



## Privacy Notice

**Bethany Lutheran Home**  
**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 READ CAREFULLY.**

***If you have any questions about this Notice, please contact the Privacy Officer.***

Bethany Lutheran Home is required by law to maintain the privacy of your medical information and to provide you with notice of our legal duties, privacy practices and your rights with respect to your Protected Health Information (PHI). Protected Health Information includes medical, insurance and medical payment information, such as your diagnosis, medications or medical payment history, which identifies you.

We may change the terms of our notice, at any time. The new notice will be effective for all protected health information that we maintain at that time. Upon your request, we will provide you with any revised Notice of Privacy Practices by calling the office and requesting that a revised copy be sent to you in the mail.

**USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION BASED UPON YOUR WRITTEN CONSENT**

You will be asked by our privacy officer to sign a consent form. Once you have consented to use and disclosure of your protected health information for treatment, payment and health care operations by signing the consent form, our privacy officer will use or disclose your protected health information as described in this Section 1. Your protected health information may be used and disclosed by your physician, our office staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you. Your protected health information may also be used and disclosed to pay your health care bills and to support the operations of Bethany Lutheran Home.

**NOTE:** Providers may request to have the Resident or their Representative sign a copy of this notice as a means to document that notice was provided. Signature is NOT required. If the Resident or their Representative agrees to sign the form it merely acknowledges that they have been advised of the foregoing information. Residents or their Representative must be supplied with a copy of the notice. This notice may be included in the admission packet for all new nursing home admissions

Following are examples of the types of uses and disclosure of your protected health care information that Bethany Lutheran Home's office is permitted to make once you have signed our consent form.

**Treatment.** We will use and disclose your medical information for treatment. For example, we will share medical information about you with our nurses, your physicians and others who are involved **in** your care at the Facility. We will also disclose your medical information to your physician, other practitioners and other health care providers for their use in treating you in the future. For example, if you are transferred to hospital, we will send medical information about you to the hospital.

**Payment.** We will use and disclose your medical information for payment purposes. For example, we will use your medical information to prepare your bill and we may send medical information to your insurance company with your insurance claim. We may also disclose medical information about you to other medical care providers, medical plans and health care clearinghouses for their payment purposes. For example, if you are brought in by ambulance, the information collected will be given to the ambulance provider for its billing purposes. If State law requires, we will obtain your permission prior to disclosing to other providers or health insurance companies for payment purposes.

**Healthcare Operations.** We may use or disclose your medical information for our health care operations. For example, the Medical Director or Nursing staff may review your medical information to evaluate the treatment and services provided, and the performance of our staff in caring for you. In some cases, we will furnish other qualified parties with your medical information for their health care operations. For example, we may disclose your Protected Health Information to nursing students that are in training at Bethany Lutheran Home. If State law requires, we will obtain your permission prior to disclosing to other providers or health insurance companies for their operations.

**Business Associates.** We will disclose your medical information to our business associates and allow them to create, use and disclose your medical information to perform their job. For example, we may disclose your medical information to an outside consulting company who assists us in planning our dietary menus or who maintains our computer systems.

**Appointment Reminders.** We may contact you as a reminder that you have an appointment for treatment or medical services.

**Treatment Alternatives.** We may contact you to provide information about treatment alternatives or other health-related benefits and services that may be of interest to you.

**Fundraising.** We may contact you as part of a fundraising effort. We may also disclose certain elements of your medical information, such as your name, address, phone number and dates you received treatment or services, to a business associate or a foundation related to the Facility so that we may give you the opportunity to be part of the growth of Bethany Lutheran facilities. You may opt out of receiving fundraising communications by notifying the Privacy Officer of your desire to not receive communications for the purpose of fundraising.

**Uses and Disclosures of Protected Health Information Based upon Your Written Authorization.** Other uses and disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke this authorization, at any time, in writing, except to the extent that your physician or the physician's practice has taken an action in reliance on the use or disclosure indicated in the authorization.

The following disclosures require your specific authorization:

- Use and disclosure of any psychotherapy notes
- Use of protected health information for marketing purposes
- Any disclosure that constitutes the sale of protected health information.

**Other permitted and Required Uses and Disclosures That May Be Made With Your Consent, Authorization or Opportunity to Object.** We may use and disclose your protected health information in the following instances. You have the opportunity to agree or object to the use or disclosure of all or part of your protected health information. If you are not present or able to agree or object to the use or disclosure of the protected health information, then your physician may, using professional judgment, determine whether the disclosure is in your best interest. In this case, only the protected health information that is relevant to your health care will be disclosed.

