



PRIVACY STATEMENT
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

St. Luke's Villa

Understanding Your Health Record / Information

Each time you visit a nursing facility, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnosis, treatment, and a plan for future care or treatment. This information, referred to as your health or medical record, serves as a:

- Basis for planning your care and treatment
- Means of communication among health professionals who care for you
- Legal document describing the care you received
- Means by which you or a third party payer can verify that services billed were actually provided
- A tool in educating health professionals
- A source of data for medical research
- A source of information for public health officials
- A source of data for facility planning and marketing
- A tool with which we can assess and continually work to improve the care we render and the outcomes we achieve

Understanding what is in your record and how your health information is used helps you to: ensure its accuracy, better understand who, what, when, where, and why others may access your health information, and make more informed decisions when authorizing disclosure to others.

Our Responsibilities:

Our nursing facility is required to:

- Maintain the privacy of your health information
- Provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you
- Abide by the terms of this notice
- Notify you if we are unable to agree to a requested restriction
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will mail you a revised notice and post a new version on our web site. We will not use or disclose your health information without your authorization, except as described in this notice.

How We Will Use or Disclose Your Health Information

1. **Treatment.** We will use your health information for treatment. For example, information obtained by a nurse, physician, or other member of your health care team will be recorded in your record and used to determine the course of treatment that should work best for you. Your physician will document in your record his or her expectations of the members of your health care team. Members of your health care team will then record the actions they took and their observations. In that way, the physician will know how you are responding to treatment. We will also provide your physician or a subsequent health care provider with copies of various reports that should assist him or her in treating you once you're discharged from our nursing facility.
2. **Payment.** We will use your health information for payment. For example, a bill may be sent to you or a third party payer, including Medicare and Medicaid. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.
3. **Health care operations.** We will use your health information for regular health operations. For example, members of the medical community, the risk or quality improvement staff may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the health care and service we provide.

4. **Business Associates.** There are some services provided our organization through contracts with business associates. Examples include our consultants, nurse agencies and accountants. When these services are contracted, we may disclose your health information to our business associates so that they can perform the job we've asked them to do. To protect your health information, however, we require the business associates to appropriately safeguard your information by signing a "Business Associate Agreement".
5. **Directory.** Unless you notify us that you object, we may use your name, location in the facility, general condition, and religious affiliation for directory purposes. 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 may also use your name on a nameplate next to or on your door in order to identify your room, unless you notify us that you object.
6. **Notification.** We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, or your location, and general condition. If we are unable to reach your family member or personal representative, then we may leave a message for them at the phone number that they have provided us, e.g., on an answering machine.
7. **Communication with family.** Health professionals, using their best judgment, may disclose to a family member, other relative or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care.
8. **Marketing.** In most circumstances, St. Luke's Villa is required by law to receive your written authorization before using or disclosing your health information for marketing purposes. However, St. Luke's Villa may provide you with promotional gifts of nominal value. St. Luke's Villa will not, under any circumstances, sell resident lists or your health information to a third party without your written authorization.
9. **Newsletters and Other Communications.** St. Luke's Villa may use your name and address to send you a newsletter or other information about healthcare treatment options or other related benefits and services that may be of interest or beneficial to you.
10. **Fundraising.** St. Luke's Villa may use your demographic information and dates you received treatment for fund raising activities. If you do not want to receive fund raising materials, please contact our privacy officer as noted below.
11. **Funeral Directors.** We may disclose health information to funeral directors and coroners to carry out their duties consistent with applicable law.
12. **Food and Drug Administration (FDA).** We may disclose to 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.
13. **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.
14. **As Permitted or Required by Law.** We may also use or disclose your protected health information without your written authorization for other reasons as permitted by law. We are *permitted* by law to share information, subject to certain requirements, in order to communicate information on health related benefits or services that may be of interest to you, respond to a court order, or during a corporate restructuring, such as a merger, sale or acquisition. We will also disclose health information about you when required by law, for example, to prevent serious harm to you or others.
15. **Pursuant to your Authorization.** When required by law, we will ask for your written authorization before using or disclosing your protected health information. If you choose to sign an authorization to disclose information, you can later revoke that authorization to prevent any further uses or disclosures.

