

## 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.**

*If you have any questions about this notice, please contact Privacy Officer at 503-769-3499x1180.*

Marian Estates

390 Church Street

Sublimity, OR 97385

### WHO WILL FOLLOW THIS NOTICE

This notice describes the information privacy practices followed by our employees, staff and other office personnel.

### YOUR HEALTH INFORMATION

This notice applies to the information and records we have about your health, health status, and the health care and services you receive from this organization. Your health information may include information created and/or received by this organization, may be in the form of written or electronic records or spoken words, and may include information about your health history, health status, symptoms, examinations, test results, diagnoses, treatments, procedures, prescriptions, related billing activity and similar types of health-related information.

We are required by law to maintain the privacy of your protected health information and give you this notice. It will tell you about the ways in which we may use and disclose health information about you and describes your rights and our obligations regarding the use and disclosure of that information. We are required to abide by the terms of the notice then currently in effect.

## HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

We may use and disclose health information for the following purposes:

- **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, office staff or other personnel who are involved in taking care of you and your health.

For example, your doctor may be treating you for a heart condition and may need to know if you have other health problems that could complicate your treatment. We may disclose medical history to assist the doctor to decide what treatment is best for you. We may also help the doctor coordinate your care with other physicians and medical personnel.

Different personnel in our office may share information about you and disclose information to people who do not work in our office in order to coordinate your care, such as coordinating authorizations with your pharmacy, lab or x-ray facility. Family members and other health care providers may be part of your medical care outside this office and may require information about you that we have.

- **For payment.** We may use and disclose health information about you so that the treatment and services you receive may be paid or may be disclosed to another insurance company.

For example, we may receive information from you regarding your name, age, address and or from your health care providers through insurance transactions, such as the submission of information for pre-authorizations or claims for reimbursement of covered benefits.

- We will not disclose your personal information unless we are allowed or required by law to make the disclosure, or if you give us permission. Following are some examples of disclosures we may make as allowed or required by law:

- To health care providers (doctors and others who provide you with care) in connection with an insurance transaction, such as verifying that you are eligible for health care;
  - To service companies that perform insurance functions on our behalf, such as third party administrators, auditors, benefit consultants, stop loss insurance, or care management specialists for utilization management and quality improvement;
- **For Health Care Operations.** We may use and disclose health information about you in order to run the organization and make sure that you and our other residents receive quality care.

For example, we may use your health information to evaluate the performance of our staff in caring for you. We may also use health information about all or many of our residents to help us decide what additional services we should offer, how we can become more efficient, or whether certain new treatments are effective.

We may also disclose your health information to health plans that provide you insurance coverage and other health care providers that care for you. Our disclosures of your health information to plans and other providers may be for the purpose of helping these plans and providers provide or improve care, reduce cost, coordinate and manage health care and services, train staff and comply with the law.

For example, we may disclose health information to Department of Human Services in certain instances to comply with regulations or coordinate your care such as but not limited to appeals, complaints, and information obtained through case management services.

Different personnel in our organization may share information about you and disclose information to people who do not work in our organization in order to coordinate your care, such as phoning a home health agency to set up care ordered by your physician. Family members and other health care providers may be part of your medical care outside this organization and may require information about you that we have.

- **Treatment Alternatives.** We may contact you to provide information about or recommend possible treatment options or alternatives that may be of interest to you. For example, we may contact you

about the availability of new treatment or services for diabetes.

- **Business Associates.** We may provide some healthcare service related function through the use of contracts with business associates. For example, we may have contracts for claims payment and customer service. When these services are contracted, we may disclose your health information to business associates so that they can perform their jobs. We require our business associates to protect and safeguard your health information in accordance with all applicable state and federal laws.
- **Interpreters.** In order to provide you proper care and services, we may use the services of an interpreter. This may require the use or disclosure of your personal health information to the interpreter.
- **Marketing Health-Related Products and Services.** We may tell you about health-related products or services that may be of interest to you.

Please notify us if you do not wish to be contacted to receive communications about treatment alternatives or health-related products and services. If you advise us **in writing** (at the address listed at the top of this Notice) that you do not wish to receive such communications, we will not use or disclose your information for these purposes.

- **Family and Friends.** We may disclose health information about you to your family members or friends if we obtain your oral/written agreement to do so or if we give you an opportunity to object to such a disclosure and you do not raise an objection. We may also disclose health information to your family or friends if we can infer from the circumstances, based on our professional judgment that you would not object.

