

NOTICE FOR THE USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION (PHI)

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.

We understand that medical, personal, and financial information about you is valuable and must be safeguarded. We are committed to protecting this vital information about you. We create designated record sets, to provide you with quality of care and services, including (but not limited to) financial/billing information and clinical health information. We need this type of information to provide you with an adequate diagnosis(es) and treatment plan as well as to comply with certain federal and state requirements. This notice applies to all information and records that Wesley Homes has received or created by our employees, staff, volunteers and physicians. This Notice informs you about the possible uses and disclosures of your personal health information (PHI). It also describes your rights and our obligations regarding your personal health information.

This notice is inclusive of Wesley Homes, a not-for-profit Washington Corporation headquartered at 815 So 216th St, Des Moines, WA 98198-6369, including the following affiliated entities: Wesley Homes Health Center, Wesley Homes Gardens and Terrace buildings, the Cottages and The View. In this notice “we”, “us” and “our” refer to Wesley Homes. “You” and “your” refer to the Resident.

Under the Health Insurance Portability and Accountability Act (HIPAA) of 1996, we are required to do and provide to you the following:

- ❖ Maintain the privacy of your protected health information (PHI)
- ❖ Detailed notice/notification (upon your request) of all our information practices, resident’s rights regarding confidentiality of your information, and the uses/disclosures of your information.
- ❖ An accounting of the disclosures made to others for purposes other than treatment, payment, healthcare operations;
- ❖ Informed consent related to the disclosure of information for purposes of treatment, payment, healthcare operations with the opportunity for you to limit or restrict certain disclosures;
- ❖ Specific authorization for release of your information for purposes other than treatment, payment, healthcare operations;

Our facility’s compliance with the “Patient’s Right to Know” provision, under this legislation, ensures that you will be able to access your records, obtain photocopies, and amend/correct the information as directed by the law. You have the right to revoke your consent at any time by notifying our administrator or administrative staff verbally and/or in writing. If you have concerns or would like to report an alleged violation of your information confidentiality/security, please notify any member of our administrative staff or contact our HIPAA Privacy Officer, Dennis Eibe, Director of Human Resources at 206.870.1123 or Fax 206.870.1208.

I. HOW WE USE AND DISCLOSE INFORMATION ABOUT YOU

For Treatment Purposes: In our ongoing efforts to provide quality of care, we may use your information to assure prompt and adequate medical diagnosis, treatment/medications/therapy, supplies, services and/or medical equipment. We may disclose health information to doctors, specialists (such as psychologists/psychiatrists, podiatrists, dentists, ophthalmologists, cardiologists, oncologists, nephrologists, etc.), pharmacists, nurses (including but not limited to licensed practical nurses, registered nurses, medication technicians, clinical nurse practitioners, etc.) certified nursing assistants, social workers, activities staff (including volunteers), dietary staff, diagnosticians (laboratory, x-ray, etc.), hospitals, transport company/ambulance service, and rehab therapists/assistants. For example, a doctor may need to tell the registered dietitian if you have diabetes so that we can arrange for appropriate meals/nutritional management for you. This disclosure may be within the facility or outside of the facility in either written, verbal, or electronic communications.

Your photograph may be taken for both identification purposes and recording any special injury and/or treatment. For example, upon admission, your picture will be taken and placed in the medication/treatment notebook. With each medication/treatment pass, the nurse will check your identity with the picture to make sure the right medication or treatment is given to the right resident.

We also may disclose medical information about you to people outside the nursing facility that may be involved in your medical care currently or upon discharge. These people may include, but not limited to, clergy/pastor, family members, and/or allied health professionals (such as vocational rehab, outpatient rehab, mental health services, "meals on wheels", home health, etc.)

Because of our relationship with Medicare and Medicaid programs, we must comply with certain professional standards of medical practice and licensure/certification. As a result of this relationship, as well as other corporate and regulatory processes, we may disclose clinical and personal information about you to the Centers for Medicare/Medicaid Services (CMS), Washington State Department of Health, Ombudsman, Adult Protective Services, Corporate Quality Assessment and Assurance, etc. For example, the federal government requires that the nursing facility complete and transmit an electronic assessment (Minimum Data Set) about you to the Washington State Department of Social and Health Services (DSHS) and Centers for Medicare/Medicaid Services (CMS).

For Payment Purposes: We may use and disclose personal and medical information about you so that the healthcare services and treatment you receive may be collected from an insurance company and/or third party. For example, Premera Blue Cross (acting as a fiscal intermediary for the administration of Medicare benefits) may need birth date, social security number, and medical diagnoses and treatment to properly bill for these services. Likewise, if you are a member of the military, we need to disclose certain medical and personal information to the Department of Veterans Affairs to determine if you are eligible for benefits.

