

# *NESHAMINY MANOR SUBSCRIBES TO THE FOLLOWING: 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.*

This Facility is required by law to maintain the privacy of your medical information and to provide you with this notice so you will understand how we may use or share your medical information and Neshaminy Manor's legal duties and privacy practices relative to your medical information. This Facility is required to follow the terms of the notice currently in effect. Neshaminy Manor will notify affected individuals in writing in the event of a breach of unsecured protected health information.

Following your receipt of this notice, please acknowledge receipt after reading it by signing and dating it. If you have any questions about this notice, please contact the County HIPAA Privacy Officer. After signing it, upon request, we will provide you with a copy of this notice.

## *UNDERSTANDING YOUR HEALTH AND MEDICAL RECORD INFORMATION*

The Notice of Privacy Practices outlines our practices and legal duties to maintain the confidentiality of your protected health information ("PHI") under the privacy and security regulations mandated by the Health Insurance Portability and Accountability Act ("HIPAA") and further expanded by The Health Information Technology for Economic Clinical Health Act ("HITECH").

"PHI" includes demographic information that can be used to identify you such as your name, address, and telephone number; information concerning your past, present, and future physical or mental health condition; information concerning the provision of health care to you; and information concerning your past, present or future payment for health care. Your "PHI" may be maintained by us electronically and/or on paper.

We have in place appropriate administrative, technical, and physical safe guards to protect and secure the privacy and security of your "PHI". We train our employees on the regulations and policies that are in place to protect the privacy and security of your "PHI". Medical records are maintained in secure areas within our facility and electronic medical record systems are monitored and updated to address security risks in compliance with the HIPAA Security Rule. Our employees who have a legitimate "need to know" are permitted access to your medical records and "PHI". Our employees understand their legal and ethical obligations to protect your "PHI" and that a violation of this Notice of Privacy Practices may result in disciplinary action.

Every time you receive services from Neshaminy Manor, documentation in your health/medical record is made. Typically, this record contains information about your condition and the treatment that we provide. We use and disclose this information to:

- Plan your care and treatment
- Document the care you received
- Educate health professionals
- Provide information for medical research
- Provide data for Neshaminy Manor planning
- Help transition your care to persons arranging for or directly providing for your care in the Community following your discharge.
- Communicate with other health professionals involved in your care
- Provide a means by which an insurance company can verify and pay for services
- Provide information to public health officials
- Evaluate and improve the care we provide

### ***HOW WE MAY USE AND DISCLOSE YOUR MEDICAL INFORMATION***

The following categories describe the ways we may use and disclose your medical information. We are unable to describe every possible way that we may use or disclose medical information under each category below. However, all of the ways we are permitted or required to use and disclose information will fall into one of the categories.

*For Treatment.* We may use medical information about you to provide you with medical treatment. We may disclose medical information about you to doctors, nurses, therapists, or other persons who are involved in taking care of you at this Facility. For example, specialists may need access to your health information. A doctor treating you for a broken leg may need to know that you have diabetes because diabetes may slow the healing process. The doctor may also need to involve the dietitian, the pharmacist and therapist in your treatment plan. Different departments of this Facility also may share medical information about you in order to coordinate your care and provide you with medication, lab work, etc. We may also disclose medical information about you to people outside this Facility who may assist in transitioning your care to community providers, or directly to community providers that may be involved in your care after discharge from this facility. This may include visiting nurses that provide care in your home.

*For Payment.* We may use and disclose medical information about you so that the treatment and services you receive at this Facility may be billed to you, an insurance company, or a third party. For example, in order to be paid, we may need to share information with your health plan about services that Neshaminy Manor provided to you. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

*For Health Care Operations.* We may use and disclose medical information about you for health care operations. This is necessary to ensure that all of our residents/patients receive quality care. For example, we may use medical information to review our services for quality improvement or compliance activities. We may combine medical information about groups of Neshaminy Manor residents/patients to evaluate our programs. We may also disclose information to doctors, nurses, therapists and other Neshaminy Manor personnel for review and learning purposes. We may remove information that identifies you so others may see it to study health care and health care delivery without learning the identities of residents/patients.

#### *OTHER ALLOWABLE USES OF YOUR MEDICAL INFORMATION*

*Business Associates.* There are some services provided in our organization through contracts with business associates. Examples include outside attorneys and a copy services we use when making copies of your health record. When we contract with a business associate to provide these services, we may disclose your medical information so they can perform the job we've asked them to do. We do require that the business associate appropriately safeguards your information.

*Directory Information.* Unless you notify us that you object, we will use your name, location in the facility, general condition, 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.

*Research.* Under certain circumstances, we may use and disclose medical information about you for research purposes. For example, a research project may involve comparing the health and recovery of all residents/patients who received one medication to those who received another for the same condition. A special approval process evaluates a proposed research project before it is implemented. Before we use or disclose your medical information for research, the project will have been approved through this process. We may, however, disclose medical information about you to people preparing to conduct a research study so long as the medical information they review does not leave the Facility premises.

