

MORAVIAN HALL SQUARE

NOTICE OF PRIVACY INFORMATION PRACTICES

Effective date: 04/01/03

Date(s) of revision: _____

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.

Please contact Lynn Murray at (610)746-1001 if you have any questions regarding this notice.

A. General description and purpose of notice.

This notice describes the information privacy practices of Moravian Hall Square and that of:

1. Any health care professional authorized to enter information into your medical record created and/or maintained at Moravian Hall Square.
2. Any person who regularly provides volunteer services at Moravian Hall Square; and
3. All facility employees, staff, and other personnel.

All of the individuals or entities identified above will follow the terms of this notice. These individuals or entities may share your health information with each other for purposes of treatment, payment, or health care operations, as further described in this notice.

B. Moravian Hall Square's policy regarding your health information.

Moravian Hall Square is committed to preserving the privacy and confidentiality of your health information created and/or maintained at the Moravian Hall Square facility. Certain state and federal laws and regulations require staff to implement policies and procedures to safeguard the privacy of your health information.

This notice will provide you with information regarding Moravian Hall Square's privacy practices and applies to all of your health information created and/or maintained at the facility, including any information that Moravian Hall Square receives from other health care providers or facilities. The notice describes the ways in which staff may use or disclose your health information and also describes your rights and Moravian Hall Square's obligations regarding any

such uses or disclosures. Moravian Hall Square will abide by the terms of this notice, including any future revisions that Moravian Hall Square may make to the notice as required or authorized by law.

Moravian Hall Square reserves the right to change this notice and to make the revised or changed notice effective for health information Moravian Hall Square already has received about you as well as any information Moravian Hall Square receives in the future. Moravian Hall Square will post a copy of the current notice in the facility and on our website @ www.moravian.com.. The first page of the notice contains the effective date and any dates of revision.

C. Uses or disclosures of your health information.

Moravian Hall Square may use or disclose your health information in one of following ways:

- (1) Pursuant to your written acknowledgement of this notice (for purposes of treatment, payment or health care operations)
- (2) Pursuant to your written authorization (for purposes other than treatment, payment or health care operations)
- (3) Pursuant to your verbal agreement (for use in Moravian Hall Square facility directory or to discuss your health condition with family or friends who are involved in your care);
- (4) As permitted by law
- (5) As required by law

The following describes each of the different ways that Moravian Hall Square may use or disclose your health information. Where appropriate, examples have been included of the different types of uses or disclosures. While not every use or disclosure is listed, all of the ways in which Moravian Hall Square may make such uses or disclosures have been included.

1. Uses or disclosures made pursuant to your written acknowledgement of this notice.

Moravian Hall Square may use or disclose your health information for purposes of treatment, payment, or health care operations..

- a. Treatment.** Staff may use your health information to provide you with health care treatment and services. Staff may disclose your health information to doctors, nurses, nursing assistants, medication aides, technicians, medical and nursing students, rehabilitation therapy specialists, or other personnel who are involved in your health care. For example, your physician may order physical therapy services to improve your strength and walking abilities. The nursing staff will need to talk with the physical therapist so that services can be coordinated and a plan of care developed. Moravian Hall Square also may disclose your health information to people outside of the facility who may be involved in your

health care, such as family members, social services, or home health agencies.

- i. Appointment reminders.** Your health information may be disclosed for purposes of contacting you to remind you of a health care appointment.
 - ii. Treatment alternatives, Health-related benefits and services.** Your health information may be disclosed for purposes of contacting you to inform you of treatment alternatives or health-related benefits and services that may be of interest to you.
- b. Payment.** Staff may use or disclose your health information so that you may be billed and payment collected from you, an insurance company, or another third party for the health care services you receive at Moravian Hall Square. For example, staff may need to give information to your health plan regarding the services you received from Moravian Hall Square so that your health plan will pay staff or reimburse you for the services. Moravian Hall Square also may tell your health plan about a treatment you are going to receive in order to obtain prior approval for the services or to determine whether your health plan will cover the treatment.
- c. Health care operations.** Moravian Hall Square may use or disclose your health information to perform certain functions within the facility. These uses or disclosures are necessary to operate our community and to make sure that Moravian Hall Square residents receive quality care. For example, staff may use your health information to review Moravian Hall Square treatment and services and to evaluate the performance of the staff in caring for you. Moravian Hall Square may combine health information about many of the residents to determine whether certain services are effective or whether additional services should be provided. Staff may disclose your health information to physicians, nurses, nursing assistants, medication aides, rehabilitation therapy specialists, technicians, medical and nursing students, and other personnel for review and learning purposes. Staff also may combine health information with information from other health care providers or facilities to compare how staff is doing and see where Moravian Hall Square can make improvements in the care and services offered to residents. Staff may remove information that identifies you from this set of health information so that others may use the information to study health care and health care delivery without learning the specific identities of Moravian Hall Square residents.
 - i. Fundraising activities.** Moravian Hall Square may use a limited amount of your health information for purposes of raising funds for the facility and its operations. Staff may disclose this health

information to a foundation related to the facility so that the foundation may contact you to raise money for Moravian Hall Square. The information which Moravian Hall Square may use or disclose will be limited to your name, address, phone number, and dates for which you received treatment or services at Moravian Hall Square. *If you do not want Moravian Hall Square or affiliated foundation to contact you for these fundraising purposes, you may notify the Director of Development at Moravian Hall Square in writing.*

