



## NHC PRIVACY PRACTICES NOTICE

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.

**If you have any questions about this notice, please contact the Center Administrator.**



We understand that health information about you and your health is personal. We are committed to protecting the privacy of this information.

We create a record of the care and services you receive at the HealthCare Center. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of your health information created and/or maintained by the HealthCare Center, including all information that we receive from other health care providers.

## **OUR RESPONSIBILITIES:**

We are required by law to:

- \*Maintain the privacy of your protected health information
- \*Provide individuals with this notice of our legal duties and privacy practices with respect to health information
- \*To notify affected individuals following a breach of unsecured protected health information, and
- \*Follow the terms of the notice that is currently in effect.

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will inform you of the change of the public display of the notice.

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



## HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

**TREATMENT:** We will use your health information to provide you with medical treatment and services. Unlimited access to health information will be granted to physicians involved in your care, including attending, alternate, physician extenders, consulting physicians, osteopaths, podiatrists and dentists. Direct care givers will be given unlimited access to your health information needed to perform their job responsibilities including any contracted direct care givers (i.e., contract therapists, wound care specialists, hospice, pharmacists, consultant dietitians, staffing pools, etc.) when such services are ordered by your attending physician. Your health information will be provided to hospital and transport personnel to the extent needed to provide for continuity of care. This center may contract with local schools to serve as clinical practice sites and students enrolled in such programs, under supervision of the instructor, will be given unlimited access as a direct care giver.



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 this center.

**FOR EXAMPLE:** Your physician will write orders for your care in your record. We will use this information to order medications from the pharmacy, request ordered lab tests, and determine the course of treatment which would work best for you.

**PAYMENT:** Your health information may be released to State Medicaid Agencies if you are applying for financial assistance from this agency. Your health information will be provided to state agencies which are responsible for approving/certifying appropriateness of admission. Federally mandated minimum data sets are electronically transmitted to the state which are used to set payment rates for Medicare eligible patients as well as Medicaid rates in certain states. Your health information will be released to Medicare and Medicaid payors and private insurers in sufficient amount to justify payment for services billed. Should your account not be paid in a timely manner and it becomes necessary to turn your account over to a collection agency, we will release protected health information in the amounts necessary to collect the account and search for assets. Bookkeeping and NHC Accounting partners will have access to health information to the extent necessary to bill appropriate agencies for services rendered.

**FOR EXAMPLE:** A bill might be sent to Medicare for services rendered. The information on or accompanying the bill will include information that identifies you, as well as your diagnosis, procedures, and supplies used.



**BUSINESS ASSOCIATES:** There are some services provided in our organization through contracts with business associates. An example would be a billing clearinghouse which electronically transmits bills to Medicare in the required format. We will disclose your health information to our business associates so they can perform the job we have asked them to do. To protect your health information, however, we require the business associates to appropriately safeguard your information.



**DIRECTORY:** Unless you notify us that you object, we will use your name, location in the facility, 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. Other ways in which we will use your name include: we will post your name and (in dementia units) your picture beside the door to your room. Your name will be used on the outside of the binder which houses your medical record. We typically publish names and birth dates (month and day) in the Center newsletter and post the same on the activity calendar. You have the right to request that your protected health information not be used for any one or all of the above purposes by completing a “Request for Restriction to Use or Disclosure of Health Information” form. You may request this form from any Center partner.



NOTIFICATION: We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location, and general condition.



**COMMUNICATION WITH FAMILY:** Health professionals, using their best judgement, may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care. You can request that we not discuss your health information with specific family members by notifying us in writing. A form will be provided upon your request.



## 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.



MEDICAL EXAMINERS, CORONERS, and  
FUNERAL DIRECTORS:

We may disclose health information to medical examiners, coroners, and funeral directors consistent with applicable law to carry out their functions.



ORGAN DONATION ORGANIZATIONS:  
Consistent with applicable law, we may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.



MARKETING: NHC does not sell or use patient lists for marketing purposes. To do so would require a written authorization from you. However, during the course of your treatment, for coordination of care purposes, we may recommend alternate treatment, therapies, health care providers or settings of care to you.



FUND RAISING: We may contact you as part of a fund-raising effort. At the time of initial contact, you will be given the opportunity to opt out of all future fund raising efforts.