In situations where you are not capable of giving consent (because you are not present or due to your incapacity or medical emergency), we may, using our professional judgment, determine that a disclosure to your family member or friend is in your best interest. In that situation, we will disclose only health information relevant to the person's involvement in your care.

For example, we may inform your daughter who has called our facility to inquire about your care that home health services are going to be provided. If you are unable to coordinate this care on your own, we may disclose information to your family to assist with your coordination of care.

#### SPECIAL SITUATIONS

Under certain circumstances, federal law allows us to disclose an individual's protected health information

without giving the individual an opportunity to object and without obtaining any written authorization. In order to disclose your protected health information under these circumstances without written authorization, the disclosure must still meet all requirements imposed by applicable local, state and other federal laws. Examples of these types of disclosures include:

- **To Avert a Serious Threat to Health or Safety.** We may use and disclose health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.
- **Required By Law.** We will disclose health information about you when required to do so by federal, state or local law.
- **Research.** We may use and disclose health information about you for research projects that are subject to a special approval process. We will ask you for your permission if the researcher will have access to your name, address or other information that reveals who you are, or will be involved in your care.
- **Military, Veterans, National Security and Intelligence.** If you are or were a member of the armed forces, or part of the national security or intelligence communities, we may be required by military command or other government authorities to release health information about you. We may also release information about foreign military personnel to the appropriate foreign military authority.
- **Workers' Compensation.** We may release health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.
- **Public Health Risks.** We may disclose health information about you for public health reasons in order to prevent or control disease, injury or disability; or report births, deaths, suspected abuse or neglect, non-accidental physical injuries, reactions to medications or problems with products.
- **Health Oversight Activities.** We may disclose health information to a health oversight agency for audits, investigations, inspections, or licensing purposes. These disclosures may be necessary for

certain state and federal agencies to monitor the health care system, government programs, and compliance with civil rights laws.

- **Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to a court or administrative order. Subject to all applicable legal requirements, we may also disclose health information about you in response to a subpoena.
- **Coroners, Medical Examiners and Funeral Directors .** We may release health information to a coroner or medical examiner. This may be necessary, for example, to identify the deceased person or determine the cause of death.
- **Law Enforcement.** We may release health information if asked to do so by a law enforcement official in response to a court order, subpoena, warrant, summons or similar process, subject to all applicable legal requirements.
- **Information Not Personally Identifiable.** We may use or disclose health information about you in a way that does not personally identify you or reveal who you are.
- **Disclosures to or for the Food and Drug Administration (FDA).** We may disclose protected health information about an FDA-regulated product or activity, to a person or company required by the FDA to report adverse events including illnesses and injuries, product defects and other problems.
- **Disclosures Relating to Abuse or Neglect.** Consistent with federal and state laws, we may disclose protected health information relating to abuse or neglect, or about an individual whom we believe to be a victim of abuse, neglect or domestic violence, to a public health authority and/or government agency authorized by law to receive reports of abuse or neglect.

## PROTECTION

We will protect the use and disclosure of your protected health information by:

- Treating all of your personal information that we collect as confidential;
- Establishing and implementing confidentiality policies and practices in our employee handbooks as

well as disciplinary measures for privacy violations;

- Restricting access to your personal information only to those employees who need to know your personal information in order to provide our services to you, such as paying a claim for a covered benefit;
- Only disclosing your personal information that is necessary for a service company to perform its function on our behalf, and the company agrees to protect and maintain the confidentiality of your personal information; and
- Maintaining physical, electronic, and procedural safeguards that comply with federal and state regulations to guard your personal information.

#### OTHER USES AND DISCLOSURES OF HEALTH INFORMATION

We will not use or disclose your health information for any purpose other than those identified in the previous sections without your specific, written *Authorization*. If you give us *Authorization* to use or disclose health information about you, you may revoke that *Authorization*, **in writing**, at any time. If you revoke your *Authorization*, we will no longer use or disclose information about you for the reasons covered by your written *Authorization*, but we cannot take back any uses or disclosures already made with your permission.

In some instances, we may need specific, written authorization from you in order to disclose certain types of specially-protected information such as pertaining to HIV status, substance abuse, mental health, and genetic testing information.

#### YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU

You have the following rights regarding health information we maintain about you:

- **Right to Inspect and Copy.** You have the right to inspect and request a copy your health information, such as medical and billing records, that we keep and use to make decisions about your care. You must submit a written request to the Privacy Officer at the address identified on the first page of this notice in order to inspect and/or copy records of your health information. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other associated supplies.

We may deny your request to inspect and/or copy records in certain limited circumstances where the law does not give you a right to inspect or copy. If you are denied copies of or access to health information that we keep about you, we will inform you in writing and you may ask that our denial be reviewed. If the law gives you a right to have our denial reviewed, we will select a licensed health care professional to review your request and our denial. The person conducting the review will not be the person who denied your request, and we will comply with the outcome of the review.

If your request is approved, we will arrange for you to inspect or receive copies of the information within (2) business days (***Resident only***) and if the information is requested on your behalf by a family member or guardian within 30 days of the request, at a mutually convenient time and place for you to pick up, receive or review the information.

- **Right to Amend.** If you believe health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment as long as the information is kept by this organization.

To request an amendment, complete and submit a MEDICAL RECORD AMENDMENT/CORRECTION FORM to Privacy / Security Officer either at the address identified in on the first page or via fax at 503-581-7010.

We may deny your request for an amendment if your request is not **in writing** or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- We did not create, unless the person or entity that created the information is no longer available to make the amendment
- Is not part of the health information that we keep

- You would not be permitted to inspect and copy
- We believe to be accurate and complete

Within 60 days of receiving your written request we will either approve it and correct the health information, or deny it and let you know the reason(s) why in writing. If we deny all or part of your request, we will explain our decision in writing and give you an opportunity to submit a written response. We can reasonably limit the length of your response. We will not alter original records in order to maintain an accurate medical history. However, we will append amended information to your medical chart, or in the event of a denial, a copy of our denial and any statement that you have chosen to make in response thereto will be appended to your chart. If we make future disclosures of the information you have asked us to correct or amend, we will include the corrected information with the disclosure (or a copy of our denial and your response, as appropriate).

- **Right to an Accounting of Disclosures.** You have the right to request an “accounting of disclosures.” This is a list of the disclosures we made of medical information about you for purposes other than treatment, payment, health care operations, and a limited number of special circumstances involving national security, correctional institutions and law enforcement. The list will also exclude any disclosures we have made based on your written authorization.

To obtain this list, you must submit your request **in writing** to Privacy/Security Officer at the address listed above. It must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper, electronically). We will respond to your request, providing you with the accounting, within 60 days of your request. The first list you request within a 12-month period will be free. For additional lists that you may request during any 12-month period, we may charge you for the costs of providing the list. We 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 Request Restrictions.** You have the right to request a restriction or limitation on how we use or disclose your health information for treatment, payment or health care operations, or disclosures to someone who is involved in your care or the payment for it, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had.

***By law, we are not required to agree to your request.*** If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment or we are required by law to use or disclose the information. You may later request cancellation of the restriction or limitation in writing. We may also later inform you that we are canceling a restriction or limitation that was previously agreed to. If you disagree with our decision we may only cancel the restriction or limitation with respect to health information we record, make or receive after the date we inform you of the cancellation.

To request restrictions, you may complete and submit the REQUEST FOR RESTRICTION ON USE/DISCLOSURE OF MEDICAL INFORMATION to Privacy/Security Officer at Marian Estates 1-503-769-8353.

- **Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you may complete and submit the REQUEST FOR RESTRICTION ON USE/DISCLOSURE OF MEDICAL INFORMATION AND/OR CONFIDENTIAL COMMUNICATION to Privacy/Security Officer at Marian Estates 1-503-769-8353. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

- **Right to a Paper Copy of This Notice.** You have the 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 agreed to receive it electronically, you are still entitled to a paper copy.

To obtain such a copy, contact Marian Estates Privacy Officer or Customer Service at 1-503-769-3499.

### CHANGES TO THIS NOTICE

We reserve the right to change this notice, and to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post the current notice in the business office with its effective date in the top right hand corner. You are entitled to a copy of the notice currently in effect.

### COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with our organization or with the Secretary of the Department of Health and Human Services. To file a complaint with our organization, contact Privacy/Security Officer at Marian Estates 1-503-769-8353. To file a complaint with Health and Human Services, you may direct your correspondence to: Office of the Secretary, Health and Human Services, 200 Independence Ave. SW, Washington D.C. 20201. ***You will not be penalized or retaliated against for filing a complaint.***