For Healthcare Operation Purposes: We may use and disclosure information about you for various types of healthcare operations. These uses and disclosures are necessary for individual care and/or performance of our staff in certain types of illnesses/conditions. We may remove information that identifies you from this set of medical information so that others may use it to study healthcare and healthcare delivery without learning who the specific residents are. For example, we may combine medical information about a number of residents to decide what additional services the nursing facility should offer, what services are not needed, and whether certain new treatments or interventions are needed. We may also disclose information to medical equipment suppliers, orthotics/prosthetics, and/or audiologists, etc.

II. WE MAY USE AND DISCLOSE PERSONAL HEALTH INFORMATION (PHI) ABOUT YOU FOR OTHER SPECIFIC PURPOSES

For Directory Purposes: Unless you object, we will include certain limited information about you in our facility directory. This information may include your name, your location in the facility, your general condition and your religious affiliation. Our directory does not include specific medical information about you. We may release information in our directory, except for your religious affiliation, to people who ask for you by name. We may provide the directory information, including your religious affiliation, to in-house clergy, or a member of the clergy specifically requested by you.

Individuals Involved In Your Care or Payment for Your Care: With your permission, we may disclose your personal health information to a family member or close, personal friend, including clergy, who is involved in your care.

Disaster Relief: We may disclose your personal health information to an organization assisting in a disaster relief effort. This could occur, for example, in the event of an earthquake or fire if the facility became damaged and we were to receive disaster relief from an organization such as the Red Cross.

As Required By Law: We will disclose your personal health information when required by law to do so.

For Public Safety or Health Purposes: We may use and disclose information about you when necessary to prevent a serious threat to your health and safety or the health and safety of others. Any disclosures of this type, however, will be given to only someone who is able to prevent the threat.

Reporting Victims of Abuse, Neglect or Domestic Violence: If you tell us, or we believe that you have been a victim of abuse, neglect or domestic violence, we may use and disclose your personal health information to notify a government authority, as required or authorized by law.

For Health Oversight Activities: We may disclose medical information to consultants or other agencies authorized by law or corporate policies. These oversight activities may include, but are not limited to, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Judicial and Administrative Proceedings: If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

For Law Enforcement: We may release medical information if asked to do so by law enforcement officials:

- ❖ In response to a court order, subpoena, warrant, summons, or similar process;
- ❖ To identify or locate a suspect, fugitive, material witness, or missing person;
- ❖ About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement
- ❖ About a death we believe may be the result of criminal conduct;
- ❖ About criminal conduct at the Wesley Homes campus;
- ❖ In emergency circumstances to report a crime, the location of the crime or victims, or the identity and/or description or location of the person who committed the crime.

Research: We may allow personal health information of residents from our facilities to be used or disclosed for research purposes provided that the researcher adheres to certain privacy protections. Your personal health information may be used for research purposes only if the privacy aspects of the research have been reviewed and approved by a special Privacy Board or Institutional Review board, if the researcher is collecting information in preparing a research proposal, if the research occurs after your death, or if you authorize the use or disclosure.

Coroners, Medical Examiners, Funeral Directors, Organ Procurement Organizations: We may disclose information to a coroner or medical examiner to identify a deceased person or determine the cause of death. We may also release medical information about residents of the Wesley Homes campus as necessary to carry out their duties.

To Avert a Serious Threat to Health or Safety: We may use and disclose your personal health information when necessary to prevent a serious threat to your health or safety of the public or another person. However, any disclosure would be made only to someone able to help prevent the threat.

Military Veterans: If you are a veteran of the armed forces, we may use and disclose your personal health information for purposes related to receiving benefits.

Workers' Compensation: We may use or disclose your personal health information to comply with laws relating to workers' compensation or similar programs.

National Security and Intelligence Activities Protective Services for the President and Others: We may disclose personal health information to authorized federal officials conducting national security and intelligence activities or as needed to provide protection to the President of the United States, certain other persons or foreign heads of states or to conduct certain special investigations.

Fundraising Activities: We may use certain personal health information to contact you in an effort to raise money for Wesley Homes and its operations. In doing so, we would only release contact information, such as your name, address and phone number and dates you received treatment at Wesley Homes. We may disclose personal health information to a foundation related to Wesley Homes so that the foundation may contact you in raising money for Wesley Homes.

Appointment Reminders: We may use or disclose personal health information to remind you about appointments.

Treatment Alternatives: We may use or disclose personal health information to inform you about treatment alternatives that may be of interest to you.

Health Related Benefits and Services: We may use or disclose personal health information to inform you about health-related benefits and services that may be of interest to you.

III. YOUR AUTHORIZATION IS REQUIRED FOR OTHER USES OF PERSONAL HEALTH INFORMATION (PHI)

We will use and disclose personal health information (other than as described in this Notice or required by law) only with your written Authorization. You may revoke your Authorization to use or disclose personal health information in writing, at any time. If you revoke your Authorization, we will no longer

use or disclose your personal health information for the purposes covered by the Authorization, except where we have already relied on the Authorization.