### 3. ROUTINE USES

The primary use of this information is to aid in the administration of the survey and certification of Medicare/Medicaid long term care facilities and to improve the effectiveness and quality of care given in those facilities. This system will also support regulatory, reimbursement, policy, and research functions. This system will collect the minimum amount of personal data needed to accomplish its stated purpose.

The information collected will be entered in to the Long Term Care Minimum Data Set (LTC MDS) system of records, System No. 09-70-1516. Information from this system may be disclosed, under specific circumstances, to: (1) a congressional office from the record of an individual in response to an inquiry from the congressional made at the request of that individual; (2) the Federal Bureau of Census; (3) the Federal Department of Justice; (4) an individual or organization for a research, evaluation, or epidemiological project related to the prevention of disease of disability, or the restoration of health; (5) contractors working for HCFA to carry out Medicare/Medicaid functions, collating or analyzing data, or to detect fraud or abuse; (6) an agency of a State government for purposes of determining, evaluating and/or quality of health care services provided in the State; (7) another Federal agency to fulfill a requirement of a Federal statute that implements a health benefits program funded in whole or in part with Federal funds or to detect fraud or abuse; (8) Peer Review Organizations to perform Title XI or Title XVIII functions; (9) another entity that makes payment for or oversees administration of health care services for preventing fraud or abuse under specific conditions.

### 4. WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION

For nursing home residents residing in a certified Medicare/Medicaid nursing facility the requested information is mandatory because of the need to assess the effectiveness and quality of care given in certified facilities and to assess the appropriateness of provided services. If a nursing home does not submit the required data, it cannot be reimbursed for any Medicare/ Medicaid services.

## PRIVACY ACT STATEMENT HEALTH CARE RECORDS

**THIS FORM PROVIDES YOU THE ADVICE REQUIRED BY THE PRIVACY ACT OF 1974. THIS FORM IS NOT A CONSENT FORM TO RELEASE OR USE HEALTH CARE INFORMATION PERTAINING TO YOU.**

### **1. AUTHORITY FOR COLLECTION OF INFORMATION INCLUDING SOCIAL SECURITY NUMBER (SSN)**

**Sections 1819(f), 1919(f), 1819(b)(3)(A), and 1864 of the Social Security Act.**

Skilled nursing facilities for Medicare and Medicaid are required to conduct comprehensive, accurate, standardized, and reproducible assessments of each resident's functional capacity and health status. As of June 22, 1998 all skilled nursing and nursing facilities are required to establish a database of resident assessment information and to electronically transmit this information to the State. The State is then required to transmit the data to the federal Central Office Minimum Data Set (MDS) repository of the Health Care Financing Administration.

These data are protected under the requirements of the Federal Privacy Act of 1974 and the MDS Long Term Care System of Records.

### **2. PRINCIPAL PURPOSES FOR WHICH INFORMATION IS INTENDED TO BE USED**

The information will be used to track changes in health and functional status over time for purposes of evaluating and improving the quality of care provided by nursing homes that participate in Medicare or Medicaid. Submission of MDS information may also be necessary for the nursing homes to receive reimbursement for Medicare services.

**Facility Directory.** We may include your name, location in the facility, general condition and religious affiliation in a facility directory. This information may be provided to members of the clergy and, except for religious affiliation, to other people who ask for you by name. We will not include your information in the facility directory if you object or if we are prohibited by State or federal law.

**Others Involved in Your Healthcare:** Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your PHI that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary, if we determine that it is in your best interest based on our professional judgment. We may use or disclose protected health information to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location, general condition or death. Finally, we may use or disclose your Protected Health Information to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosure to family or other individuals involved in your health care.

**Emergencies:** We may use or disclose your protected health information in an emergency treatment situations. If this happens, your physician shall try to obtain your consent as soon as reasonably practical after the delivery of treatment. If your physician or another physician in the practice is required by law to treat you and the physician has attempted to obtain your consent, he or she may still use or disclose your protected health information to treat you.

**Communication Barrier:** We may use and disclose your protected health information if your physician or another physician in the practice attempts to obtain consent from you but is unable to do so due to substantial communication barriers and the physician determines, using professional judgment, that you intend to consent to use or disclosure under the circumstances.

**Required by law:** We may use or disclose your PHI to the extent that law requires the use or disclosure. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required by law, of any such uses or disclosures.

**Public Health:** We may disclose your PHI for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury or disability. We may also disclose your protected health information, if directed by the public health authority, to a foreign government agency that is collaborating with the public health authority.

**Communicable Diseases:** We may disclose your PHI, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

**Health Oversight:** We may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.

**Abuse or Neglect:** We may disclose your protected health information to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your protected health information if we believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

**Food and Drug Administration:** We may disclose your protected health information to a person or company required by the Food and Drug Administration to report adverse events, product defects or problems, biologic product deviations, track products; to enable product recalls; to make repairs or replacements, or to conduct post marketing surveillance, as required.

