



## HIPAA NOTICE OF PRIVACY PRACTICES

*Effective Date:* June 1, 2014

### **THIS NOTICE DESCRIBES HOW PROTECTED HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION.**

**PLEASE REVIEW IT CAREFULLY.**

#### **I. OUR COMMITMENT TO SAFEGUARD YOUR PROTECTED HEALTH INFORMATION**

We understand that information about you and your health is personal. We are committed to keeping this information private whether created or maintained by us. We create a record of the care and services you receive while you are a resident. We need this record to provide you with quality care and to comply with certain legal requirements. This Notice applies to all protected health information received or created by our employees, staff, volunteers and business associates that is contained in our records.

Our organization has established privacy practices, policies and procedures to guard against unnecessary disclosure of protected health information. Our organization is committed to abiding by these practices and all applicable state and federal laws and regulations relating to protected health information. As such we are required to provide you with this Privacy Notice that contains information regarding our privacy practices, informs you about the possible uses and disclosures of your protected health information and describes your rights and our obligations regarding your protected health information.

We are required by law to:

- Maintain the privacy of your protected health information;
- Provide to you this detailed Notice of our legal duties and privacy practices relating to your protected health information; and
- Abide by the terms of this Notice that are currently in effect.

We have the right to change this Notice at any time and to make the revised or changed Privacy Notice effective for protected health information we already have about you as well as any information we receive in the future. Should we change or revise this Privacy Notice, we will post a copy of the revised Privacy Notice. You may also request and obtain a copy of the Privacy Notice currently in effect from the Executive Director or download a copy from our website [www.copperfieldhill.com](http://www.copperfieldhill.com).

#### **II. PROTECTED HEALTH INFORMATION**

Protected health information is any information that is created or received by a health care provider (including demographic and/or genetic information) that either identifies the resident, or could reasonably be used to identify the resident, that relates to the physical or mental condition of the resident, the provision of health care or services to the resident or the payment for that health care or services.

#### **III. WHO WILL FOLLOW THIS NOTICE**

This organization may provide health care and other services to our residents and clients in partnership with other professionals and healthcare organizations. This Notice describes our organization's practices and that of:

- All employees, staff, independent contractors, business associates, or volunteers of the organization.
- Any health care professional authorized to enter information into your medical record.

**4200 40<sup>th</sup> Ave. North • Robbinsdale, Minnesota 55422 • (763) 277-1001**

#### IV. HOW WE MAY USE AND DISCLOSE PROTECTED HEALTH INFORMATION ABOUT YOU

The following examples explain various ways that we may use and may disclose protected health information. For each category of uses or disclosures, we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

Treatment. We may use protected health information about you to provide you with treatment or services. We may disclose protected health information about you to doctors, nurses, technicians, therapists, volunteers, employees, social workers, or other health care professionals who are involved in your care or services or who have agreed to assist in coordinating your care or services. For example: a doctor involved in your care will need information about your symptoms and concerns in order to prescribe appropriate medications and treatment. Or we would need to tell a dietitian if you have diabetes so that you can be informed about appropriate diet choices. We may also disclose protected health information about you to people outside the organization who may be involved in your care including family members, pharmacists, clergy, suppliers of medical equipment, other service providers, or any other person that you designate specifically or implicitly in writing or orally that are or may become involved in your care. We may also disclose protected health information to individuals who will be involved in your care after you leave our organization.

Payment. We may use and disclose protected health information about you so that the care and services you receive may be billed to and payment may be collected from you, your designee, a responsible party, an insurance company, or a third party, whether public or private. For example, we may need to give your health insurer information regarding your health care status so your insurer will pay us for the care provided. We may also tell your health plan about a treatment or service you are going to receive to obtain prior approval or to determine whether it will be covered by your plan. We may also disclose protected health information to assist with payment to other providers.

Health Care Operations. We may use and disclose protected health information about you for our own operations in order to run the organization and to provide quality care to all residents. For example, we may use protected health information for quality improvement activities such as reviewing our treatment and services, to train and evaluate the performance of our staff in providing care or services or to improve your health or the health of other residents. We may use protected health information for accreditation, certification, licensing or other credentialing or operational activities.

We may also combine protected health information about many residents to decide what additional services the organization should offer, what services are not needed, and whether services are effective. We may disclose information to employees, business associates, volunteers, doctors, nurses, technicians, and other health care professionals for review and learning purposes.

We may combine the protected health information we have with protected health information from other organizations to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of protected health information so others may use it to study health care and health care delivery without learning who the specific patients are.

Appointment Reminders. We may use and disclose protected health information to contact you or those involved in coordinating your care to provide reminders of appointments either with the organization or with outside health care providers for treatment or care.

Service Delivery. We may use and disclose protected health information to contact you, your designee, emergency contact, or any other person or entity that provides health care services or is involved in your care in order to ensure service delivery as outlined in your service agreement, service plan, or any other written, oral or implied agreement with the organization, or if service delivery is not possible, is being refused or if service agreement or service plan needs to be modified.

Treatment Alternatives. We may use and disclose protected health information to tell you or those involved in your care to inform or recommend possible treatment choices or alternatives that may be of interest to you or those involved in your care.

Health-Related Benefits and Services. We may use and disclose protected health information to tell you or those involved in your care about health-related benefits or services that may be of interest to you or those involved in your care.

Fundraising Activities. We may use and disclose protected health information about you to contact you in an effort to raise money for the organization and its operations. We may disclose protected health information to a foundation related to the organization so that the foundation may contact you in raising money for the organization. We only would release contact information, such as your name, address and phone number and the dates you received treatment or services from us. If you do not want the organization to contact you for fundraising efforts, you must notify the Executive Director in writing to let us know that you do not want to be contacted.

Coordination & Transfer. We may use and disclose protected health information about you to those involved in the coordination and transfer of your care and/or services to another organization or provider.

Directory. Unless you object in writing, we will include certain limited information about you in our organization's directory. This information may include but is not limited to your name, date of birth, phone number, emergency contact, location in the building, your level of care, your general condition and your picture. Our directory does not include specific medical information about you. We may release information in our directory to people who ask for you by name.

Publications & Promotions. We may use and disclose certain limited information about you in our monthly newsletter, in our marketing materials, on our website or Facebook page. Specific medical information about you will not be disclosed. **We will never sell your personal health information to any person or entity.**

Individuals Involved in Your Care or Payment for Your Care. We may use and disclose your protected health information to a family member or close personal friend, including clergy, who is involved in your care, or someone who helps pay for your care, whether such involvement is explicit or implicit. Such disclosures shall be limited to information directly relevant to such person's involvement in your care.

Disaster Relief/Emergency. We may disclose your protected health information to an organization assisting in a disaster relief effort or providing emergency assistance.

As Required by Law. We will use and disclose your protected health information when required by law to do so.

Reporting Victims of Abuse, Neglect or Domestic Violence. We may use and disclose your protected health information if we believe that you have been a victim of abuse, neglect, or domestic violence, to notify a government authority if required or authorized by law, or if you agree to the report.

Health Oversight Activities. We may use and disclose your protected health information to a health oversight agency for oversight activities authorized by law. These may include, for example, audits, investigations, inspections, licensure actions or other legal proceedings. These activities are necessary for government licensing requirements, oversight of the health care system, government payment or regulatory programs, and compliance with civil rights laws.

Judicial and Administrative Proceedings. We may use and disclose your protected health information in response to a court or administrative order. We may also disclose information in response to a subpoena, discovery request, or other lawful process; effort must be made to contact you about the request or to obtain an order or agreement protecting the information.

Public Health Activities. We may use and disclose your protected health information to an organization for public health activities. These activities may include, for example:

- Reporting to a public health or other government authority for preventing or controlling disease, injury or disability, or reporting child abuse or neglect or any reporting relating to the Vulnerable Adults Act
- Reporting to the Federal Drug Administration (FDA) concerning adverse events or problems with products for tracking products in certain circumstances, to enable product recalls or to comply with other FDA requirements.
- To notify a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition or
- To an employer for certain purposes involving certain workplace illness or injuries as required for the employer to meet its obligations under certain federal regulations.

Law Enforcement. We may use and disclose your protected health information for certain law enforcement purposes, including:

- As required by law to comply with reporting requirements;
- To comply with a court order, warrant, subpoena, summons, investigative demand or similar legal process;
- To identify or locate a suspect, fugitive, material witness or missing person;
- When information is requested about the victim of a crime if the individual agrees or under other limited circumstances;
- To report information about a suspicious death;
- To provide information about criminal conduct occurring within the organization;
- To report information in emergency circumstances about a crime; or
- Where necessary to identify or apprehend an individual in relation to a violent crime or an escape from lawful custody.

Research. We may allow protected health information of residents from our organization to be used or disclosed for research purposes provided that the researcher adheres to certain privacy protections.

Coroners, Medical Examiners, Funeral Directors, Organ Procurement Organizations. We may use, disclose and release your protected health information to a coroner, medical examiner, funeral director or, if you are an organ donor, to an organization involved in the donation of organs and tissue.

To Avert a Serious Threat to Health or Safety. We may use and disclose your protected health information as necessary to prevent a serious threat to your health or safety or the health or safety of the public or another person. However, any disclosure would be made only to someone able to alleviate the threat, as determined by the organization.

Military and Veterans. If you are a member of the armed forces, we may use and disclose your protected health information as required by military command authorities. We may also use and disclose protected health information about foreign military personnel as required by the appropriate foreign military authority.

Workers Compensation. We may use or disclose your protected health information to comply with laws relating to workers' compensation or similar programs.

National Security and Intelligence Activities; Services for the President and Others. We may use and disclose protected health information to authorized federal officials conducting national security and intelligence activities as needed to provide protection to the President of the United States, certain other persons or foreign heads of states or to conduct certain special investigations.

Business Associates. We may use and disclose your protected health information with certain business associates, pursuant to the terms of a business associate agreement and as permitted by applicable privacy regulations, who perform certain services for or on behalf of Copperfield Hill.

Personal Representatives. In circumstances where an individual has the authority under applicable law to act on behalf of a Copperfield Hill resident in making decisions related to health care, we may treat such person as a personal representative of the resident and may use, disclose or share the resident's protected health information with such personal representative.

## **V. YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION**

You have the following rights regarding protected health information we maintain about you:

Right to Inspect and Copy. You have the right to inspect and copy protected health information that may be used to make decisions about your care. Usually, this includes medical, service and billing records. It does not include information that is kept by the organization to which you do not have a right to access and inspect.

Requests must be submitted in writing to the Executive Director. We will allow you to inspect your records within twenty-four (24) hours (excluding weekends and holidays) of your request. If you request copies of the records, we will provide you with copies within two (2) days (excluding weekends and holidays) of that request. We may charge a reasonable fee for our costs in copying, mailing or other supplies or administrative costs associated with your request. You may request that we provide you with access to your protected health information in electronic format, and we will accommodate such requests if electronic formats are available. We may charge you a reasonable fee limited to the labor costs associated with transmitting the electronic health record.

We may deny your request to inspect and copy your protected health information in certain very limited circumstances. If you are denied access to protected health information, you may request that the denial be reviewed. An attorney or licensed health care professional chosen by the organization will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the determination of the reviewer.

Right to Amend. If you feel that any protected health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the organization. To request an amendment, your request must be made in writing and submitted to the Executive Director. In addition, you must provide a reason that supports your request. We shall take any action on your request within sixty (60) days of receipt.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the protected health information kept by or for our organization;
- Is not part of the information to which you have a right to access; which you would be permitted to inspect and copy; or
- I already accurate and complete, as determined by the organization.

Right to an Accounting of Disclosures. You have the right to request an “accounting of disclosures.” This is a listing of certain disclosures of your protected health information made by the organization or others on our behalf, but does not include disclosures for treatment, payment and health care operations or certain other exceptions. The first accounting provided within the 12-month period will be free. For further requests, we may charge you our costs. We will inform you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

To request an accounting of disclosures, you must submit a request in writing to the Executive Director stating: 1) The time period you wish to be included - the time period must begin after April 13, 2003 and be within six years from the date of your request. However if we maintain your protected health information in an electronic health record, and if we have made disclosure(s) of your protected health information through the electronic record for treatment, payment and/or health care operations purposes, you have a right to request an accounting of such disclosures that were made during the previous three years of the request; 2) The information requested - An accounting may 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 or request, or certain summary information concerning multiple similar disclosures. Such summary information may include, if requested, the frequency of such disclosures, the date of the most recent disclosure, the purpose of these disclosures, and the name of the recipient; and 3) In what form you would like the information - (for example, on paper, electronically).

