

# MENNONITE HOME COMMUNITIES

## NOTICE OF PRIVACY PRACTICES

Effective April 14, 2003

**This notice describes how medical information about you may be used and disclosed and how you may obtain access to this information. Please review it carefully.**

### **A. Purpose Of Notice**

Mennonite Home Communities (MHC) is committed to safeguarding the privacy and confidentiality of your protected health information including all records and information created and/or maintained at our organization. This also includes any information that we receive from other providers or facilities.

We are required by law to protect the privacy of your personal health information and to provide you with this Notice to tell you how we may use and disclose your personal medical information.

This Notice describes the ways in which we may use and disclose your protected health information, and describes your rights regarding your information, as well as our legal duties and privacy practices with respect to protected health information.

We reserve the right to change this Notice and to make the revised or new Notice changes effective for all protected health information that we already maintain about you, as well as information we may receive in the future. A current copy of the Notice will be posted in our facility. The first page of the Notice contains the effective date and any dates of revision.

We will abide by the terms of this Notice, including any future revisions made to the Notice as required or authorized by law.

### **B. We May Use And Disclose Your Personal Health Information For Treatment, Payment And Health Care Operations Without Needing To Obtain Your Consent Or Authorization**

#### **❖ For Purposes of Treatment:**

We may use and disclose your protected health information to facility and non-facility personnel who may be involved in your care such as physicians, therapists, nurses, nurse aides, students in various health studies, family members or other persons. **For example**, a nurse will need to call the attending physician to report any changes in your condition or communicate with hospital staff when transfers to acute care are ordered. We may also need to communicate with individuals who will be involved in your care after you leave MHC such as home health agencies.

#### **❖ For Purposes of Payment:**

We may use and disclose your protected health information so that we may bill

and receive payment from you, an insurance company or other third party payor for the health care services that you received at MHC. **For example**, we may need to give information to Medicare or your health plan to obtain prior approval for services or treatments that are ordered for you to receive.

❖ **For Health Care Operations:**

We may use and disclose your protected health information in order to operate our facility. **For example**, we may use it to evaluate staff performance or our treatment and service procedures through various quality improvement methods. We may also combine our information with other health care providers' information to compare how we are doing and learn ways to improve our services to you. We may remove information from this data that may identify you.

**C. We May Use And Disclose Personal Health Information About You For Other Specific Purposes**

❖ **MHC Directory**

Unless you notify us that you object, we will use your name, your location and telephone number in our directory. The directory information may be given to people who ask for you by name. We may disclose certain limited protected health information about you to a member of the clergy, such as your religious affiliation.

❖ **Family and friends**

We may disclose your protected health information to individuals, such as family, friends, or any other person you tell us that are involved in your care or who help pay for your care. Disclosures may be face to face, by telephone or by electronic mail.

❖ **As permitted or required by law:**

We may use and disclose your protected health information to you, someone who has the legal right to act for you (personal representative), or to the Secretary of the Department of Health and Human Services, if necessary to make sure your privacy is protected, and where required by law for:

- Oversight by State and federal agencies that may include audits and investigations, inspections or licensure and certification surveys.
- Public health activities and protective services agencies such as reporting fraud or suspected abuse or neglect; disease outbreaks, adverse reactions to medications, or problems with health care products.
- Workers compensation to the extent authorized by law related to workers compensation or other similar programs established by law.
- Judicial and administrative proceedings as response to court orders, summons, warrants or subpoenas.
- Law enforcement officials request for the purpose to locate a missing person,

- a suspect, or material witness, to report criminal conduct on our premises or in an emergency to report the commission of a crime or imminent threat to health or safety of staff or residents.
- Coroners, medical examiners, funeral directors or organ procurement organizations for the purpose of identifying a deceased individual, to determine the cause of death, or facilitate organ or tissue donation. Also to provide funeral directors with information in order to carry out their duties.
- National security, military and veterans\_for purposes of intelligence, counterintelligence and other national security activities.
- Fund raising activities: you may be contacted for fund raising activities for the facility and its operations. You will be given the opportunity to “opt out” (not participate) if you do not want to receive any further fundraising communications.

**D. Your Written Authorization Is Required For All Other Uses Of Protected Health Information**

We may use and disclose your protected health information (other than as described in this notice or if not permitted or required by law) ONLY with your written Authorization. You may revoke your authorization at any time as long as it is in writing. If you revoke your authorization, we will no longer use or disclose your information as you had specified, except where we have already acted upon your authorization.

