

## HCR MANORCARE

### **NOTICE OF INFORMATION PRACTICES**

**THIS NOTICE (“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.**

We have summarized our responsibilities and your rights in this first section. For a complete description of our privacy practices, please review this entire Notice.

#### **Our Responsibilities**

We are required to:

- Maintain the privacy of your health information;
- Provide you with this Notice of our legal duties and information practices with respect to information we collect and maintain about you;
- Abide by the terms of this Notice currently in effect; and
- Notify you following a breach of unsecured protected health information.

#### **Your Rights**

You have several rights with regard to your health information. Those include the right to:

- Request that we not use or disclose your health information in certain ways;
- Request to receive communications in an alternative manner or location;
- Request access and obtain a copy of your health information;
- Request an amendment to your health information; and
- Request an accounting of disclosures of your health information.

We reserve the right to change our privacy practices and to make the new provisions effective for all health information we maintain. Should our privacy practices change, we will post the changes in a physical place within our building (if applicable) and on our website (“Website”) [www.hcr-manorcare.com](http://www.hcr-manorcare.com). A copy of the revised Notice will be available after the effective date of the changes upon request. You may request a copy from the Administrator/Executive Director (“Administrator”) or obtain a copy on our Website.

We will not use or disclose your health information without your authorization, except as described in this Notice.

**If you have questions and would like additional information, you may contact the local Administrator or the Chief Compliance Officer at 1-800-366-1232.**

## **Understanding Your Health Record**

Each time you visit a medical provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record, serves the following purposes:

- Basis for planning your care and treatment
- Communication among health professionals involved in your care
- Legal document describing the care you received
- Proof that services billed were actually provided
- A tool to educate health professionals
- A source of data for medical research
- A source of information for public health officials who oversee the delivery of health care
- A tool to measure and improve the care we give

Understanding what is in your record and how your health information is used helps you to:

- Ensure its accuracy
- Understand who, what, when, where, and why others may access your health information
- Make informed decisions when authorizing disclosure to others

## **How We Will Use or Disclose Your Health Information**

### **Uses and Disclosures That May Be Made Without Your Authorization or Opportunity to Object**

For Treatment. We may use and disclose your health information to provide you with treatment and services. We may disclose your health information to those persons who may be involved in your care, such as physicians, nurses, nurse aides, physical therapists, dietary and admissions personnel. For example, a nurse caring for you will report any change in your condition to your physician. While not required under federal law, we generally obtain your consent to disclose your health information for treatment purposes through our admission or enrollment process.

For Payment. We may use and disclose your health information so that we can bill and receive payment for the treatment and services you receive. For example, we may disclose your health information to your responsible party, an insurance or managed care company, Medicare, Medicaid or another third party payer. We may contact Medicare or your health plan to confirm your coverage or to request prior approval for a proposed treatment or service. While not required under federal law, we generally obtain your consent to disclose your health information for payment purposes through our admission or enrollment process.

For Health Care Operations. We may use and disclose your health information for our regular health operations. These uses and disclosures are necessary to manage our operations and to monitor our quality of care. For example, we may use your health information to evaluate our services, including the performance of our staff. While not required under federal law, we generally obtain your consent to disclose your health information for health care operations

purposes through our admission or enrollment process.

Organized Health Care Arrangement. HCR ManorCare is a participant in an Organized Health Care Arrangement (“OHCA”). An OHCA is an arrangement or relationship that allows two or more Covered Entities who participate in joint activities to share health information about their patients in order to manage and benefit their joint operations. The Covered Entities participating in the OHCA will share health information with each other as necessary to carry out treatment, payment, or health care operations relating to the OHCA.

Business Associates. Outside people and entities provide some services for us. Examples of these "business associates" include our accountants, consultants and attorneys. We may disclose your health information to our business associates so that they can perform the job we've asked them to do. We require our business associates to safeguard your information so that it is protected. Business Associates are also required by law to safeguard your information.

Newsletters / Bulletin Boards. Some of our business units have bulletin boards and newsletters that are distributed to staff and residents. If applicable, we may post your name and birth date on a bulletin board and in a newsletter, unless you notify us.

Research. We may disclose information to researchers when certain conditions have been met.

Transfer of Information at Death. We may disclose health information to funeral directors, medical examiners, and coroners to carry out these duties consistent with applicable law.

Organ Procurement Organizations. Consistent with applicable law, we may 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.

Food and Drug Administration (FDA). We may disclose to the FDA, or to a person or entity subject to the jurisdiction of the FDA, health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

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

Public health. As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

Correctional institution. Should you be an inmate of a correctional institution, we may disclose to the institution or agents health information necessary for your health and the health and safety of other individuals.

Law enforcement. We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.

Reports. Federal law allows a member of our work force or a business associate to release

your health information to an appropriate health oversight agency, public health authority or attorney, if the work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public.

