

# Privacy Statement

## HOLLIS PARK MANOR NURSING HOME, INC NOTICE OF PRIVACY PRACTICES

**THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

If you have any questions about this Notice, please contact the Privacy Officer at (718) 479-1010.

HOLLIS PARK MANOR NURSING HOME, INC is committed to protecting your health information. This Notice describes the Nursing Facility's privacy practices and that of its employees, staff, volunteers, and all other Nursing Facility personnel. Your health information includes medical and financial information and is contained in a medical record, which is the property of Hollis Park Manor.

This Notice informs you about the ways in which we may use and disclose your health information. We also describe your rights and certain duties we have regarding the use and disclosure of health information.

Hollis Park Manor Nursing Home, Inc. is required to:

- Ensure that health information that identifies you is kept private;
- Give you this Privacy Statement concerning our legal duties and practices with regard to health information about you; and
- Follow the terms of the Notice that is currently in effect.

## Uses And Disclosures of Your Health Information

The following list describes different ways that we may use and disclose your health information. For the first three categories: Treatment, Payment, and Health Care Operations, we will give some examples. Not every possible use or disclosure in a category is enumerated. However, all of the ways we may use and disclose information will fall within one of the categories.

- **For Treatment.** We may use your health information to provide you with medical treatment or services. We may disclose health information about you to doctors, nurses, technicians, volunteers, or other personnel who are involved in providing care to you. For example, a doctor treating you for a pressure ulcer may need to know if you have diabetes because diabetes may affect the healing process.
- **For Payment.** We may use and disclose your health information so that the treatment and services you receive at the Nursing Facility may be billed and payment may be collected from you, or a third party payor. For example, we may need to give your health plan information about physical therapy you received at the Nursing Facility so that your health plan will pay us for the physical therapy. We may also inform your health plan about a treatment you are going to receive to verify that your payor will pay for the treatment or services.
- **For Health Care Operations.** We may use and disclose your health information for Nursing Facility operations. These uses and disclosures are necessary to run the Nursing Facility and make sure that all of our Residents receive quality care. For example, we may use health information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also disclose information to doctors, nurses, technicians, and other Nursing Facility personnel for Quality Assurance purposes.
- **Business Associates.** We may disclose your health information to contractors, agents and other business associates who need the information in order to assist us with carrying out our business

operations. If we do disclose your health information to a business associate, we will have a written contract to ensure that our business associate also protects the privacy of your health information.

- **Treatment Alternatives and Appointments.** We may use and disclose health information to tell you about, or recommend, possible treatment options that may be of interest to you, and to contact you to remind you of appointments.
- **Health-Related Benefits and Services.** We may use and disclose health information to inform you about health-related benefits or services that may be of interest to you. .
- **Nursing Facility Directory.** We may include certain limited information about you in the Nursing Facility directory while you are a Resident at the Nursing Facility. This information may include your name, location in the Nursing Facility, your general condition (fair, stable, etc.) and your religious affiliation. The directory information, except for your religious affiliation, may also be released to people who ask for you by name. Your religious affiliation may be given to a member of the clergy, even if they don't ask for you by name.
- **Individuals Involved in Your Care or Payment for Your Care.** We may release your health information to a friend or family member who is involved in your medical care, or to anyone else you authorize us to tell. We may also give information to someone who helps pay for your care. We may also tell your family or friends what your general condition is and that you are in the Nursing Facility.
- **To Avert a Serious Threat to Health or Safety.** We may use and disclose health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of others. Any disclosure, however, would only be to help prevent the threat.
- **For special purposes.** We may disclose health information about you for special purposes as permitted or required by law, including the following:
  - **Community and public health activities and reports** such as disease control, abuse or neglect, and health and vital statistics.
  - **Administrative oversight** for such things as audits, investigations, licensure, or determining cause of death.
  - **Court order or other legal processes,** whether related to law enforcement activities, including custody of inmates, legal actions, or national security activities.
  - **Military and veteran reporting** on members of the armed forces of U.S. or foreign military as required by military command authorities.
  - **Organ and tissue donation and transplant reports** as required by regulatory organizations as necessary to facilitate organ or tissue donation and transplant.
  - **Workers' compensation or other rehabilitative activities** reporting as required by law or insurers in order to provide benefits for work-related or victim injuries or illnesses.
  - **Law enforcement** if asked to do so by a law enforcement official:
    - To identify or locate a suspect, fugitive, material witness, or missing person;
    - About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
    - About a death we believe may be the result of criminal conduct;
    - About criminal conduct at the Nursing Facility; and
    - In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

