



## PINE VIEW TERRACE

### NOTICE OF PRIVACY PRACTICES

**EFFECTIVE DATE:** APRIL 14, 2003 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.

#### **Understanding Your Medical Record and Your Health Information:**

Each time you visit a RPH Nursing Facility or one of its affiliates (together affiliated covered entity), information about your visit is recorded in your medical record. Typically, this record consists of your medical history, symptoms, examination, observations, test results, diagnosis, treatment, and future care plans. Understanding your health information and how it is used helps to ensure that it is accurate, and that it is used and disclosed appropriately.

#### **Your Health Information: Privacy Rights:**

Although your medical record is the property of RPH, the information belongs to you. You have legal rights regarding your health information, which are described below. To exercise any of these rights, a written request with supporting reasons, must be submitted to the Nursing Facility's Administrator. Requests that do not follow these guidelines may be denied.

#### **Your legal rights include a:**

**Right to Access.** With some exceptions, you have the right to review and copy your health information.

We may charge a fee for the cost of copying, mailing, or other supplies associated with the request.

**Right to Amend.** You have the right to request an amendment of your health information when it is incorrect or incomplete. This right exists as long as we keep this information.

**Right to an Accounting of Disclosures.** You have the right to obtain a listing of those to whom we disclosed your health information. This right applies to disclosures other than those made for treatment, payment, health care operations; and those you specifically authorized. You can request an accounting for up to 6 years prior to the date of the request but not prior to April 14, 2003. The first request in a 12 month period is provided at no cost to you. There may be a charge for subsequent request or when we revoke a previously agreed to restriction.

**Right to Request Restrictions.** You have the right to request restrictions on the use or disclosing of your health information. We will use our best efforts to comply with all approved requests except when the information is needed to provide emergency treatment. We will provide you with a written explanation for denied requests or when we revoke a previously agreed to restriction.

**Right to Request Alternate Communication.** You have the right to specify that communication with you be conducted in a particular manner or be directed to a certain location. We will attempt to accommodate all reasonable request.

**Right to a Paper Copy of the Notice.** You may request a paper copy of this Notice at any time.

**Right to Require Written Authorization.** Any Uses or disclosures of your health information, other than those described below, will be made only with your advance written authorization, which you may grant or revoke at any time.

### **Use and Disclosure of Your Health Information:**

Federal Privacy laws allows RPH to use and disclose your health information for the following reasons or to the following entities.

**Treatment** - Members of RPH's workforce (including doctors, nurses, therapists) may use your health information to treat and care for you. We may disclose your health information to providers not affiliated with RPH, to facilitate the care they provide you. For example, we may disclose your health information to your personal physician, pharmacy or hospital during your stay at this Nursing Facility. We also have entered into an organized health arrangement with our pharmacy and will share your health information with them.

**Payment** - Members of RPH's workforce may use your health information to request payment, for the treatment we provide. For example, we may disclose your health information to your health insurance plan, to a third party, or directly to you to request payment for the treatment we provide.

**Health Care Options** - Members of RPH's workforce may use your health information for health care operations of the Nursing Facility. Examples of these activities are: state certification surveys, review our services, determine effectiveness of new treatments, evaluate our performance, provide training to our staff, or to identify future services offerings and those no longer needed.

**Nursing Facility Directory and Notification Purposes** - Your name and location in the Nursing Facility may be included in the directory. This information may be released to people who ask for you by name. Your name may be included in a list of residents provided to clergy who offer spiritual services.

**Resident Communication** - We may contact you to provide appointment reminders, alternative treatments, and other health services that may be of interest.

**Business Associates** - We may disclose your information to service providers with whom we have contracted to provide a service on our behalf. We must have written assurance in place, before disclosing your information to our Business Associates.

**Research** - All research studies require internal approval before your health information is disclosed. We will obtain your authorization order, subpoena, warrant, summons, or discovery request.

**Funeral Directors, Coroners, Medical Examiners** - We may disclose your health information in order for these individuals to carry out their duties.

**Food and Drug Administration (FDA), Public Health Agencies, Health Oversight Agencies** - We may disclose your information to: report adverse events with food, drugs, medical devices, dietary supplements, other products and product recalls; upon births, deaths, child abuse, neglect, domestic violence; prevent or confirm disease, injury, disability; notify people possibly exposed to a disease or maybe spreading a disease; authorized organ donations; or as required by law.

**Correctional Institution** - We may disclose your information when you are an inmate or under custody so the correctional institution can provide you health care, to protect your health and safety and that of others.

**Military Authorities** - We may disclose your information when you are a member or veteran of the

military.

Residents Admission Agreement  
January 2015

**Our Responsibility:**

It is our responsibility to provide reasonable safeguards in order to protect the privacy of your health information. Use or disclose the minimum amount of information required to reasonably provide necessary services. Provide and review this Notice with you regarding our legal duties and privacy practices with respect to your health information and to obtain your signature acknowledging receipt of this Notice. Post the current Notice in the Nursing Facility and Abide by the terms of this Notice.

We reserve the right to change our practices and to make the new provisions effective for all health information we maintain. This Notice will specify the effective date on the first page.

**State Law Requirements**

Some States have adopted more stringent restrictions on the use or disclosures of your health information than those described above. If the Nursing Facility is located in such a state, these additional requirements will be included as an attachment to this Notice.