2. Uses or disclosures made pursuant to your written authorization.

Moravian Hall Square may use or disclose your health information pursuant to your written authorization for purposes other than treatment, payment or health care operations and for purposes which are not permitted or required law. You have the right to revoke a written authorization at any time as long as your revocation is provided to staff in writing. If you revoke your written authorization, staff will no longer use or disclose your health information for the purposes identified in the authorization. Please understand that Moravian Hall Square is unable to retrieve any disclosures which were made pursuant to your authorization prior to its revocation. Examples of uses or disclosures that may require your written authorization include the following:

- a. A request to provide certain health information to a pharmaceutical company for purposes of marketing
- b. A request to provide your health information to an attorney for use in a civil litigation claim
- c. A request to provide your health information for purposes of including you on a mailing list

3. Uses or disclosures made pursuant to your verbal agreement &/or written authorization.

Moravian Hall Square may use or disclose your health information, pursuant to your verbal agreement, for purposes of including you in the facility directory or for purposes of releasing information to persons involved in your care as described below.

- a. **Facility directory.** Moravian Hall Square may use or disclose certain limited health information about you in the facility directory while you are a resident. This information may include your name, your assigned unit, telephone number and room number, your religious affiliation, and a general description of your condition. Your religious affiliation may be given to a member of the clergy. The directory information, except for religious affiliation, may be given to people who ask for you by name.

- b. **Individuals involved in your care.** Moravian Hall Square may disclose your health information to individuals, such as family and friends, who are involved in your care or who help pay for your care. Staff also may disclose your health information to a person or organization assisting in disaster relief efforts for the purpose of notifying your family or friends involved in your care about your condition, status and location.

4. **Uses or disclosures permitted by law**

Certain state and federal laws and regulations either require or permit Moravian Hall Square to make certain uses or disclosures of your health information without your permission. These uses or disclosures are generally made to meet public health reporting obligations or to ensure the health and safety of the public at large. The uses or disclosures which Moravian Hall Square may make pursuant to these laws and regulations include the following:

- a. **Public health activities.** Moravian Hall Square may use or disclose your health information to public health authorities that are authorized by law to receive and collect health information for the purpose of preventing or controlling disease, injury or disability. Staff may use or disclose your health information for the following purposes:
 - i. To report births and deaths
 - ii. To report suspected or actual abuse, neglect, or domestic violence involving a child or an adult
 - iii. To report adverse reactions to medications or problems with health care products
 - iv. To notify individuals of product recalls
 - v. To notify an individual who may have been exposed to a disease or may be at risk for spreading or contracting a disease or condition
- b. **Health oversight activities.** Moravian Hall Square may use or disclose your health information to a health oversight agency that is authorized by law to conduct health oversight activities. These oversight activities may include audits, investigations, inspections, or licensure and certification surveys. These activities are necessary for the government to monitor the persons or organizations that provide health care to individuals and to ensure compliance with applicable state and federal laws and regulations.
- c. **Judicial or administrative proceedings.** Moravian Hall Square may use or disclose your health information to courts or administrative agencies charged with the authority to hear and resolve lawsuits or disputes. Staff may disclose your health information pursuant to a court order, a subpoena, a discovery request, or other lawful process issued by a judge or other person involved in the dispute, but only if efforts have been made to

- d. **Worker's compensation.** Moravian Hall Square may use or disclose your health information to worker's compensation programs when your health condition arises out of a work-related illness or injury.
- e. **Law Enforcement official.** Moravian Hall Square may use or disclose your health information in response to a request received from a law enforcement official for the following purposes:
 - i. In response to a court order, subpoena, warrant, summons or similar lawful process
 - ii. To identify or locate a suspect, fugitive, material witness, or missing person
 - iii. Regarding a victim of a crime if, under certain limited circumstances, Moravian Hall Square is unable to obtain the person's agreement
 - iv. To report a death that Moravian Hall Square believes may be the result of criminal conduct
 - v. To report criminal conduct at Moravian Hall Square.
 - vi. In emergency situations, to report a crime—the location of the crime and possible victims; or the identity, description, or location of the individual who committed the crime
- f. **Coroners, medical examiners, or funeral directors.** Moravian Hall Square may use or disclose your health information to a coroner or medical examiner for the purpose of identifying a deceased individual or to determine the cause of death. Staff also may use or disclose your health information to a funeral director for the purpose of carrying out his/her necessary activities.
- g. **Organ procurement organizations or tissue banks.** If you are an organ donor, staff may use or disclose your health information to organizations that handle organ procurement, transplantation, or tissue banking for the purpose of facilitating organ or tissue donation or transplantation.
- h. **Research.** Moravian Hall Square may use or disclose your health information for research purposes under certain limited circumstances. Because all research projects are subject to a special approval process, staff will not use or disclose your health information for research purposes until the particular research project for which your health information may be used or disclosed has been approved through this special approval process. However, staff may use or disclose your health information to individuals preparing to conduct the research project in order to assist them in identifying residents with specific health care needs who may

qualify to participate in the research project. Any use or disclosure of your health information which may be done for the purpose of identifying qualified participants will be conducted onsite at the facility. In most instances, you will be asked for specific permission to use or disclose your health information if the researcher will have access to your name, address or other identifying information.

- i. **To avert a serious threat to health or safety.** Moravian Hall Square may use or disclose your health information when necessary to prevent a serious threat to the health or safety of you or other individuals. Any such use or disclosure would be made solely to the individual(s) or organization(s) that have the ability and/or authority to assist in preventing the threat.

5. Uses or disclosures required by law

Moravian Hall Square may use or disclose your information where such uses or disclosures are required by federal, state or local law.

D. Your rights regarding your health information

You have the following rights regarding your health information which Moravian Hall Square creates and/or maintains:

1. **Right to inspect and copy.** You have the right to inspect and copy health information that may be used to make decisions about your care. Generally, this includes medical and billing records, but does not include psychotherapy notes.

To inspect and copy your health information, you must submit your request in writing to Privacy Officer, Moravian Hall Square. If you request a copy of the information, Moravian Hall Square may charge a fee for the costs of copying, mailing, or other supplies associated with your request.

Moravian Hall Square may deny your request to inspect and copy your health information in certain limited circumstances. If you are denied access to your health information, you may request that the denial be reviewed. Another licensed health care professional selected by Moravian Hall Square will review your request and the denial. The person conducting the review will not be the person who initially denied your request. Staff will comply with the outcome of this review.

2. **Right to request an amendment.** If you feel that the health information on record about you is incorrect or incomplete, you may ask staff to amend the information. You have the right to request an amendment for as long as the information is kept by or for Moravian Hall Square.

To request an amendment, your request must be made in writing and submitted to Privacy Officer, Moravian Hall Square. In addition, you must provide us with a reason that supports your request.

Your request for an amendment may be denied if it is not in writing or does not include a reason to support the request. In addition, your request may be denied if you ask staff to amend information that

- a. was not created by staff, unless the person or entity that created the information is no longer available to make the amendment
- b. is not part of the health information kept by or for the facility
- c. is not part of the information which you would be permitted to inspect and copy
- d. is accurate and complete

3. **Right to an accounting of disclosures.** You have the right to request an accounting of the disclosures which Moravian Hall Square has made of your health information. This accounting will not include disclosures of health information that staff has made for purposes of treatment, payment, or health care operations.

To request an accounting of disclosures, you must submit your request in writing to Privacy Officer, Moravian Hall Square. Your request must state a time period which may not be longer than six (6) years prior to the date of your request and may not include dates before April 14, 2003. Your request should indicate in what form you want to receive the accounting (for example, on paper or via electronic means). The first accounting that you request within a twelve (12)-month period will be free. For additional accountings, Moravian Hall Square may charge you for the costs of providing the accounting. Moravian Hall Square 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.

4. **Right to request restrictions.** You have the right to request a restriction or limitation on the health information Moravian Hall Square uses or discloses about you for treatment, payment, or health care operations. You also have the right to request a limit on the health information disclosed about you to someone, such as a family member or friend, who is involved in your care or in the payment of your care. For example, you could ask that Moravian Hall Square not use or disclose information regarding a particular treatment that you received.

Moravian Hall Square is not required to agree to your request, but will make every attempt to comply with reasonable requests for restrictions. If Moravian

Hall Square does agree, staff will comply with your request unless the information is needed to provide emergency treatment for you.

To request restrictions, you must make your request in writing to Privacy Officer, Moravian Hall Square. In your request, you must tell staff (a) what information you want to limit; (b) whether you want to limit Moravian Hall Square's use, disclosure or both; and (c) to whom you want the limits to apply (for example, disclosures to a family member).

5. **Right to request confidential communications.** You have the right to request that Moravian Hall Square communicate with you about your health care in a certain way or at a certain location. For example, you can ask that staff only contact you at work, or by mail.

To request confidential communications, you must make your request in writing to Privacy Officer, Moravian Hall Square. You will not be asked for the reason for your request. All reasonable requests will be accommodated. Your request must specify how or where you wish to be contacted.

6. **Right to a paper copy of this notice.** You have the right to receive a paper copy of this notice. You may request a copy of this Notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

You may obtain a copy of this notice at the Moravian Hall Square Web site www.moravian.com.

To obtain a paper copy of this notice, contact Privacy Officer, Moravian Hall Square.

E. Complaints

If you believe your privacy rights have been violated, you may file a complaint with Moravian Hall Square or with the Office of Civil Rights, Department of Health and Human Services. To file a complaint with Moravian Hall Square, contact Privacy Officer, Moravian Hall Square. All complaints must be submitted in writing.

You will NOT be penalized for filing a complaint.