- **Coroners, medical examiners and funeral directors.** We may release health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release health information about Residents of the Nursing Facility to funeral directors as necessary to carry out their duties.
- **National security and intelligence activities.** We may release health information about you to authorized government officials for intelligence, counterintelligence, and other national security activities authorized by law.

## Other Uses And Disclosures Of Health Information

Other uses and disclosures of health information not covered by this Notice or the laws that apply to us will be made only with your specific written authorization. If you provide us with such authorization, to use or disclose your health information, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose your health information about you for the reasons covered by the written authorization. You understand that we are unable to retrieve any disclosures already made with your authorization, and that we are required to retain our records of the care that we provide you.

## Your Rights Regarding Health Information

- **Right to Inspect and Copy.** Subject to applicable regulatory restrictions, you have the right to inspect and copy health information that may be used to make decisions about your care. To inspect and copy health information that may be used to make decisions about you, you must submit your request in writing to the Medical Records Department at HOLLIS PARK MANOR NURSING HOME, INC. If you request a copy of the information, we may charge a reasonable fee for the costs of copying, mailing or other costs associated with your request.
- **Right to Amend.** If you feel that the health information we have about you is incorrect, you may ask us to amend the information. You have the right to add a statement. To request an amendment, your request must be made in writing and submitted to the Social Services Department at HOLLIS PARK MANOR NURSING HOME, INC. In addition, you must provide a reason that supports your request. Pursuant to applicable regulations, we may deny such a request.
- **Right to an Accounting of Disclosures.** You have the right to receive an “accounting of disclosures.” This is a list of certain disclosures we made of health information about you. To request this list or accounting of disclosures, you must submit your request in writing to the Medical Records Department at HOLLIS PARK MANOR NURSING HOME, INC. Your request must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. The first list you request within a 12-month period will be free. For additional lists, we may charge you a reasonable fee for the costs of providing the list.
- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment or health care operations, and other disclosures permitted by regulation (for example, to friends and relatives). We are not required by federal regulation to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. To request restrictions, you must make your request in writing to the Privacy Officer at HOLLIS PARK MANOR NURSING HOME, INC.
- **Right to Request Confidential Communications.** You have the right to request that we communicate with you about health matters in a certain way or at a certain location. To request confidential communications, you must make your request in writing to the Privacy Officer at HOLLIS PARK MANOR NURSING HOME, INC. We will not ask you the reason for your request. We will accommodate all reasonable requests.
- **Right to Paper Copy of this Notice.** You have the right to a paper copy of this Notice. You may ask us to give you 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.

## Changes To This Notice

We may change the terms of this Notice, at any time. If we do, we will revise this Notice. The revised Notice will apply to all of your health information currently on file and any we receive in the future. We will post a copy of the revised Notice in the Nursing Facility, and a copy of the revised Notice will be furnished to all residents.

### **HOW TO FILE A COMPLAINT**

If you believe your privacy rights have been violated, you may file a complaint with the Nursing Facility or with the Secretary of the Department of Health and Human Services. To file a complaint with the Nursing Facility, you must submit your complaint in writing to: Privacy Officer at HOLLIS PARK MANOR NURSING HOME, INC, 191-06 Hillside Ave., Hollis N.Y. 11423. If you wish to discuss your complaint, you may call the Privacy Officer at 718-479-1010. You will not be retaliated against in any way for filing a complaint.

*Effective Date:* April 14, 2003

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