Required by Law. We may use or disclose your health information to the extent that use or disclosure is otherwise required by federal, state, or local law.

### **Uses and Disclosures That May Be Made Either With Your Agreement or the Opportunity to Object**

Directory / List of Patients. Unless you notify us that you object, we may use your name, location in the facility (if applicable), general condition, and religious affiliation for directory purposes. We may release information in our directory, except for your religious affiliation, to people who ask for you by name. We may provide the directory information, including your religious affiliation, to any member of the clergy.

Notification. Unless you notify us that you object, we may use or disclose information to notify or assist in notifying a family member, responsible party, or another person responsible for your care, of your location and general condition. If we are unable to reach your family member or responsible party, then we may leave a message for them at the phone number that they have provided us, e.g. on an answering machine.

Communication with Family. Unless you notify us that you object, we may disclose to a family member, other relative, close personal friend or any other person involved in your health care, health information relevant to that person's involvement in your care or payment related to your care. If appropriate, these communications may also be made after your death, unless you instructed us not to make such communications.

### **Uses and Disclosures of Your Health Information Based on Your Written Authorization**

Psychotherapy Notes. We must obtain your written authorization for most uses and disclosures of psychotherapy notes.

Marketing. We must obtain your written authorization to disclose your health information for most marketing purposes. We may contact you regarding your treatment, to coordinate your care, or to direct or recommend alternative treatments, therapies, health care providers or settings. In addition, we may contact you to describe a health-related product or services that may be of interest to you, and the payment for such product or service.

Sale of Health Information. We must obtain your written authorization for any disclosure of your health information which constitutes a sale of health information.

Other Uses. Other uses and disclosures of your health information, not described above, will be made only with your written authorization (unless otherwise permitted or required by law). You may revoke your authorization, at any time, in writing, except to the extent we have taken action in reliance on the authorization.

### **Additional Restrictions on Uses and Disclosures of Your Health Information**

Certain state laws may impose additional restrictions on the use and disclosure of your health information. If a use or disclosure of health information described in this Notice is prohibited or materially limited by other laws that apply to us, it is our intent to meet the requirements of the more stringent law.

A summary of these more stringent state laws are available in the State Law Addendum. For a copy of the State Law Addendum to this Notice, please contact your local Administrator or visit our Website.

### **Your Health Information Rights**

You have the following rights regarding your health information. You may exercise these rights by submitting a request in writing to our Administrator:

Right to Request Restrictions. You have the right to request restrictions on our use or disclosure of your health information for treatment, payment or health care operations. You also have the right to restrict the health information we disclose about you to a family member, friend or other person who is involved in your care or the payment for your care. Such requests should be made in writing on a form provided by us.

Although we will consider your requests with regard to the use of your health information, please be aware that we are under no obligation to accept it, except we must agree not to disclose your health information to your health plan if the disclosure:

- (1) is for payment or health care operations and is not otherwise required by law; and
- (2) relates to a health care item or service which you paid for in full out of pocket. If we do agree to accept your requested restriction, we will comply with your request except as needed to provide you emergency treatment.

Right of Access to Health Information. You have the right to inspect and obtain a copy of your medical or billing records or other written information that may be used to make decisions about your care, subject to some limited exceptions. Such records will be provided to you in the time frames established by law. We may charge a reasonable fee for our costs in copying and mailing your requested information.

We may deny your request to inspect or receive copies in certain limited circumstances. If you are denied access to health information, in some cases you will have a right to request review of the denial.

Right to Request Amendment. If you believe that any health information in your record is incorrect or if you believe that important information is missing, you may request that we correct the existing information or add the missing information. Such requests must be made in writing, and must provide a reason to support the amendment.

We may deny your request for amendment in certain circumstances. If we deny your request for amendment, we will give you a written denial including the reasons for the denial. You have the right to submit a written statement disagreeing with the denial.

Right to an Accounting of Disclosures. You have the right to request an "accounting" of our disclosures of your health information. This is a listing of certain disclosures of your health information made by us or by others on our behalf, but does not include disclosures for

treatment, payment and health care operations or certain other exceptions.

To request an accounting of disclosures, you must submit a request in writing, stating a time period that is within six years from the date of your request. An accounting will include, if requested: the disclosure date; the name of the person or entity that received the information and address, if known; a brief description of the information disclosed; a brief statement of the purpose of the disclosure or a copy of the authorization request; or certain summary information concerning multiple similar disclosures. The first accounting provided within a 12-month period will be free; for further requests, we may charge you our costs.

Right to a Paper Copy of This Notice. You have the right to obtain a paper copy of this Notice, even if you have agreed to receive this Notice electronically. You may request of copy of this Notice at any time.

Right to Request Confidential Communications. You have the right to request that we communicate with you concerning personal health matters in a certain manner or at a certain location. For example, you can request that we contact you only at a certain phone number. We will accommodate your reasonable requests.

Right to Revoke Authorization. You may revoke an authorization to use or disclose health information, except to the extent that action has already been taken. This request must be made in writing.

Right to Breach Notification. You have the right to be notified if you are affected by a breach of unsecured protected health information.

Right to Opt Out of Fundraising Communications. We may contact you for fundraising purposes. You have the right to opt out of receiving these communications.

### **For More Information or to Report a Problem**

If you believe that your privacy rights have been violated, you may file a complaint in writing with us or with the Office for Civil Rights in the U.S. Department of Health and Human Services. To file a complaint with us, you may contact the local Administrator or the Chief Compliance Officer at 1-800-366-1232.

We will not retaliate against you if you file a complaint.

If you have any questions about this Notice or would like further information concerning your privacy rights, please contact the local Administrator or the Chief Compliance Officer at 1-800-366-1232.

**Effective Date: October 15, 2016**

## HCR MANORCARE

### NOTICE OF INFORMATION PRACTICES – STATE LAW ADDENDUM

This state law addendum supplements our Notice of Information Practices. The chart below includes several categories of health information that are subject to more restrictive state laws. For each category, we have provided a general summary of how we are permitted to use and disclose your health information, and the states that follow those more restrictive rules.

<b>HIV/AIDS</b>	
State law permits disclosure of HIV-related information in fewer circumstances than HIPAA. We will only disclose HIV-related information with your consent or as otherwise permitted or required by state and federal law.	AZ, CA, CO, CT, DE, FL, GA, IA, IL, IN, KS, KY, MI, NC, NJ, OH, OK, PA, TX, WA, WI
<b>Communicable Diseases/STDs</b>	
State law permits disclosure of communicable disease information in fewer circumstances than HIPAA. We will only disclose communicable disease information with your consent or as otherwise permitted or required by state and federal law.	AZ, IN, NC, OK, TX, WA, WI
State law permits disclosure of a minors' communicable disease of information in fewer circumstances than HIPAA. We will only disclose a minors' communicable disease information with consent or as otherwise permitted or required by state and federal law.	DE, FL
<b>Mental Health</b>	
State law permits disclosure of mental health information in fewer circumstances than HIPAA. We will only disclose mental health information with your consent or as otherwise permitted or required by state and federal law.	CA, IL, IN, MN, NM
Your insurer may only request from us certain types of mental health information.	KY
<b>Substance Abuse</b>	
State law permits disclosure of substance abuse information in fewer circumstances than HIPAA. We will only disclose substance abuse information with your consent or as otherwise permitted or required by state and federal law.	CA, FL, IA, IN, MD, PA
Your insurer may only request from us certain types of substance abuse information.	KY
<b>Genetic Information</b>	
State law permits disclosure of genetic information in fewer circumstances than HIPAA. We will only disclose genetic information with your consent or as otherwise permitted or required by state and federal law.	AZ, CO, DE, FL, GA, MO, NJ, NM, NV, TX, WA, WI
<b>Other</b>	
State law permits disclosure of your health records in fewer circumstances than HIPAA. We will only disclose	CA, MN, WA

your health information with your consent or as otherwise permitted or required by state and federal law.	
Information regarding your Medicaid eligibility is confidential.	IN
State law permits disclosure of non-communicable disease information in fewer circumstances than HIPAA. We will only disclose non-communicable disease information with your consent or as otherwise permitted or required by state and federal law.	OK
We will not use or disclose your health information for marketing purposes without your consent, except in limited circumstances permitted by state law which are fewer than those permitted by HIPAA.	TX
<b>Health Information Exchanges</b>	
We have chosen to participate in the Chesapeake Regional Information System for our Patients, Inc. (CRISP), a regional health information exchange serving Maryland and D.C. As permitted by law, your health information will be shared with this exchange in order to provide faster access, better coordination of care and assist providers and public health officials in making more informed decisions. You may “opt-out” and disable all access to your health information available through CRISP by calling 1-877-952-7477 or completing and submitting an Opt-Out form to CRISP by mail, fax or through their website at <a href="http://www.crisphealth.org">www.crisphealth.org</a> . Public Health reporting and Controlled Dangerous Substances information, as part of the Maryland Prescription Drug Monitoring Program (PDMP), will still be available to providers.	MD
We may participate in the North Dakota Health Information Network (“Network”). You agree to be a part of the Network unless you specifically opt out. If you do not opt out, and we participate in the Network, your health information will be available through the Network for the purposes of treatment, obtaining payment for treatment, health care operations, to comply with public health reporting requirements, and as required by law. Disclosure will not be made without your consent for the following purposes: disclosures prohibited by law; comparative studies or by third parties; or the sale or commercial use of health information. If you opt out of participation in the Network, your health information cannot be used or disclosed through the Network except as required by law, as authorized by you in a medical emergency, or by the provider who originally created or ordered the creation of the health information.	ND