

# 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.**

**CLINTON COUNTY NURSING HOME HAS A LEGAL DUTY TO SAFEGUARD YOUR PROTECTED HEALTH INFORMATION (health information).** All employees, volunteers, staff, nurses, health professionals, physicians, other personnel, and affiliated or contracted organizations are legally required to and must abide by the policies set forth in this notice, and to protect the privacy of your health information.

**This "protected health information", or health information for short, includes information that can be used to identify you. We collect or receive this information about your past, present or future health condition to provide health care to you, or to receive payment for this health care.** We must provide you with this notice about our privacy practices that explain how, when and why we use and disclose (release) your health information. With some exceptions, we may not use or release any more of your health information than is necessary to accomplish the need for the information.

We reserve the right to change the terms of this notice and our privacy policies at any time. Any changes to this notice will apply to the health information already in existence. Before we make any change to our policies, we will promptly change this notice and post a new notice. You can also request a copy of this notice from the contact person listed at the end this notice at anytime and can view a copy of the notice on our Web site at <http://www.co.clinton.ny.us/Departments/NHome/hipaa.htm>.

**A. WE MAY USE AND RELEASE YOUR PROTECTED HEALTH INFORMATION** for many different reasons. For some of these reasons, we will need your specific authorization. Below, we describe the different categories of when we use and release your health information and give you some examples of each category. For more information on how we may use and disclose your information, contact our Privacy Official.

**1. For Treatment.** We may give your health information to a team of health care workers and agencies who coordinate your health care. **For example**, if you are being treated for a knee injury, we may release your health information to the physical therapist providing rehabilitation in order to coordinate your care.

**2. To obtain payment for treatment.** We may use and release your health information in order to bill and collect payment for services provided to you. It is important that you provide us with correct and up to date information. **For example**, we may release portions of your information to our billing department and your health plan to get paid for the health care services we provided to you. We may also release your health information to our business associates, such as billing companies, claims processing companies and others that process our health care claims.

**3. To run our health care business.** We may release your health information in order to operate our facility in compliance with

healthcare regulations. **For example**, we may use your health information to review the quality of our services and to evaluate the performance of our staff in caring for you.

**4. For public health activities.** We report information about births, deaths, and various diseases to government officials in charge of collecting that information and we provide coroners, medical examiners and funeral directors necessary information relating to an individual's death.

**5. When federal, state, or local law enforcement agencies request your information; or for judicial or administrative proceedings.** We release your health information when a law requires that we report information to government agencies and law enforcement personnel about victims of abuse, neglect, or domestic violence; reportable events; or when ordered in a judicial or administrative proceeding.

**6. To avoid harm.** In order to avoid a serious threat to the health or safety of a person or the public, we may provide your demographic health information to law enforcement personnel or persons able to prevent or lessen such harm.

**7. For worker's compensation purposes.** We may release your health information in order to comply with worker's compensation laws. If you do not want worker's compensation notified, alternate insurance or payment information must be supplied.

**8. For appointment reminders and health-related benefits and services.** We may use your demographic health information to contact you to remind you of an upcoming appointment. Or we may speak to you to recommend possible treatment options or alternatives that may be of interest to you.

**9. Military Activity and National Security:** When the appropriate conditions apply, we may use or disclose protected health information of individuals who are Armed Forces personnel for activities deemed necessary by appropriate military command authorities; or for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits. We may also disclose your protected health information to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or others legally authorized.

**10. For Health Oversight:** We may disclose your health information to health oversight agencies for activities such as audits and investigations.

## **B. YOUR PRIOR WRITTEN AUTHORIZATION IS REQUIRED FOR ANY USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION NOT INCLUDED ABOVE.**

In any other situation not described above, we will ask for your written authorization before using or releasing any of your health information. If you choose to sign an authorization to release your health information, you may later cancel that authorization in

writing. This will stop future release of your health information for those uses.

**C. YOU HAVE THE OPPORTUNITY TO GIVE VERBAL PERMISSION OR OBJECTION TO THE FOLLOWING:**

**1. Information shared with family, friends or others.** We will provide you with the opportunity to object to the release of your health information to a family member, friend, or other person that you indicate is involved in your care or the payment for your health care, unless you object in whole or in part. Your choice to object may be made at any time.

**YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION**

**A. You Have the Right to Request Limits on How We Use and Release your Health Information.** We are not required to agree to a requested restriction, but if we accept your request, we will abide by it except in emergency situations. You may not limit health information that we are legally required or allowed to release. To request a limitation, contact our Privacy Official.

**B. You Have the Right to Choose How We Communicate Health Information to You.**

All of our communications to you are considered confidential. You have the right to ask that we send information to you to an alternative address (for example, sending information to your work address rather than your home address) or by alternative means (for example, by mail instead of telephone). We will agree to your request so long as we can easily provide it in the format you requested. Any additional expenses will be passed onto you for payment. To make this request, please submit it in writing to our Privacy Official.

**C. You Have the Right to See and Get Copies of Your Health Information.**

You must make the request in writing to our Privacy Official. We will respond to you within 10 days after receiving your written request. You can request a copy of your medical records as long as you pay for the cost in advance. If your request to see the medical information is approved, we will arrange this in accordance with established policy. In certain situations, we may deny your request. If we do, we will tell you, in writing why we denied your request. You may have the right to have the denial reviewed. The person conducting the review will not be the person who denied your first request.

**D. You Have the Right to Get a List of Instances of When and to Whom We Have Disclosed Your Health Information.**

The list will include dates when your health information was released and why, to whom your health information was released (including their address if known), and a description of the information released. The first list you request within a 12month period will be free. You will be charged a reasonable fee for additional lists within that time frame. Please contact our Privacy Official.

**E. You have the Right to Correct or Update Your Health Information.** You must provide the request and your reason for the request in writing to our Privacy Official. You must also provide us with the names of anyone who has received this information. We will respond within 60 days of receiving your

request. If we deny your request, our written denial will state our reasons and explain your right to file a written statement of disagreement. If we approve your request, we will make the change to your health information, tell you that we have done it, and tell others that need to know about the change or amendment to your health information.

**F. You have the Right to Get This Privacy Notice at any Time.**

Even if you have agreed to receive notice via email, you still have the right to request another paper copy of this notice. Please contact our Privacy Official.

**HOW TO VOICE YOUR CONCERNS ABOUT OUR PRIVACY PRACTICES:**

If you think that we may have violated your privacy rights, or you disagree with a decision we made about access to your health information, you may file a complaint with the person listed at then end of this notice. You also may send a written complaint to the Secretary of the Department of Health and Human Services.

**You will not be penalized for filing a complaint.**

**PERSON TO CONTACT FOR INFORMATION ABOUT THIS NOTICE OR TO VOICE YOUR CONCERNS ABOUT OUR PRIVACY PRACTICES:**

**Our Privacy Official:**

**Administrator  
Clinton County Nursing Home  
Phone Number# 518-565-4797**

**EFFECTIVE DATE OF THIS NOTICE**

This notice went into effect on April 14, 2003.