*Health Information Exchange.* If we participate in a Health Information Exchange or "HIE", as permitted by law, we may share your health information electronically with this exchange in order to provide faster access to information and improved coordination of care to assist providers and others in making more informed decisions. If we participate in an HIE, you will have the opportunity to opt out or in some cases you will be asked to consent to the exchange of information. If you opt out or withhold your consent to the exchange of information through the HIE, your personal health information will continue to be used in accordance with this Notice and the law, but will not be made available through the HIE. If we participate in an HIE, we will do so in a manner that protects the confidentiality, privacy, and security of your information.

*Health Care Benefits and Reminders.* We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

*Workers' Compensation.* We may disclose medical information to the extent necessary to comply with laws relating to workers compensation or other similar programs. These programs provide benefits for work-related illness or injuries.

*Reporting.* Federal and state laws may require or permit Neshaminy Manor to disclose certain medical information related to the following:

- Public health risks:
  - prevention or control of disease, injury or disability
  - reporting births and deaths
  - reporting child abuse or neglect
  - reporting reactions to medications or problems with products
  - notifying people of product recalls
  - notifying persons who may have been exposed to a disease
- Reporting abuse, neglect or domestic violence: Notifying the appropriate government agency if we believe a resident/ patient has been the victim of abuse, neglect, or domestic violence.
- Health oversight: We may disclose medical information to a health oversight agency for activities such as audits, investigations, inspections, and licensure.
- Judicial and Administrative proceedings: If you are involved in a lawsuit or dispute, we may disclose medical information about you in response to a court or administrative order, subpoena, discovery request, or other lawful process.

*Law Enforcement.* We may disclose your medical information for law enforcement purposes as required by law or in response to a valid subpoena.

*Correctional Institution.* Should you be an inmate of a correctional institution, we may disclose to the institution or its agents medical information necessary for your health and the health and safety of others.

*Individuals Involved in Your Care or Payment for Your Care.* Unless you object, we may disclose medical information about you to a friend or family member who is involved in your care. We may also give information to someone who helps pay for your care. We will only disclose the information, which is directly relevant to the person's involvement in your care, or payment related to your care. We may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status

and location. In addition, we may disclose medical information about you to your healthcare services providers following your discharge from the center.

*Funeral Directors, Medical Examiners, and Coroners.* We may disclose medical information to a coroner or medical examiner. This may be necessary to identify a deceased person or determine the cause of death. We may also disclose medical information to funeral directors as necessary.

*Organ and Tissue Donation.* If you are an organ donor, we may disclose medical information to organizations that handle organ procurement to facilitate donation and transplantation.

*As Required by Law.* Neshaminy Manor may use or disclose medical information if the use or disclosure is required by law and the use or disclosure complies with and is limited to the relevant requirements of the law. Neshaminy Manor may, in accordance with the law, disclose medical information that it believes in good faith is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or public. Neshaminy Manor would disclose such information to a person reasonably able to prevent or lessen the serious and imminent threat.

#### ***OTHER USES OF MEDICAL INFORMATION REQUIRING WRITTEN PERMISSION***

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 permission. This includes most disclosures of psychotherapy notes, the use of your medical information for marketing purposes, disclosures that constitute the sale of medical information, and other uses and disclosures not described in this Notice. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written permission. 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. You also will be unable to revoke written permission to disclose medical information that you gave as a condition of obtaining insurance coverage where the law allows the insurer to contest a claim under the policy or the policy itself.

You have the right to inspect and obtain a copy of your “PHI”. You may request copies of your “PHI” in either paper or electronic form. To request access, please submit a request in writing to the Privacy Officer. We will respond as soon as possible, but no later than 30 days from the date of your request. If access is denied, you will receive a denial letter. We have a right to charge a reasonable fee for providing copies of your “PHI”.

You have a right to receive notice if there has been a breach of your unsecured “PHI”.

**Acknowledgement of Receipt of Notice of Privacy Practices**

I acknowledge that I have received and understand Neshaminy Manor's *Notice of Privacy Practices* containing a description of the uses and disclosures of my health information. I further understand that Neshaminy Manor may update its *Notice of Privacy Practices* at any time and that I may receive an updated copy of Neshaminy Manor's *Notice of Privacy Practices* by submitting a request in writing for a current copy of Neshaminy Manor's *Notice of Privacy Practices*.

\_\_\_\_\_  
Printed Patient Name

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

If completed by patient's personal representative, please print name and sign below.

\_\_\_\_\_  
Printed Patient Personal Representative Name

\_\_\_\_\_  
Relationship to Patient

\_\_\_\_\_  
Patient Personal Representative Signature

\_\_\_\_\_  
Date

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**For Neshaminy Manor's Official Use Only**

Complete this form if unable to obtain signature of patient or patient's personal representative.

Neshaminy Manor made a good faith effort to obtain patient's written acknowledgement of the *Notice of Privacy Practices* but was unable to do so for the reasons documented below:

- Patient or patient's personal representative refused to sign
- Patient or patient's personal representative unable to sign
- Other \_\_\_\_\_

\_\_\_\_\_  
Employee Name (printed)

\_\_\_\_\_  
Employee signature

\_\_\_\_\_  
Date

