

Moravian Manor
300 W. Lemon St., Lititz, PA 17543
Notice of Privacy Practices
Effective Date: April 14, 2003; amended as of February 22, 2010

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 Moravian Manor's Privacy Officer.

We respect the privacy of your personal health information and are committed to maintaining our residents' confidentiality. This Notice applies to all information and records related to your care that our facility has received or created. It applies to (a) our personal care and assisted living programs;(b) the Health Center, (c) health care services rendered to residents in independent living; and (d) the physicians, therapists, and any other health care professionals who are involved in your care and/or are authorized to enter information into you medical records, and all of our employees, staff, volunteers, trainees and other personnel working in the programs listed above. These programs may share your medical information with each other for purposes of your treatment, payment for your care or general health care operations as described in this Notice. This Notice informs you about the possible uses and disclosures of your personal health information. It also describes your rights and our obligations regarding your personal health information.

We are required by law to:

- maintain the privacy of your protected health information
- provide to you this detailed Notice of our legal duties and privacy practices relating to your personal health information; and
- abide by the terms of the version of our Notice that is currently in effect.

I. HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU.

The following categories describe different ways that we use and disclose your personal health information. In all cases, we will make reasonable offers to limit our use or disclosure of PHI to a minimum amount necessary to accomplish the intended purpose. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However all of the ways we are permitted to use and disclose information will fall within one of the categories.

- **For Treatment.** We will use and disclose personal health information in providing you with medical treatment and services. We may disclose medical information about you to facility and non-facility personnel who are involved in taking care of you, such as physicians, nurses, nurse aides, technicians, and physical therapists. For example, a nurse caring for you will report any change in your condition to your physician. We also may disclose personal health information to individuals who will be involved in your care after you leave the facility.

- **For Payment.** We may use and disclose personal health information about you so that the treatment and services you receive at Moravian Manor may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may submit claims for payment to Medicare or your health plan or contact these programs to confirm your coverage or to request prior approval for a proposed treatment or service.
- **For Health Care Operations.** We may use and disclose medical information about you for facility operations. These uses and disclosures are necessary to make sure that all of our residents receive quality care. For example, the facility may internally use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may disclose medical information to accrediting organizations and/or firms that audit our services for compliance. We may also combine information about residents to evaluate effectiveness of new or current treatment methods.
- **Appointment Reminders.** We may use or disclose medical information to contact you or your personal representative as a reminder that you have an appointment for treatment or medical care through one of our providers.
- **Health-Related Benefits and Services.** We may use and disclose your medical information to tell you about health-related benefits or services that we provide and that may be of interest to you.
- **Newsletters.** We may use certain protected health information to send you newsletters containing information about our programs and services. We would only use your name, address and phone number for this purpose. If you do not want to receive newsletters you must notify the Director of Development in writing.
- **Fundraising Activities.** We may use certain protected health information to contact you in an effort to raise money for Moravian Manor and its operations. We would only use your name, address and phone number for this purpose and will provide you with the opportunity to “opt out” of further communications upon request. If you do not want the facility to contact you for fundraising efforts, such as the annual appeal or capital campaigns, you must notify the Director of Development in writing.
- **Visitor Information.** We may give limited information about you to visitors or callers who ask for you by name. This would include your name and room, cottage or apartment number. In addition, your religious affiliation may be given to a member of the clergy, such as a priest, minister, or rabbi. This is so people can visit you while you are in the facility. You may object to us providing any of this information.
- **Individuals involved in your care or payment for your care.** Unless you object, we may disclose your personal health information to a family member or close personal friend who is involved in your care. For example, we may involve members of your family in care planning meetings. We may also give information to someone who helps pay for your care.

- **Disaster Relief.** We may disclose your personal health information to an organization assisting in a disaster relief effort so that your family can be notified about your condition, status, and location.
- **As required by law.** We will disclose medical information about you when required to do so by federal, state or local law.
- **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 and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

II. SPECIAL SITUATIONS

- **Public Health Activities.** We may disclose your personal health information for public health activities, These activities generally include the following:
 - Reporting to a public health or other government authority for preventing or controlling disease, injury, or disability
 - To report child abuse or neglect
 - Reporting to the federal Food and Drug Administration (FDA) adverse events or problems with products to enable product recalls or to comply with other FDA requirements
 - To notify a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition
 - For certain purposes involving workplace illness or injuries.
- **Organ and Tissue Donations.** If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye, or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.
- **Military and Veterans.** If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also use and disclose personal health information about foreign military personnel as required by the appropriate foreign military authority.
- **Reporting Victims of Abuse, Neglect or Domestic Violence.** If 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 if required or authorized by law.
- **Health Oversight Activity.** We may disclose your personal health information to a health oversight agency for oversight activities authorized by law. These may include, for example, audits, investigations, inspections, and licensure actions, or other legal proceedings. These

activities are necessary for government oversight of the health care system, government payment, or regulatory programs, and compliance with civil rights laws.