Your Rights

Although your health record is the physical property of the nursing facility, the information in your health record belongs to you. You have the following rights:

- a. You may request that we not use or disclose your health information for a particular reason related to treatment, payment, the facility's general health care operations, and / or to a particular family member, other relative or close personal friend. We ask that such requests be made in writing on a form provided by St. Luke's Villa. Although we will consider your request, please be aware that we are under no obligation to accept it or to abide by it. For more information about this right, see 45 code of Federal Regulations (C.F.R.) para 164.522(a).
If St. Luke's Villa does agree to your request, St. Luke's Villa will comply with your request unless the restricted information is needed to provide you with emergency treatment.

To request restrictions, you must make your request in writing to the St. Luke's Villa Compliance Officer. In your request you must tell St. Luke's Villa:

What information you want to limit;

Whether you want to limit St. Luke's Villa's use, disclosure or both; and

To whom you want the limits to apply.

- b. If you are dissatisfied with the manner in which or the location where you are receiving communications from us that are related to your health information, you may request that we provide you with such information by alternative means or at alternative locations. Such a request must be made in writing, and submitted to the facility Administrator. We will attempt to accommodate all reasonable requests. For more information about this right see 45 code of Federal Regulations (C.F.R.) para 164.522(b).
- c. You may request to inspect and / or obtain copies of health information about you, which will be provided to you in the time frames established by law. If you request copies, we will charge you a reasonable fee. For more information about this right see 45 C.F.R. para 164.524.
- d. 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 on a form provided by St. Luke's Villa, and must provide a reason to support the amendment. For a request form, please contact our Social Service Department. For more information about this right please see 45 C.F.R. para 164.526.
- e. You may request that we provide you with a written accounting of all disclosures made by us during the time period for which you request (not to exceed 6 years). We ask that such a request be made in writing on a form provided by St. Luke's Villa. Please note that an accounting will not apply to any treatment, payment or health operation; disclosures made to you or your legal representative, or any other individual involved with your care; disclosures to law enforcement officials; and disclosures for national security purposes. You will not be charged for your first accounting request in any 12 month period. However, for any requests that you make thereafter, you will be charge a reasonable, cost-based fee. For more information see 45 C.F.R. para 164.528.
- f. You have the right to obtain a paper copy of our Privacy Statement (Notice of Information Practices) upon request.
- g. You may revoke an authorization to use or disclose health information, except to the extent that action has already been taken. Such a request must be in writing.
- h. St. Luke's Villa is required to notify you by first class mail or by e-mail (if you have indicated a preference to receive information by e-mail), of any breaches of Unsecured Protected Health Information as soon as possible, but in any event, no later than 60 days following the discovery of the breach. "Unsecured Protected Health Information" is information that is not secure through the use of a technology or methodology indentified by the Secretary of the U.S. Department of Health and Human Services to render the protected health information unusable, unreadable, and undecipherable to unauthorized users. The notice is required to include the following information:
 - A brief description of the breach, including the date of the breach and the date of its discovery, if known;
 - A description of the type of Unsecured Protected Health Information involved in the breach;
 - Steps you should take to protect yourself from potential harm resulting from the breach;
 - A brief description of actions St. Luke's Villa is taking to investigate the breach, mitigate losses, and protect against further breaches;
 - Contact information, including a toll-free telephone number, e-mail address, Web site or postal address to permit you to ask questions or obtain additional information.
 - i. In the event the breach involves 10 or more residents whose contact information is out of date St. Luke's Villa will post a notice of the breach on the home page of St. Luke's Villa's Web site or in a major print or broadcast media. If the breach involves more than 500 residents in a state or jurisdiction, St. Luke's Villa will send notices to prominent media outlets. If the breach involves more than 500 residents, St. Luke's Villa is required to notify the Secretary of Health and Human Services. We are also required to submit an annual report to the Secretary of Health and Human Services of a breach that involved less than 500 residents during the year and St. Luke's Villa will maintain a written log of breaches involving less than 500 residents.

For More Information or to Report a Problem

If you have questions and would like additional information, you may contact our Compliance Officer, William Starr, at 570-706-8900. If you believe that your privacy rights have been violated, you may file a complaint with us. These complaints must be in writing on a form provided by St. Luke's Villa. The complaint form may be obtained from Social Services and when completed should be returned to our Compliance Officer. You may also file a complaint with the Secretary of the Federal Department of Health and Human Services. There will be no retaliation for filing a complaint.

The HHS-OIG Hotline telephone number is, 1-800-447-8477 (1-800-HHS-TIPS)

All complaints will be investigated.

This notice is effective as of July 1, 2011.