

# NOTICE OF PRIVACY PRACTICES FOR CLARK COUNTY REHABILITATION & LIVING CENTER

**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.**

## **USE AND DISCLOSURE OF HEALTH INFORMATION**

**Clark County Rehabilitation & Living Center ("Facility")** may use your health information, that is, 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 of 1996, for purposes of providing you treatment, obtaining payment for your care and conducting health care operations. Facility has established a policy to guard against unnecessary disclosure and to maintain the privacy of your health information.

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

**To Provide Treatment.** Facility may use your health information to provide care to you and disclose your health information to others who provide care to you, such as your attending physician and other health care professionals who are involved in your care. For example, physicians involved in your care will need information about your symptoms in order to prescribe appropriate medications.

**To Obtain Payment.** Facility may include your health information in invoices to collect payment from third parties for the care you may receive from Facility. For example, Facility may be required by your health insurer to provide information regarding your health care status so that the insurer will reimburse you or Facility.

**To Conduct Health Care Operations.** Facility may use and disclose health information for its own operations in order to facilitate the function of Facility and as necessary to provide quality care to all of Facility's patients. Health care operations include activities such as:

- Quality assessment and improvement activities.
- Activities designed to improve health or reduce health care costs.
- Protocol development, case management and care coordination.
- Contacting health care providers and patients with information about treatment alternatives and other related functions that do not include treatment.
- Professional review and performance evaluation.
- Training programs including those in which students, trainees or practitioners in health care learn under supervision.

- Training of non-health care professionals.
- Accreditation, certification, licensing or credentialing activities.
- Review and auditing, including compliance reviews, medical reviews, legal services and compliance programs.
- Business planning and development including cost management and planning related analyses and formulary development.
- Business management and general administrative activities of Facility.

For example, Facility may use your health information to evaluate its staff performance, combine your health information with other Facility patients in evaluating how to more effectively serve all of Facility's patients, disclose your health information to Facility staff and contracted personnel for training purposes, use your health information to contact you or your family as part of community information mailings (unless you tell us you do not want to be contacted).

**For the Facility Directory.** Facility may maintain certain information about you including your name, unit, and your room number in a directory while you are a resident in the Nursing Home or Facility for the Developmentally Disabled. Facility may disclose this information to people who ask for you by name. If you do not want Facility to include your information in the directory, you must notify Joan Jalling at 715-229-2172, extension 1204.

**For Treatment Alternatives.** Facility may use and disclose your health information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

**THE FOLLOWING IS A SUMMARY OF THE CIRCUMSTANCES UNDER WHICH AND PURPOSES FOR WHICH YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED WITHOUT YOUR AUTHORIZATION:**

**When Legally Required.** Facility will disclose your health information when it is required to do so by any Federal, State or local law.

**When There Are Risks to Public Health.** Facility may disclose your health information for the following public activities and purposes:

- To prevent or control disease, injury or disability, report disease, injury, vital events such as birth or death and the conduct of public health surveillance, investigations and interventions.
- To report adverse events, product defects, to track products or enable product recalls, repairs and replacements and to conduct post-marketing surveillance and compliance with requirements of the Food and Drug Administration.
- To notify a person who has been exposed to a communicable disease or who may be at risk of contracting or spreading a disease.

- To an employer about an individual who is a member of the workforce as legally required.

**To Report Abuse, Neglect Or Domestic Violence.** Facility is allowed to notify government authorities if Facility believes a patient is the victim of abuse, neglect or domestic violence. Facility will make this disclosure only when specifically required or authorized by law or when the patient agrees to the disclosure.

**To Conduct Health Oversight Activities.** Facility may disclose your health information to a health oversight agency for activities including audits; civil, administrative or criminal investigations; inspections; licensure or disciplinary action. Facility, however, may not disclose your health information if you are the subject of an investigation and the investigation does not arise out of and is not directly related to your receipt of health care or public benefits.

**In Connection With Judicial And Administrative Proceedings.** As permitted or required by State law, Facility may disclose your health information in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal as expressly authorized by such order or in response to a subpoena, discovery request or other lawful process, but only when Facility makes reasonable efforts to either notify you about the request or to obtain an order protecting your health information.

**For Law Enforcement Purposes.** As permitted or required by State law, Facility may disclose your health information to a law enforcement official for certain law enforcement purposes, including, under certain limited circumstances, if you are a victim of a crime or in order to report a crime.

**To Coroners And Medical Examiners.** Facility may disclose your health information to coroners and medical examiners for purposes of determining cause of death or for other duties, as authorized by law.

**To Funeral Directors.** Facility may disclose your health information to funeral directors consistent with applicable law and if necessary, to carry out their duties with respect to your funeral arrangements. If necessary to carry out their duties, Facility may disclose your health information prior to and in reasonable anticipation, of your death.

