



## Notice of Privacy Practices

Effective September 1, 2010

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED OR DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

NAME \_\_\_\_\_

### WHO WILL FOLLOW THIS NOTICE

This notice describes the health information practices of Golden Age, Inc. that provides nursing facility services and/or health care for you or the resident for whom you serve as the personal representative. (Please note, "You" refers to the resident in the facility.) This notice applies to the practices of the facility and business associates of the facility who contractually agree to safeguard protected health information.

### PLEDGE REGARDING HEALTH INFORMATION

The facility is committed to protection of your health information. This notice applies to information about you that is transmitted or maintained by health care providers, health care clearinghouses (such as agencies that help in electronic transmission of data) and health plans (including insurance companies, HMOs, employee health plans, Medicare, Medicaid, and Champus). Health information covered under this notice is information that could be identified with you (such as name, address, date of birth, medical record numbers, license numbers, and account numbers) and that relates to your health condition, health care services you have received or will receive, and payment for those services. This notice gives you information required by law about the duties and privacy practices of the facility that protect the privacy of your health information. The facility is required by law to maintain the privacy of protected health information, provide you with a copy of the current notice upon your request, and abide by the terms of our current notice. This notice will also describe your rights regarding the use and disclosure of your health information.

### HOW YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED

The facility may use and disclose your health information for several different purposes, such as:

**Treatment.** We may use or disclose your health information to provide you with health care services. We may disclose your health information to doctors, nurses, technicians, students, instructors, or other persons at the facility who need that information to take care of you. This may involve talking to doctors and other not employed by the facility. We also may disclose your health information to people outside the facility who may be involved in your health care, such as treating doctors, home care providers, pharmacies, drug or medical device experts, and family members.

**Payment.** We may use or disclose your health information so that the health care you receive may be billed and paid for by you, your insurance company, or another third party. We may also tell your health plan about a treatment you are going to receive so we can get prior payment approval or learn if your plan will pay for treatment.

**Health Care Operations.** We may use or disclose your health information outside the facility for our health care operations. These uses and disclosures help us operate the facility to maintain and improve patient care. For example, we may use your health information to review the care you have received and to evaluate the performance of our staff in caring for you. We also may combine health information about many patients to identify new services to offer, what services are not needed, and whether certain therapies are effective. We may also disclose information to doctors, nurses, technicians, medical students, and other persons at the facility for learning and quality improvement purposes. We may remove information that identifies you so people outside the facility may study your health data without knowing who you are.

**Business Associates.** We may use or disclose your health information to business associates (the name the law gives to administrators, accountants, actuaries, billing services, and other organizations or persons hired to assist the facility). Each business associate of the facility must agree in writing to ensure the continuing confidentiality and security of your health information.

**Communication.** We may use or disclose health information to notify or assist in notifying a family member, personal representative, or another person responsible for your care about your location, general condition, healthcare decisions, payment for your healthcare or death. Personal contacts will include, but are not limited to, persons listed on your Admission Record and within your health information record.

**Correctional Institutions.** We may use or disclose health information if you are an inmate of a correctional institution or under custody of a law enforcement official, to the correctional institution, its agents or the law enforcement official your health information necessary for your health or the health and safety of other individuals.

**Disasters.** We may use or disclose health information to avert a serious threat to your health or safety or the health or safety of others or to assist in disaster relief activities.

**Facility Outings.** We may use or disclose health information to other agencies, businesses, facilities, or medical personnel for the purpose of registration, participation, and medical treatment during outings away from the facility.

**Fundraising.** We may use or disclose health information for fundraising purposes on behalf of the facility to a business associate or any related foundation but only to the extent of demographic information and dates of health care.

**Funeral Directors, Medical Examiners, and Coroners.** We may use or disclose your health information to funeral directors, medical examiners, and coroners consistent with applicable law to carry out their duties.

**Health Related Services.** 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.

**Health Oversight Activities.** We may use or disclose health information for health oversight activities authorized by law. For example, oversight activities include audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

**Incidental Uses and Disclosures.** There are certain incidental uses or disclosures of your health information that occur while we are providing services to you or conducting our business. For example, other individuals in the same area may hear your name called. We will make reasonable efforts to limit these incidental uses and disclosures.

**Law Enforcement/Legal Matters.** We may use or disclose health information if asked to do so by a law enforcement official as required or permitted by law. We may use or disclose your health information in a response to a court or administrative order, subpoena, or other discovery request.

**Organ Procurement Organizations.** We may use or disclose health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant. This information will be released only if we have documentation on file to support your wishes to participate with a specific organization such as University of Mississippi Medical Center or other similar organ procurement organization.

**Patient Information.** We may use or disclose health information in our patient directory, such as your name location, religious affiliation, and general condition. This information will be given to people who ask for you by name and to members of the clergy. A nameplate will be placed next to or on your door in order to identify your room. Information will be placed in a private area of your room to inform staff members of your personal preferences.

**Photographs.** Photographs of you may be posted in the facility, on the facility website, or released to the media. Photographs of you may be released to you, other residents of the facility, your friends or family members, friends or family members of other residents of the facility, or employees of the facility. These photographs may be released by hard copy or in electronic format. This does not include photographs made for the purpose of documentation of health care.

**Public Release.** We may use or disclose health information to the media, on the facility website and to church and civic organizations. We may use or disclose information in a facility produced newsletter, monthly events calendar, within mailings about special events, at newcomer parties, resident of the month parties, Mardi Gras celebrations, memorial services, special recognition events, and posted within the facility for special recognition. We may use or disclose information to set up an internet email account, which is set up at your request, and that you use to interact with other as you choose.

**Research.** We may use or disclose health information about you to researchers preparing to conduct a research project.

**Public Health.** We may use or disclose health information about you for public health activities. These activities may include disclosures to a public health authority authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury, or disability; to FDA-regulated entities for purposes of monitoring or report the quality, safety or effectiveness of FDA-regulated products; or to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.

**Required by Law.** We may use or disclose health information as required by federal, state, or local law. We may disclose health information to a governmental agency authorized to oversee the health care system or a government program to the extent authorized by law, when it concerns abuse, neglect, or violence to you. Information may be disclosed to federal officials for lawful intelligence, counterintelligence, and other national security purposes.

**Specialized Government Functions.** We may disclose health information for national security and intelligence activities authorized by law, for protective services of the president; or if you are a military member, to the military under limited circumstances.

**Teaching.** We may use or disclose health information to students and educational instructors as part of professional health care training.

**Threats to Health and Safety.** We may use or disclose your health information if we believe it is necessary to avert or lessen a serious threat to health and safety and is to a person reasonably able to prevent or lessen the threat or is necessary for law enforcement authorities to identify or apprehend an individual involved in a crime.

**Workers' Compensation.** We may use or disclose health information to the extent authorized and necessary to comply with law relating to workers' compensation and other similar programs established by law.

## **USES OR DISCLOSURE WITH YOUR AUTHORIZATION**

The facility will not use or disclose your health information for other purposes unless you give your oral or written authorization to do so. However, in order to better respond to your requests, the facility asks that all requests be in writing on the facility's approved "Authorization for the Release of Information." If you give oral or written authorization to use or disclose your health information for a purpose that is not described in this notice, then, in most cases, you may revoke the authorization orally or in writing at any time. If you revoke your authorization, the facility will no longer use or disclose the health information about you for the reasons covered under your written authorization. You understand that the facility is unable to take back any uses or disclosures made based on your authorization before you revoked the authorization.

## **YOUR RIGHTS REGARDING HEALTH INFORMATION**

**Right to an Accounting of Disclosures.** You have the right to request an accounting of disclosures made for any purpose other than treatment, payment, or health care operations, disclosures to correctional institutions or law enforcement officials, disclosures for national security or intelligence purposes, or disclosures specifically authorized by you. To request a list of disclosures, you must submit your request in writing to the privacy officer. Your request must state a time period, which may not be longer than six years and may not include dates before April, 2003. Your request should indicate in what form you want the list (for example, paper or electronic). The first list you request within a 12-month period will be free. For additional lists, the facility may charge you for the costs of providing the list. The facility will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

**Right to Amend.** If you feel that health information that the facility has about you is incorrect or incomplete, you may ask to amend the information for as long as the information is kept by or for the facility. Your request must be in writing on a "Request for Amendment to Medical Record" form, available from the privacy officer, and submitted to the privacy officer. In addition, you must provide a reason that supports your request. The facility may deny your request for an amendment if it is not in writing or does not include a reason to support the request. The facility may also deny your request if you ask the facility to amend information that: (a) is not part of the health information kept by or for the facility; (b) was not created by the facility, unless the person or entity that created the information is no longer available to make the amendment; (c) is not part of the information which you would be permitted to inspect and copy; or (d) is accurate and complete.

**Right to Inspect and Copy.** You have the right to inspect and copy health information that may be used to make decisions about your treatment. You must send your request in writing to the privacy officer. If you request a copy in writing, the facility may charge a fee for the costs of mailing, copying, and other supplies related to your request. In very limited cases, the facility may deny your request for copying, but if your request is denied, you will have the opportunity to appeal the decision.

**Right to Request Confidential Communications.** You have the right to ask that the facility communicate with you in confidence about your health information by a different means or at a different location. For example, you may request that the facility communicate with you by mail at work rather than at home. Your request must be sent in writing on a Request to Receive Communications by Alternative Means to the Privacy Officer at the address indicated below and state the means or location to communicate with you in confidence. The facility may not be able to agree to some requests unless the method of communication is necessary to avoid endangering you and your request continues to allow the facility to receive payment.

**Right to Restrictions.** You have the right to place additional restrictions on the use or disclosure of your health information. To request such restrictions, you must put your request in writing to the facility privacy officer at the address listed below. Your request must describe the information you want to limit, whether you want to limit the use or disclosure of information, and to whom you want the limits to apply. Please note that the facility may not always be able to agree or comply with your request.

**Right to a Paper Copy of This Notice.** You have the right to a paper copy of this notice, which you may ask for at any time. If you receive this notice electronically, you are still entitled to a paper copy. You may obtain a copy of this notice at the facility web site or by contacting the privacy officer referenced below.

**Right to File Complaints.** If you believe that your privacy rights have been violated, you may file a complaint with the facility or with the Secretary of the Department of Health and Human Services. All complaints to the facility must be submitted in writing. You will not be penalized for filing a complaint. To file a complaint with the facility, contact Judy McGinnis, RHIT, Privacy Officer, Golden Age, Inc., 2901 Highway 82 East, Greenwood, MS 38930, Phone Number (662) 453-6323.

## CHANGES TO THIS NOTICE

The facility reserves the right to change this Notice as our privacy practices change and to make the new provisions effective for all health information we maintain. We will post a current notice in the facility and on our website. The effective date of this notice is on the first page in the top right corner and in the bottom margins of each page.

## QUESTIONS

If you have any questions about this Notice of Privacy Practices, please contact the privacy officer listed in the Right to File Complaints section of this notice.

## ACKNOWLEDGMENT OF RECEIPT

I hereby acknowledge receipt of the "Notice of Privacy Practices" from Golden Age, Inc. dated as of September 1, 2010. I acknowledge that I have had the opportunity to ask questions or seek clarification regarding this "Notice of Privacy Practices."

\_\_\_\_\_  
Resident or Personal Representative

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date