- **Judicial and Administrative Proceedings.** We may disclose your personal health information in response to a court or administrative order. We also may disclose information in response to a subpoena, discovery request, or other lawful process; efforts must be made to contact you about the request or to obtain an order or agreement protecting the information.
- **Law Enforcement.** We may disclose your personal health information for certain law enforcement purposes including
 - As required by law to comply with reporting requirements
 - To comply with a court order, warrant, subpoena, summons, investigative demand or similar legal process
 - To identify or locate a suspect, fugitive, material witness, or missing person
 - When information is requested about the victim of a crime if the individual agrees or under other limited circumstances
 - To report information about a suspicious death
 - To provide information about criminal conduct occurring at the facility
 - To report information in emergency circumstances about a crime
 - Where necessary to identify or apprehend an individual in relation to a violent crime or an escape from lawful custody
- **Coroners, Medical Examiners, Funeral Directors, Organ Procurement Organizations.** We may release your personal health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release your personal health information to funeral directors, as necessary, to carry out their duties.
- **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.
- **Incidental Uses and Disclosures.** We may use or disclose your medical information if it is a by-product of any of the uses or disclosures described above and it could not be reasonably prevented.
- **Limited Data Sets.** We may use or disclose certain information that does not directly identify you for research, public health or health care operations if the recipient of that information agrees to protect the information.

- **Protections Under State Laws.** Certain types of health information are subject to more stringent protections under state law than those described above. For example, we may not release your mental health records without your authorization except in the following situations:
- To those actively engaged in your treatment, or to persons at other facilities you are being referred to if a summary or portion of your record is necessary to provide for continuity of proper care and treatment.
 - To third party payors who require information to verify that services were actually provided to you.
 - To reviewers and inspectors, including Commonwealth licensure or certification organizations, when necessary to obtain or maintain certification as an eligible provider of services.
 - To those participating in PSRO or Utilization Reviews.
 - To the administrator of Moravian Manor so that the administrator can fulfill his/her duties under applicable statutes and regulations.
 - To a court or mental health review officer, in the course of legal proceedings authorized by the Pa. Mental Health Procedures Act.
 - In response to a court order, when production of the documents is ordered by a court.
 - To appropriate agencies in fulfillment of mandatory requirements for the reporting of child abuse or resident abuse.
 - In response to an emergency medical situation when release of information is necessary to prevent serious risk of bodily harm or death.
 - To parents or guardians and others when necessary to obtain consent to medical treatment.
 - To attorneys assigned to represent you in a commitment hearing.
 - To employees of the Pennsylvania Department of Public Welfare where access to such information is necessary and appropriate for the employee's proper performance of his/her duties.
 - To defense counsel to allow Moravian Manor to defend itself in a legal action or other proceeding.
 - To the subject of a threat in order to warn that individual of potential harm.
- **Psychotherapy Notes.** Notes recorded by a mental health care professional documenting or analyzing the contents of conversation during a private counseling session or a group, joint or family counseling session that are maintained separately from your medical record are afforded additional protections under federal law. Psychotherapy notes may only be released in more limited situations than those described above with respect to mental health records or otherwise, with your authorization. Drug and alcohol treatment information may only be released with your authorization or pursuant to a Court Order in limited circumstances. Finally, HIV-related information such as information pertaining to HIV testing or your HIV status, may only be released in limited situations under state law.

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

We will only use and disclose personal health information (other than as described in this Notice or required by law) 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 Restrictions.** You have the right to request restrictions on our use or disclosure of your personal health information for treatment, payment or health care operations. **We are not required to agree to a requested restriction.** To request a restriction, you must submit your request in writing to our Privacy Officer at the address listed at the top of this Notice.
- **Right of Access to Personal Health Information.** You have the right to request, either orally or in writing, your medical or billing records or other written information that may be used to make decisions about your care. We must allow you to inspect your records within 24 hours of your request (excluding weekends and holidays). If you request copies of the records, we must provide you with copies within two (2) days of the request. There are limited situations in which we may deny your request for access to all or a portion of your records. If we deny your request for access, we will notify you in writing and we will also inform you if you have a right to have that request reviewed. We may charge a reasonable fee for our costs in copying and mailing your requested information.
- **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 responsible party at work or by mail. To request confidential communications, you must make your request in writing to our Privacy Officer at the address listed at the top of this Notice.
- **Right to Request Amendment.** You have the right to request that we amend any personal health information maintained by the facility for as long as the information is kept by us. You must make your request in writing, addressed to our Privacy Officer at the address listed at the top of this Notice, and must state the reason for the requested amendment.