IV. YOUR RIGHTS REGARDING YOUR PERSONAL HEALTH INFORMATION:

Right to Request Limitations/Restrictions to Certain Uses/Disclosures: You have the right to request a restriction or limitation on the above-mentioned medical information we use or disclose about you for purposes of treatment, payment, and healthcare operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend.

Requested Restrictions include the following:

Specific Restrictions/Limitations:

To Whom the Limits Apply:

(Addition listed on separate page)

? Approve restriction/limitation ? Deny restriction/limitation Date Notified of Denial ___/___/___

Right to Review/Inspect/Receive Copies: You have the right to review or inspect your health information and receive photocopies of the information that may be used to make decisions about your care. Usually, this information includes both medical and billing records, but it does not include psychotherapy notes. To inspect and/or receive photocopies of your medical information, you must contact the health information management or medical records department of the Wesley Homes Health Center. If you request a copy of the information, we may charge a fee for the costs of copying, mailing, or other supplies associated with your request.

Twenty-four (24) hours advance notice is required for reviewing/inspection of your medical information. If you would like copies, it is necessary that you provide us with forty-eight (48) hours advance notice.

We may deny your request to review/inspect and receive copies in some circumstances. To assist you in the review of your information, we recommend that one of our team members (such as attending physician, nurse, social worker, or medical records supervisor) review the information with you. This co-review would help you in locating information within the chart. It would also help in understanding the handwriting and medical terms written within the clinical record. We would also like to be able to follow-up on any concerns that you might have after the review/inspection of your information.

If you are denied access to the medical information, you may request that the denial be reviewed. An objective team of privacy-minded officials will review the request, and we will comply with the outcome of the review.

Right to Amend/Correct: If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend or correct the information. You have the right to request an amendment/correction as long as the information is kept by the Wesley Homes healthcare staff. All requests for amendment/correction of medical information must be directed to the health information management staff or medical records department.

We may deny your request for an amendment if that information:

- ❖ Was not created by Wesley Homes, unless the person or entity that created the information is no longer available to make the amendment;

- ❖ Is not a part of the protected health information maintained by or for Wesley Homes;
- ❖ Is already accurate and complete as determined by Wesley Homes;
- ❖ Is irrelevant to the issue/concern raised.

Right to an Accounting of Disclosures: You have the right to request an “accounting of disclosures”. This accounting is a list of the information, which was disclosed about you. To request an accounting of disclosures, you must contact the health information manager or medical records department (206.870.1305) of the Wesley Homes Health Center. Your request must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. The first list you request within a 12-month period will be free of charge. For additional lists, we may charge you for the costs of providing the list according to the “customary” or “nominal” copying charges.

Right to Request Confidential Communications: You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you or your representative at work or by mail. Please contact the health information management or medical records department (206.870.1305) to request such arrangements. We will accommodate reasonable requests. Your request must specify how or where you wish to be contacted.

Right to Revoke: You have the right to revoke this consent, in writing, except to the extent that the facility has already taken action in reliance thereon. Your revocation, however, may result in this facility’s inability to provide treatment, care, and services.

Request 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 by going to www.wesleyhomes.org.

V. FOR FURTHER INFORMATION OR TO FILE A COMPLAINT

If you have any questions about this Notice or would like further information concerning your privacy rights, please contact the Wesley Homes individual below.

Reporting Complaints/Allegations: If you believe your privacy rights have been violated, you may file a complaint, in writing, with the person below or the Office of Civil Rights at the U. S. Department of Health and Human Services. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

- ❖ To file a complaint at Wesley Homes, send a written statement to:
 Dennis A. Eibe, MHA, MSHR
 Wesley Homes Director of Human Resources and
 HIPAA Corporate Compliance Officer
 815 So 216th St, Des Moines, WA 98198-6369
 Office 206.870.1123, Confidential Fax 206.870.1208
 E-Mail: deibe@wesleyhomes.org

- ❖ To file a complaint with the Office of Civil Rights, send a written statement to:
 Office of Civil Rights - Region 1
 U. S. Department of Health and Human Services
 JFK Federal Building, Room 1875, Government Center
 Boston, MA 02203
 You may also go to www.hhs.gov/ocr/hipaa for more information.

VI. CHANGES TO THIS NOTICE

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

VII. SIGNATURES

_____ /_____/_____
Resident's Signature Date

_____ /_____/_____
Authorized Representative Signature (if Resident incapacitated or Minor*) Date
*Documentation of incapacity, incompetence, and/or minor's age detailed in the clinical record.

_____ Relationship
Printed Authorized Representative Name
If signed by Resident's Representative, please print name and describe relationship to resident or other authority to act.

_____ /_____/_____
Wesley Homes Representative Signature Date

The following is to be completed only by a Wesley Homes' employee if resident's acknowledgement not obtained.

Good faith efforts were made to obtain the resident's written acknowledgment that the resident received Wesley Homes' Notice of Privacy Practice as follows:

The reason the resident's acknowledgement was not obtained is as follows:

Documented by:

Printed Name

Date

Signature

Form As Of: 4/10/03, Date Revised: