



Evergreen Community of Johnson County
11875 S. Sunset Drive Suite 100 Olathe, KS 66061
913-477-8227

Notice of Privacy Practices for Protected Health Information Effective 4/14/2003

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.

DEFINITIONS

- **JCNC:** Johnson County Nursing Center (facility)
- **Health Information:** Information that constitutes protected health information as defined in the Privacy Rule of the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act (HIPAA) of 1996.
- **PHI:** Protected Health Information

USE AND DISCLOSURE OF HEALTH INFORMATION

JCNC may use your health information for purposes of providing your treatment, obtaining payment for your care and conducting health care operations. The facility has established policies to guard against unnecessary disclosure of your health information.

THE FOLLOWING IS A SUMMARY OF THE CIRCUMSTANCES UNDER WHICH AND PURPOSES FOR WHICH YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED:

To Provide Treatment: We may use information about you to provide you with comprehensive quality care. We may disclose health information about you to our staff that is involved in your treatment. For example, your physician will give orders that he or she expects members of the health care team to carry out for you. We will also provide your physician, other health care professionals or providers with copies of some of your records to assist them in treating you and to provide continuity of care. Also, other members of the health care team such as therapists, pharmacists, or nurses will review your record and carry out treatments then record their interventions and observations on your record.

To Obtain Payment: We may use and disclose your PHI so that we can bill and receive payment for care provided. For billing and payment services, we may disclose your PHI to your agent for health care decisions, agent for financial decisions, an insurance company, Medicare, Medicaid or other third party payers. The information provided to such payers may include such items as diagnosis, date of birth, treatments provided or your health insurance numbers.

To Conduct Health Care Operations: JCNC may use and disclose health information for its own operations in order to facilitate the function of the facility and as necessary to provide quality care to all of the residents. Health care operations include but are not limited to, such activities as:

- Members of the nursing staff, the risk management or quality improvement/ quality assurance team may use information from your record to assess the quality and outcomes in your individual care and the competence of the caregivers. We will use this information in an effort to continually improve the quality and effectiveness of the health care and services we provide.
- Some staff members such as individuals providing transportation, coordinating outings or direct care staff may need to use and disclose certain information to provide quality care and resident safety. Some examples of this would be:
 - Marking wheelchairs with a star to indicate resident in star program for resident safety
 - Resident information (face sheet) with Do Not Resuscitate information included for transportation and outings off site
 - Listings of residents included in the walk to dine program
 - Dining room seating chart
 - Individual resident dietary information accessible at the dining room tables
- In order to provide continuity of care, if you participate in psychotherapy, these notes that include date/time of session, payer source, diagnosis and medications will be part of your health care record.

- We provide some services through contracts with business associates. Some examples of these would be diagnostic tests such as laboratory or radiology, dieticians, pharmacists, ambulance, beautician or therapists. We may disclose your PHI when we use these services so that they can perform the functions they are contracted to provide. These business associates are also required to safeguard your health information.
- We may use your name, location in the facility, photograph, general information, and religious affiliation in the directory. This information may be provided to members of the clergy and other people who ask for you by name.
- Communication with and notification of family members, a personal representative or the person responsible for your care your location and health information relevant to that person's involvement in your care.
- We may disclose information to researchers when the research is for long term improvement in quality of care and protocols have been established to ensure the privacy of your health information.
- Accreditation, certification, research, licensing or credentialing agencies such as KDHE, FDA, Public Health Dept., and Law Enforcement.
- Review and auditing, including compliance reviews, medical reviews, legal services and compliance programs.
- Funeral Directors will have access to PHI to carry out their duties.
- Volunteers may occasional have access to PHI as they perform their various activities. Volunteers are required to sign a confidentiality agreement.
- Marketing - we may use your photograph in the facility newsletter and or local newspapers.
- Reporting Agencies - we may disclose your health information to public authorities to report abuse or neglect, specific threats toward others, and other as allowed by law.
- Law Enforcement - We may disclose your health information in the course of a judicial proceeding with your consent, a review by a coroner, or as directed by a valid court order.

Other uses and disclosures not described in this notice will be made only as authorized by law or with your written authorization. You may revoke any authorization in writing at any time.

YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION

You have the following rights regarding your health information the facility maintains:

- **Right to request restrictions:** You may request restrictions on certain uses and disclosures of your health information. You have the right to request a limit on the facility's disclosure of your health information to someone who is involved in your care or the payment of your care. We are required to agree to your restrictions unless you are being transferred to another health care institution, the release is required by law, or the release is needed to provide emergency treatment.
- **Right to receive confidential communications:** You have the right to request that the facility communication with you in a certain way. For example, you may ask that we contact you only at work or by mail. The facility will not request that you provide any reasons for your request and will attempt to honor your reasonable requests for confidential communications.
- **Right to inspect and copy your health information:** You have the right to inspect and copy your health information, including billing records. A request to inspect and copy records containing your health information may be made to Medical Records staff. If you request a copy of your health information, the facility may charge a reasonable fee for copying and assembling costs associated with your request. This right is not absolute. In certain situations, such as when access would cause harm to an individual, we have the right to deny access. In other situations, we may deny you access but we must provide you a review of our decision to deny access.
- **Right to amend health care information:** You have the right to request that the facility amend your records, if you believe that your health information is incorrect or incomplete. That request may be made as long as the information is maintained by the facility. A request for an amendment of records must be made in writing to the Privacy Officer. The facility may deny the request if it is not in writing or does not include a reason for the amendment. The request also may be denied if your health information records were not created by the facility, if the records you are requesting to amend are not part of the facility's records, if the health information you wish to amend is not part of the health information you or your representative are permitted to inspect and copy, or if, in the opinion of the facility, the records containing your health information are accurate and complete. If we deny your request, 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:** An "Accounting of Non-Routine Disclosures" is a list of disclosures we made of health information about you other than for treatment, payment, or healthcare operations, with certain exceptions specifically defined by law. This accounting includes a list of when, to whom, for what purpose, and what content of your PHI has been released. We do not need to provide an accounting of disclosures: provided to you; provided under your specific authorization; provided to others involved in your care; provided for national security or

intelligence purposes (as specified by law); to correctional institutions or law enforcement officials (as specified by law); or that occurred before April 14, 2003. The first accounting that you request within a 12 month period will be at no cost to you. We reserve the right to charge a reasonable cost-based fee for additional accountings. To request an accounting of Non-Routine Disclosures, in writing stating the time period beginning after April 14, 2003 that is within 6 years

- from the date of your request.
- **Right to a paper copy of this Notice:** You may ask us to give you a copy of this notice at any time. Even if you have received this notice electronically, you are still entitled to a paper copy of this notice.

Our Responsibilities

Johnson County Nursing Center is required to:

- Maintain the privacy of your health information as required by law
- Provide you with a notice as to our legal duties and privacy practices regarding the information we gather and maintain about you
- Abide by the terms of this notice.
- Notify you if we are unable to accommodate a requested restriction
- Accommodate reasonable requests by you to communicate health information using alternative means or alternative locations

We reserve the right to amend, change, or eliminate our practices and to make the new provisions effective for all protected information we maintain. If our practices change, we will provide you with a revised notice. We will not use or disclose your protected health information without valid authorization, except as described in this notice.

For Additional Information or to Report a Problem

If you have questions or would like additional information you may contact the facility's Privacy Officer at (913) 477-8233 or at 11875 S. Sunset Ave. Suite 100, Olathe, KS 66061.

You have the right to file a complaint with respect to the implementation of this notice or if you believe your rights as a resident have been violated by JCNC. A verbal or written complaint may be filed directly with Johnson County Nursing Center, attn: Privacy Officer, 11875 S. Sunset Ave., Suite 100, Olathe, KS 66061, telephone (913) 477-8233, or a written complaint may be filed with the Secretary of the Department of Health and Human Services @ U.S. Department of Health & Human Services, 200 Independence Ave SW, Washington, DC 20201, telephone toll free 1-877-696-6775. You may also contact the Office of Civil Rights (OCR) web site at: www.hhs.gov/ocr/hipaa.