and abuse detection and compliance;
- business planning and development; and
- business management and general administrative activities, including management activities relating to privacy, customer service, resolution of internal grievances, and creating de-identified medical information or a limited data set.

We may disclose your medical information to another entity which has a relationship with you and is subject to the federal Privacy Rules, for their health care operations relating to quality assessment and improvement activities, reviewing the competence or qualifications of health care professionals, or detecting or preventing health care fraud and abuse. We may use or disclose, as-needed, your protected health information in order to support the business activities of this facility. These activities include, but are not limited to; quality assessment activities, resident medical chart audits done by our Business Associates, and professional intern who, for training purposes, will have access to your protected health information.

Other examples include; your name is posted on the facility marquee in the entrance, your name is placed on the wall beside your room door to provide identification for treatment purposes, we will place your name and birth day (we will not post the year of your birth) on the birthday list that is posted on the calendar for the monthly birthday party, we will place your name on your medical chart, which is stored at your nurses station, we will need to take your picture and place it in the medication administration record (MAR) to ensure proper medications are given to you, your name will be placed in the treatment administration record (TAR) to ensure proper treatments are given to you as needed, your name will be placed on your clothing and laundry will place your name and room number on a list in their department to ensure proper laundry distribution, plus, dietary will list your name on a tray card on your serving tray and on the outside of their dietary cart to ensure the correct diet is given to you. Your name will also be placed on any mechanical devices you may use for health

reasons (example-wheelchairs, walkers, denture cups, etc.) Your name could be placed on personal equipment (example, TV, VCR, Radio, Air Conditioner).

We will share your protected health information with third party “business associates” that perform various activities (e.g., quality reviews, legal and financial audit functions) for the facility. Whenever an arrangement between our facility and a business associate involves the use or disclosure of your protected health information, we will have a written contract between the facility and the business associate, that contains terms that will protect the privacy of your protected health information.

We may use or disclose your protected health information, as necessary, to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you. We may also use and disclose your protected health information for other marketing activities. For example, your identified family contacts name and address’s will be used to send them a newsletter about our facility and the services we offer. You may contact our Privacy Contact to request that these materials not be sent to anyone.

We may use or disclose your demographic information and the dates that you received services from our facility, as necessary, in order to contact you for fundraising activities supported by our facility and (corporation). If you do not wish to receive these materials, please contact our Privacy Contact and request that these fundraising materials not be sent to you.

On Your Authorization: You may give us written authorization to use your medical information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your medical information for any reason except those described in this notice.

Persons Involved In Your Care: With your written permission, we may disclose to a family member, friend or other person, the confidential medical information that is directly relevant to their involvement in your care or payment for your care. We may use or disclose your name and location (and, with your written permission, general condition or death) to notify, or assist in the notification of (including identifying or locating) a family member, your personal representative or another person involved in your care. If you have not previously given us written permission for such uses and disclosures and are present, we will provide you with an opportunity to object to such uses or disclosures. We may not disclose confidential medical information in these circumstances without your written permission.

We may also use our professional judgment and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up filled prescriptions, medical supplies, x-rays, or other similar forms of medical information.

Disaster Relief: We may use or disclose your name and location to a public or private entity authorized by law or by its charter to assist in disaster relief efforts. We may not disclose confidential medical information (except in response to a written request from a government agency) in these circumstances without your written permission.

Health Related Services. We may use your medical information to contact you with information about health-related benefits and services or about treatment alternatives that may be of interest to you. With your written permission, we may disclose your medical information to a business associate to assist us in these activities.

We may use or disclose your medical information to encourage you to purchase or use a product or service by face-to-face communication or to provide you with promotional gifts. We may not make any other uses or disclosures of your confidential medical information for marketing purposes without your written permission.