**Legal Proceedings:** We may disclose PHI in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), in certain conditions in response to a subpoena, discovery request or other lawful process.

**NOTES:**

## **Complaints**

If you have any complaints or if you believe your privacy rights have been violated by us, you may notify the Secretary of Health and Human Services or you may contact our Privacy Officer.

You may also file a complaint or request further information about the complaint process with our Privacy Officer at 712-328-9500.

This notice was first published and became effective on April 14, 2003.

**Law Enforcement:** We may also disclose PHI, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement

purposes include (1) legal processes and otherwise required by law, (2) limited information requests for identification and location purposes, (3) pertaining to victims of a crime, (4) suspicion that death has occurred as a result of criminal conduct, (5) in the event that a crime occurs on the facility premises, and (6) medical emergency (not on the facility premises) and it is likely that a crime has occurred.

**Coroners, Funeral Directors, and Organ Donation:** We may disclose Protected Health Information to a coroner or medical examiner, identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose PHI to a funeral director, as authorized by law, in order to permit the funeral director to carry out their duties. We may disclose such information in reasonable anticipation of death. PHI may be used and disclosed for cadaver, organ, eye or tissue donation purposes.

**Research:** We may disclose your PHI to researchers when the administrator who has reviewed the research proposal and established protocols to ensure the privacy of your PHI has approved their research. Their research has been approved by an institutional review board that.

**Criminal Activity:** Consistent with applicable federal and state laws, we may disclose your PHI, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose PHI if it is necessary for law enforcement authorities to identify or apprehend an individual.

**Military Activity and National Security:** When the appropriate conditions apply, we may use or disclose PHI of individuals who are or have been Armed Forces personnel for activities deemed necessary by appropriate military command authorities; for the purpose of a determination by the Department of Veterans' Affairs of your eligibility for benefits; or to foreign military authority if you are or have been a member of that foreign military service. We may also disclose your PHI 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.

**Workers' Compensation:** We may disclose Your PHI as authorized to comply with workers' compensation laws and other similar legally established programs.

**Inmates:** We may use or disclose your protected health information if you are an inmate of a correctional facility and your physician created or received your protected health information in the course of providing care to you.

**Required Uses and Disclosures:** Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of federal privacy laws.

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## YOUR RIGHTS

Following is a statement of your rights with respect to your PHI and a brief description of how you may exercise these rights.

**You have the right to inspect and copy your PHI.** This means you may inspect and obtain a copy of certain PHI about you that is contained in a designated record set for as long as we maintain the PHI. There may be a small fee for the copies you request. A “designated record set” contains medical and billing records and any other records that the professionals in this facility use to make decisions about you.

Under federal law, however, you may not inspect or copy the following records: psychotherapy notes, information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and PHI that is subject to law that prohibits access to PHI. In some circumstances, you may have a right to have this decision reviewed. Please contact our Privacy Contact if you have questions about access to your medical record.

**You have the right to request a restriction of your PHI.** This means you may ask us not to use or disclose any part of your PHI for the purpose of treatment, payment or healthcare operations. You may also request that any part of your PHI not be disclosed to your family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply.

We are not required to agree with your request and will notify you if we are unable to agree. You may request a restriction by contacting the Privacy Contact and documenting the specific restrictions that you wish. The foregoing notwithstanding, we must agree to restrict the disclosure of PHI to a

health plan if you request AND you have paid for the service or items, in full, out of your own pocket.

**You have the right to request to receive confidential communications from us by alternative means or at an alternative location.** We will accommodate reasonable requests. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not request an explanation from you as to the basis for the request. Please make this request in writing to our Privacy Contact.

**You may have the right to have your PHI amended.** This means you may request an amendment of PHI about you in a designated record set for as long as we maintain this information. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Please contact our Privacy Contact if you have questions about amending your medical record.

**You have the right to receive an accounting of certain disclosure we have made, if any, of your PHI.** This right applies to disclosures for purposes other than treatment, payment or healthcare operations as described in this Notice of Privacy Practices. It excludes disclosures we may have made to you, for a facility directory, to family members, to friends involved in your care, for notification purposes or disclosures we have made with your written authorization. You have the right to receive specific information regarding these disclosures that we have made for a six (6) year period effective April 14, 2003. You may request a shorter timeframe. The right to receive this information is subject to certain exceptions, restrictions and limitations.

You have the right to be notified when a breach of your unsecured PHI has occurred.

You have the right to obtain a paper copy of this notice from us, upon request, even if you have agreed to accept this notice electronically.