**In the Event of A Serious Threat To Health Or Safety.** Facility may, consistent with applicable law and ethical standards of conduct, disclose your health information if Facility, in good faith, believes that such disclosure is necessary to prevent or lessen a serious and imminent threat to your health or safety or to the health and safety of the public.

**For Specified Government Functions.** In certain circumstances, the Federal regulations authorize Facility to use or disclose your health information to facilitate specified government functions relating to the military and veterans, national security and intelligence activities, protective services for the President and others, medical suitability determinations and inmates and law enforcement custody.

**For Worker's Compensation.** Facility may release your health information for worker's compensation or similar programs.

## **AUTHORIZATION TO USE OR DISCLOSE HEALTH INFORMATION**

Other than is stated above, Facility will not disclose your health information for any other purposes, including, but not limited to, purpose of psychotherapy, marketing, and sales, without your written authorization. If you or your representative authorizes Facility to use or disclose your health information, you may revoke that authorization in writing at any time. If Facility engages in fundraising, you may be contacted to raise funds but you have the right to opt out of receiving such communications.

## **YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION**

You have the following rights regarding your health information that Facility maintains:

**Right to Request Restrictions.** You may request restrictions on certain uses and disclosures of your health information, including, but not limited to, the restriction on certain disclosures to your health plan if the disclosure is purely for carrying out payment or health care operations and the requested restriction is for services paid out-of-pocket. You have the right to request a limit on Facility's disclosure of your health information to someone who is involved in your care or the payment of your care. However, Facility is not required to agree to your request. If you wish to make a request for restrictions, please contact the Director of Health Information or designee at 715-229-2172, extension 1218.

**Right to Receive Confidential Communications.** You have the right to request that Facility communicate with you in a certain way. For example, you may ask that Facility only conduct communications pertaining to your health information with you privately with no other family members present. If you wish to receive alternate communications, please contact your social worker or program coordinator. 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 obtain a copy your health information, including billing records. You have the right to request your health information in an electronic format (if available). A request to inspect and copy records containing your health information must be made in writing and submitted to the Director of Health Information or designee at 715-229-2172, extension 1218. If you request a copy of your health information, Facility may charge a reasonable fee for copying and assembling costs associated with your request.

**Right to Request to Amend Your Health Information.** You or your representative has the right to request that Facility amend your records, if you believe your health information records are incorrect or incomplete. That request may be made as long as the information is maintained by Facility. A request for an amendment of records must be made in writing to the Director of Health Information or designee at 715-229-2172, extension 1218. 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 Facility, if the records you are requesting are not part of 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 Facility, the records containing your health information are accurate and complete.

**Right to an Accounting.** You or your representative has the right to request an accounting of disclosures of your health information made by Facility for any reason other than for treatment, payment or health operations. The request for an accounting must be made in writing to the Director of Health Information or designee at 715-229-2172, extension 1218. The request should specify the time period for the accounting starting on April 14, 2003. Accounting requests may not be made for periods of time in excess of six years. Facility will provide the first accounting you request during any 12-month period without charge. Subsequent accounting requests may be subject to a reasonable cost-based fee.

**Right to a Paper Copy of this Notice.** You or your representative has a right to a separate paper copy of this Notice at any time even if you or your representative has received this Notice previously. To obtain a separate paper copy, please contact the Director of Health Information or designee at 715-229-2172, extension 1218. You or your representative may also obtain a copy of the current version of Facility's Notice at its Web site, [www.clarkrehabandliving.com](http://www.clarkrehabandliving.com).

**Right to Lodge a Complaint.** You or your representative has the right to express complaints to Facility and to the Secretary of Health and Human Services if you or your representative believes that your privacy rights have been violated. Any complaints to Facility should be made in writing to the Complaint Investigator or designee at 715-229-2172, extension 1217. Facility encourages you to express any concerns you may have regarding the privacy of your information. You will not be retaliated against in any way for filing a complaint.

## **DUTIES OF FACILITY**

Facility is required by law to maintain the privacy of your health information and to provide to you and your representative this Notice of its duties and privacy practices. Facility is further required to provide you with notice following a breach of unsecured protected health information. Facility is required to abide by the terms of this Notice as may be amended from time to time. Facility reserves the right to change the terms of its Notice and to make the new Notice provisions effective for all health information that it maintains. If Facility changes its Notice, Facility will post the revised Notice on its website.

## **CONTACT PERSON**

Facility has designated Jane Schmitz, Administrator, as its contact person for all issues regarding patient privacy and your rights under the Federal privacy standards. You may contact this person at W4266 County Highway X, Owen, WI 54460 or by telephone at 715-229-2172.

## **EFFECTIVE DATE**

This Notice is effective September 20, 2013.

IF YOU HAVE ANY QUESTIONS REGARDING THIS NOTICE, PLEASE CONTACT JANE SCHMITZ, ADMINISTRATOR.