Right to Request Restrictions. You have the right to restrict or limit our use or disclosure of protected health information for services for which you paid in full (i.e., no insurance or government payment source was included) in certain instances.

To request restrictions, you must make your request in writing to the Executive Director. In your request, you must tell us 1) what specific information you want to limit; 2) whether you want to limit our use, disclosure or both; and 3) to whom you want the limits to apply, for example, disclosures to your son or daughter.

You also have the right to request restrictions on the protected health information we disclose, except for treatment, payment and operation (subject to the above exception) and to request restriction on information we release about you to a family member, friend or other person who is involved in your care or the payment for your care. Subject to the information in the previous paragraph, we are not required to agree to restrictions that you might request, but we will make all reasonable efforts to honor reasonable requests.

If we agree to your requested restriction(s), we will abide by them unless 1) you are being transferred from our organization; 2) the release of records is required by law; 3) the release of information is needed to provide you emergency treatment; or 4) the requested restriction interferes with treatment, payment and healthcare operations. Finally, if we agree to a restriction requested by you, we may terminate the agreement to do so if 1) you request or agree to the termination of this restriction either orally or in writing, or 2) if we inform you that we are terminating the restriction.

Right to Request Confidential Communications. You have the right to request that we communicate with you about matters involving protected health information in a certain way or at a certain location. For example, you can ask that we only contact you only at a certain phone number or only by mail (not by phone).

To request confidential communications, you must make your request in writing to the Executive Director. Your request must specify how or where you wish to be contacted. You do not have to specify a reason for your request. We will grant all reasonable requests and make every effort to comply with them in all cases except in emergency circumstances or as required by law.

Right to a Paper Copy of This Notice. You have the right to obtain a paper copy of this Notice, even if you have previously waived that right or agreed to receive this Notice electronically. You may ask us to give you a paper copy of this Notice at any time. To obtain a paper copy of this Notice, contact the Executive Director at (763) 277-1001 or visit our website at [www.copperfieldhill.com](http://www.copperfieldhill.com) to print a copy.

Notice of Breach. If a breach of "unsecured protected health information" about you should occur, we will follow the notice procedures as required by applicable law. "Unsecured protected health information" is protected health information that is not secured through the use of a technology/methodology identified by the Secretary of the U.S. Department of Health and Human Services to render such information unusable, unreadable and undecipherable to unauthorized users.

## **VI. OTHER USES OF PROTECTED HEALTH INFORMATION**

Other uses and disclosures of protected health information not covered by this Notice or applicable laws or regulations will be made only with your written or oral permission. If you provide us permission to use or disclose protected health information about you, you may cancel that permission, in writing, at any time. If you withdraw your permission, we will not longer use or disclose protected information about you for the reasons covered by your written authorization. We are unable to take back any disclosures we have already made with your permission. We are required to keep records of the care that we provided for you.

## **VII. COMPLAINTS RELATED TO PROTECTED HEALTH INFORMATION**

If you believe your privacy rights have been violated, you may file a complaint with the organization. All complaints must be submitted in writing to the Executive Director. You may also file a complaint with the Office of Civil Rights in the U.S. Department of Health and Human Services.

You will not be retaliated or discriminated against for filing a complaint.

## **VIII. HIPAA/PROTECTED HEALTH INFORMATION CONTACT PERSON/PRIVACY OFFICER**

This organization has designated the Executive Director as its contact person and Privacy Officer for all issues regarding this Notice, resident privacy and your rights under the federal privacy standards. You may contact the Executive Director at 4200 40<sup>th</sup> Ave. N. Robbinsdale, Minnesota 55422 or by phone at (763) 277-1001.

## **IX. QUESTIONS REGARDING THIS NOTICE**

If you have any questions about this Notice or would like further information concerning your privacy rights, please contact the Executive Director at (763) 277-1001.