- **Examples** that may require your written authorization include disclosure of psychotherapy notes or use of your protected health information for marketing.

**E. Your rights regarding your protected health information**

❖ **Right to request restrictions**

You have the right to request a restriction or limitation on our use and disclosure of your protected health information for treatment, payment or health care operations. You also have the right to restrict the protected health information to be disclosed about you to someone, such as a family member or friend who is involved in your care or in payment for your care. For example, you may ask not to give information on a particular treatment that you receive.

*We are not required to agree to your request.* If we do agree, we will comply with your request unless the information is needed to provide emergency treatment to you.

You must make your request for restrictions in writing to the Privacy Officer. You must tell us what information you want to limit, whether you want us to limit our use, disclosure or both, and to whom you want the limits to apply (for example disclosures to a family member).

- ❖ **Right of access to Protected Health Information.** You have the right to inspect and obtain a copy of your medical information and billing records. This does not include psychotherapy notes.
  - If you want to inspect or obtain copies of your protected health information or billing records, you must submit your request in writing to Medical Records. If you request a copy of this information you will be charged a fee for the costs of copying, mailing, or other supplies associated with your request.
  - We may deny your request to inspect or obtain copies in certain limited circumstances. If you are denied access, you may request a review of the denial. Another licensed professional at MHC will review your request and the denial. This will be a different person than the one who initially denied your request. We will comply with the outcome of this review.
- ❖ **Right to request an amendment.** You have the right to request to amend your protected health information if you think it is wrong or incomplete, as long as the information is kept by or for MHC.

Your request for an amendment must be requested in writing and submitted to the Vice President of Healthcare and Assisted Living.

We may deny your request if it is not in writing or does not include a reason to support the request. Also your request to amend may be denied if the information:

- Was not created by us, unless you can show that the originator of the information is no longer available to act on your request,
  - Is not part of the protected health information kept by or for MHC,
  - Is accurate and complete.
  - Is not part of the information that you have a right to inspect or copy,
- If your request is denied a written reason for the denial will be given to you and instructions on how you can give us a statement of disagreement. Your statement of disagreement may be added to your protected health information.
- ❖ **Right to an accounting of disclosures.** You have the right to request a listing (accounting) of the disclosures of your protected health information that we made **except for:**
  - those that we made to carry out treatment, payment or health care operations,
  - those that were given to you or your personal representative
  - those that were given in accordance with an authorization signed by you or your representative, or

- those that were given out for law enforcement purposes.
  - To request a listing of disclosures you must submit your request in writing to Medical Records and state a time period (it cannot be longer than six (6) years prior to the date of your request). It cannot include dates before April 14, 2003. You need to tell us in what form you want to receive the listing; **for example**, on paper or via electronic means.
  - You will not be charged for the disclosure for the first time in a twelve (12) month period. You may be charged for any additional requests you make within that time frame and will be told the cost of each. You can then decide whether to withdraw or modify your request before any costs are incurred.
- ❖ **Right to request confidential communications.** You have the right to request that we communicate with you about your health care in a certain way or at a certain location. We will accommodate all reasonable requests. **For example**, you can ask that we contact you by mail.
- To request confidential communications, you must make your request in writing to the Privacy Officer and tell us how or where you wish to be contacted. You do not need to give us a reason for your request.
- ❖ **Right to receive a paper copy of this notice.** You may ask us for a copy of this Notice at any time. If you have agreed to receive this notice electronically, you may also have a paper copy of this Notice.
- To receive a copy of the Notice, contact the Privacy Officer.

#### F. Complaints

If you believe that your privacy rights have been violated, you may file a complaint in writing to the individual listed below at MHC or with the Secretary of the Department of Health and Human Services. **You will not be penalized in any way for filing a complaint.**

To file a complaint or if you have any questions about this Notice, contact:

Mennonite Home Communities  
Kimberly Blessing, Privacy Officer  
1520 Harrisburg Pike  
Lancaster, PA 17601  
(717) - 393-1301

or The U.S. Department of Health and Human Services  
200 Independence Avenue, S.W.  
Washington, D.C. 20201  
(202) 619-0257  
Toll Free: 1-877-696-6775