We may deny your request for amendment if the information

- Was not created by the facility, unless the originator of the information is no longer available to act on our request;
- Is not part of the personal health information maintained by or for the facility;
- Is not part of the information to which you have a right of access; or
- Is already accurate and complete, as determined by the facility.

If we deny your request for amendment, we will give you a written denial including the reasons for the denial and the right to submit a written statement disagreeing with the denial.

- **Right to an Accounting of Disclosures.** You have a right to request an “accounting” or list of certain of our disclosures of your personal health information. This is a listing of certain disclosures of your personal health information made by the facility or by others on our behalf, but does not include disclosures for treatment, payment, and health care operation or certain other purposes.

To request an accounting of disclosures, you must submit a written request to our Privacy Officer at the address listed at the top of this Notice, stating a time period that does not exceed six years prior to the date of your request. An accounting will include, if requested, the disclosure date; the name of the person or entity that received the information and their address, if known; a brief description of the information disclosed; a brief statement of the purpose of the disclosure or a copy of the authorization or request; or certain summary information concerning multiple similar disclosures. The first accounting provided within a 12-month period will be free; for further requests, we may charge a fee.

- **Right to a Paper Copy of This Notice.** You have a 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. You may also obtain a copy of our Notice from our website at www.moravianmanor.org.

V. HITECH AMENDMENTS

Effective as of February 22, 2010, we are including HITECH Act provisions to this Notice as follows:

- **HITECH Notification Requirements.** Under HITECH, we are required to notify patients whose PHI has been breached. Notification must occur by first class mail within 60 days of discovery of the breach, or by such substitute notice as authorized by the Act. A breach occurs when an unauthorized use or disclosure that compromises the privacy or security of PHI poses a significant risk for financial, reputational, or other harm to the individual, as defined under the Act. This notice will include:
 - A brief description of what happened, including the date of the breach and the date of discovery;
 - A description of the type of PHI involved;
 - The recommended steps the individual should take to protect themselves from potential harm resulting from the breach;
 - A brief description of what we are doing to investigate the breach, mitigate losses, and to protect against further breaches;
 - Contact procedures for individuals to ask questions or learn additional information.

- **No Disclosure.** HITECH states that if you pay in full for services out of pocket, you can request that the information regarding the service not be disclosed to a health plan since no claim will be made to the plan. This request must be made at the time of service.
- **Access to E-Health Records.** HITECH expands your right to access PHI, giving you the right to access your own e-health record in an electronic format or to direct us to send the e-health record directly to a third party. We may only charge you a reasonable fee for supplies, labor and postage.
- **Accounting of Disclosures through E-Health Records for Treatment, Payment and Health.** We are not currently required to provide an accounting of disclosures of PHI to carry out treatment, payment, and health care operations. However, upon the effective date of this requirement, we will either: (1) provide you with an accounting of such disclosures we made and all of our business associates disclosures; or (2) provide you with an accounting of the disclosures made by us and a list of business associates, including their contact information, that will be responsible for providing you accounting of such disclosures upon request.
- **Prohibition on the Sale of PHI:** The HITECH Act prohibits us or our business associates from receiving direct or indirect payments in exchange for an individual's PHI unless we have obtained a valid authorization in accordance with Section III above. When used for this purpose, the authorization must state whether the PHI can be further exchanged by the entity receiving the information. However, this prohibition does not apply to exchanges of information for purposes of research or public health activities, health care operations or business associate activities related to the care or treatment of the individual, or the sale/merger of the covered entity with another entity, or other exceptions permitted by law.

VI. COMPLAINTS

If you believe that your privacy rights have been violated, you may file a complaint in writing with us or with the Office of Civil rights in the U.S. department of Health and Human Services. To file a complaint with the facility, contact Moravian Manor's Privacy Officer, at the address listed at the top of this Notice. We will not retaliate against you if you file a complaint.

VII. CHANGES TO THIS NOTICE.

We reserve the right to change this Notice and to make the revised or new Notice provisions effective for all personal health information already received and maintained by the facility as well as for all personal health information we receive in the future. We will post a copy of the current Notice in the facility and on our website. In addition, you may request and we will provide you with a copy of our revised notice.

VIII. FOR FURTHER INFORMATION.

If you have any questions about this Notice or would like further information concerning you privacy rights, please contact Moravian Manor's Privacy Officer, at the address listed at the top of this notice.