

## NOTICE OF PRIVACY PRACTICES Marlow Manor Assisted Living Facilities

HIPAA, or Health Insurance Portability and Accountability Act of 1996, is the first comprehensive Federal Law to protect the privacy of all individually identifiable health information. It supersedes State law with respect to health information.

This Notice describes Marlow Manor Assisted Living Facilities privacy practices and the rights that you, the individual, have as they relate to the privacy of your Protected Health Information (PHI). Your PHI is information about you, or that could be used to identify you (birth, admit, discharge, death, telephone numbers, photograph, fingerprints, e-mail address, names of relatives, etc.), as it relates to your past and present physical and mental health care services. HIPAA regulations require that Marlow Manor Assisted Living Facilities protect the privacy of your PHI that Marlow Manor Assisted Living Facilities has either received or created.

### **1. OUR LEGAL DUTY**

By Law, we are required to

- Ensure that health information that identifies you is kept confidential;
- Give you this notice of the legal duties and privacy practices related to health information that we maintain about you; and
- Follow the terms of the notice that is now in effect.

By Law, we have the right to:

- Change our privacy practices for the terms of this notice at any time, provided that each change is permitted by law;
- Make the changes in our privacy practices and the new terms of our Notice effective for all health information that we keep, including information previously created or received before the changes.

### **2. USE AND DISCLOSURE OF YOUR MEDICAL INFORMATION**

The following section describes different ways that we use and disclose medical information. Not every use or disclosure will be listed. However, we have listed all of the different ways we are permitted to use and disclose health information. Use and Disclosure methods include verbal, e-mail, phone and fax transmissions. We will not use or disclose your health information for any purpose not listed below, without your specific written authorization. Any specific written authorization that you provide may be revoked at any time by written communication of such, from you to us.

**FOR TREATMENT:** We may use health information about you to provide you with medical treatment or services. We may disclose health information about you to doctors, nurses, technicians, interns, or other people who are involved in your care, such as, Care Coordinators, Discharge Planners, and pharmacy staff. We may also share health information about you with your other health care providers in assisting them in treating you.

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**FOR PAYMENT:** We may use and disclose your health information for payment purposes.

**FOR HEALTH CARE OPERATIONS:** We may use and disclose your health information for our health care operations. This might include measuring and improving quality, evaluating the performance of employees, conducting training programs, and getting the certificates, licenses, and credentials that we need to serve you.

### **3. OTHER USES OF HEALTH INFORMATION**

In addition to using and disclosing your health information for Treatment, Payment, and Health Care Operations, your PHI will be printed in the following binders or information packets, *unless you object in writing*,

- Emergency Binder (of Resident information and contacts)
- Emergency Packets (for example, to emergency room)
- Dietary Information for Dining Room purposes
- Files and Folders in Executive Director's office, in locked cabinets in front office, in the archive office, and in office 222 on the second floor,
- On the EntryGuard (main entrance) Resident List (last name, first initial, and 2 digit code)

### **4. RESIDENT'S LEGAL RIGHTS**

Through HIPAA law, you, the resident, have the right:

- to receive a Notice of Privacy Practices informing you of the ways in which the provider (Marlow Manor Assisted Living) may use and disclose PHI;
- to access, inspect and receive copies of your PHI;
- to amend or correct copies by adding supplemental information;
- to restrict use and disclosure of information;
- to an accounting of disclosures;
- to revoke authorization for use and disclosure; and
- the right to appeal.

### **5. QUESTIONS AND COMPLAINTS**

If you have questions about this Notice, or if you believe that your privacy rights have been violated, please contact the Executive Director, Theresa, Brisky RN, BSN, Complaints must be submitted in writing. You may submit your written complaint to the USDHHS, address available upon request. If you opt to file a complaint, the services provided to you by Marlow Manor Assisted Living Facilities will not be adversely affected.