Public Benefit: We may use or disclose your medical information as authorized by law for the following purposes deemed to be in the public interest or benefit:

- ✓ as required by law;
- ✓ for public health activities, including disease and vital statistic reporting, child abuse reporting, FDA oversight, and to employers regarding work-related illness or injury;
- ✓ to report adult abuse or neglect;
- ✓ to health oversight agencies;
- ✓ in response to court and administrative orders and other lawful processes;
- ✓ to law enforcement officials pursuant to subpoenas and other lawful processes, concerning crime victims, suspicious deaths, crimes on our premises, reporting crimes in emergencies, and for purposes of identifying or locating a suspect or other person;
- ✓ to coroners, medical examiners, and funeral directors;
- ✓ to avert a serious threat to health or safety;
- ✓ in connection with certain research activities;

- ✓ to the military and to federal officials for lawful intelligence, counterintelligence, and national security activities;
- ✓ to correctional institutions regarding inmates; and
- ✓ as authorized by state worker's compensation laws.

You may be able to opt out of some of these disclosures to government agencies.

Individual Rights

Access: You have the right to look at or get copies of your medical information, with limited exceptions. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot practically do so. **{You must make a request in writing to obtain access to your medical information. You may obtain a form to request access by using the contact information listed at the end of this notice. You may also request access by sending us a letter to the address at the end of this notice. If you request copies, we will charge you \$0.90 for each single sided page, \$18.00 per hour for staff time to locate and copy your medical information, and postage if you want the copies mailed to you. If you request an alternative format, we will charge a cost-based fee for providing your medical information in that format. If you prefer, we will prepare a summary or an explanation of your medical information for a fee. Contact us using the information listed at the end of this notice for a full explanation of our fee structure.}**

Disclosure Accounting: You have the right to receive a list of instances in which we or our business associates disclosed your medical information for purposes, other than treatment, payment, health care operations for which we have written permission, as authorized by you, and for and certain other activities, since April 14, 2003. We will provide you with the date on which we made the disclosure, the name of the person or entity to whom we disclosed your medical information, a description of the medical information we disclosed, the reason for the disclosure, and certain other information. If you request a disclosure accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests. Contact us using the information listed at the end of this notice for a full explanation of our fee structure.

Restriction: You have the right to request that we place additional restrictions on our use or disclosure of your medical information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency). **{Any agreement we may make to a request for additional restrictions must be in writing signed by a person authorized to make such an agreement on our behalf. We will not be bound unless our agreement is so memorialized in writing.}**

Confidential Communication: You have the right to request that we communicate with you about your medical information by alternative means or to alternative locations. **{You must make your request writing.}** We must accommodate your request if it is reasonable, specifies the alternative means or location, and provides satisfactory explanation how payments will be handled under the alternative means or location you request.

Amendment. You have the right to request that we amend your medical information. **{Your request must be in writing, and it must explain why the information should be amended.}** We may deny your request if we did not create the information you want amended and the originator remains available or for certain other reasons. If we deny your request, we will provide you a written explanation. You may respond with a statement of disagreement to be appended to the information you wanted amended. If we accept your request to amend the information, we will make reasonable efforts to inform others, including people you name, of the amendment and to include the changes in any future disclosures of that information.

Electronic Notice: If you receive this notice on our web site or by electronic mail (e-mail), you are entitled to receive this notice in written form. Please contact us using the information listed at the end of this notice to obtain this notice in written form.

Questions and Complaints

If you want more information about our privacy practices or have questions or concerns, please contact us using the information listed at the end of this notice.

If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your medical information or in response to a request you made to amend or restrict the use or disclosure of your medical information or to have us communicate with you by alternative means or at alternative locations, you may complain to us using the contact information listed at the end of this notice. You also may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request.

We support your right to the privacy of your medical information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

Privacy Official: Len Fast, Administrator of Barron Care and Rehab

Telephone: 715-537-5643 Fax: 715-537-5911

E-mail: lfast@careandrehab.org

Address: 660 E. Birch Ave. Barron WI 54812