FOOD AND DRUG ADMINISTRATION (FDA):  
We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.



**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.



PUBLIC HEALTH: As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.



**LAW ENFORCEMENT:** We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena. Federal law makes provision for your health information to be released to appropriate health oversight agency, public health authority or attorney, provided that 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 patients, workers or the public.



## **YOUR HEALTH INFORMATION RIGHTS**

Although your health record is the physical property of the HealthCare Center, the information belongs to you. You have the following rights regarding health information we maintain about you:



**RIGHT TO BE NOTIFIED OF BREACH OF UNSECURED PROTECTED HEALTH INFORMATION:** You have the right to be notified of breach of unsecured protected health information in the event your information is affected by the breach.

**RIGHT TO INSPECT AND COPY:** You have the right to inspect and copy medical information that may be used to make decisions about your care. If this information is already in an electronic format, you may request that it be provided to you in an electronic format. This includes health and billing information. To inspect and copy health information that may be used to make decisions about you, you may request access to your health information by contacting the Center Health Information Department. 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 consistent with federal and state law.

(EXCEPTION: In Kentucky, the patient's first request for health information copies are provided free of charge consistent with state law.)

We may deny your request in certain very limited circumstances. If you are denied access to health information, you may request that the denial be reviewed. Another licensed health care professional chosen by the Center will review your request and the denial. The person conducting the review will not be the person who denied your request. We will abide by the outcome of the review.



## **RIGHT TO CONFIDENTIAL COMMUNICATIONS:**

You have the right to receive communications of protected health information from us in a confidential manner. At your request, any conversations regarding your protected health information can be moved from your semi-private room to a private area of the Center.

**RIGHT TO AMEND:** If you feel that the health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by the Center. To request an amendment, your request must be in writing and submitted to the Center Health Information Department. We will provide you with an appropriate form upon request. Your request must provide a reason which supports your request for amendment. We may deny your request if you ask us to amend information that:

- Was not created by us.

- Is not part of the information kept by the Center.

- Is not part of the information which you would be permitted to inspect and copy.

- Is accurate and complete.



**RIGHT TO AN ACCOUNTING OF DISCLOSURES:** You have the right to request an “accounting of disclosures”. This is a list of the disclosures we made of health information about you. To request this list of disclosures, you must submit your request in writing to the Center Health Information Department. We will provide you a form upon request. Your request must include a specific time frame, which may not be longer than three (3) years. There will be no charge for this list.



**RIGHT TO REQUEST RESTRICTIONS:** You have the right to request in writing that the Center restrict the use of your health information for treatment, payment and operations, as well as restrict the disclosure of specific information to someone involved in your care or the payment of your care, like a family member or friend. THE CENTER IS NOT OBLIGED TO AGREE TO EVERY RESTRICTION REQUESTED, but is obliged to abide by any restriction that is agreed upon. If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment.



## **RESTRICT DISCLOSURE TO HEALTH PLAN:**

You have the right to restrict certain disclosures of protected health information to your health plan provided you pay in full and out of pocket for all services related to the restricted information. To request a restriction, you must make your request in writing to any Center Partner. We will provide a form upon request.



**RIGHT TO A PAPER COPY OF THIS NOTICE:** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. To obtain a copy of this notice, you may ask any Center partner who will help you obtain a copy.



## COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with either the Center Ombudsman or the Center Administrator. If the matter is not resolved to your satisfaction, you may also file a complaint with the NHC Privacy Officer by phone at 615-890-2020 or by mail at the following address:

NHC Privacy Officer

P.O. Box 1398

Murfreesboro, TN 37133-1398

You also have the right to file a complaint with the Secretary of Health and Human Services at the following address:

Secretary of Health and Human Services

U.S. Department of Health and Human Services

200 Independence Avenue, SW

Washington, DC 20201

You will not be retaliated against for filing a complaint with any of the persons listed above.

## **OTHER USES OF HEALTH INFORMATION**

Uses and disclosures of protected health information for marketing purposes and disclosures that constitute the sale of protected health information require your authorization. Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written authorization. If you provide us with authorization to use or disclose health information about you, you may revoke that authorization, in writing, at anytime. If you revoke your permission, we will no longer use or disclose health information about you for reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.



**EFFECTIVE DATE: 09/23/13**