

Sholom Community Alliance
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 review it carefully.

Understanding Your Health Record/Information

Each time you are admitted to a long term care facility or visit a hospital, a record of your visit is made. Typically, this record contains your symptoms, examinations, test results, diagnoses, treatments and care plan. This information, often referred to as your health or medical record, or “protected health information” serves as a:

- Basis for planning your care and treatment
- Means of communication among the many health professionals who contribute to your care
- 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 charged with improving the health of the nation
- A source of data for facility planning and fundraising
- 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 protected health information is used helps you to:

- Ensure its accuracy
- Better understand who, what, when, where and why others may access your health information
- Make more informed decisions when authorizing disclosure to others

Your Health Information Rights

Although your health record is the physical property of Sholom Community Alliance, the information belongs to you. You have the right to:

- Request a restriction on certain uses and disclosures of your information as provided by 45 CFR 164.522(a). Sholom Community Alliance is not required to agree to requested restrictions. However, should we agree, we will comply with your request not to release such information unless the information is needed to provide emergency care or treatment to you, or unless the restriction is terminated. We are required to restrict disclosure of your protected health information to a health plan upon your written request if the disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law, and the protected health information pertains solely to a health care item or service for which you, or a person other than the health plan on behalf of you, has paid us in full.
- Receive a paper copy of the notice of privacy practices

- Inspect and obtain a copy of your health record as provided for in 45 CFR 164.524. Sholom Community Alliance has a right to charge applicable fees for copies. If Sholom Community Alliance maintains electronic records of your protected health information you have the right to receive this information in electronic form if it is readily producible or in an electronic form as agreed to by you and Sholom Community Alliance.
- Amend your health record as provided in 45 CFR 164.526
- Obtain an accounting of disclosures of your health information as provided in 45 CFR 164.528
- Receive confidential communications of your health information by alternative means or at alternative locations as provided by 45 CFR 164.522(b)
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken.

Sholom Community Alliance's Responsibilities

Sholom Community Alliance 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 (i.e. your protected health information)
- Abide by the terms of this notice currently in effect
- Notify you if we are unable to agree to a requested restriction
- Accommodate reasonable requests to communicate health information by alternative means or an alternative location in accordance with 45 CFR 164.522(b)
- Notify you in writing of a breach of your unsecured protected health information should it occur

We reserve the right to change this Notice at any time and to make the new provisions effective for all protected health information we maintain. Should our privacy information practices change, we will post a copy of the new/revised Privacy Notice. You may also request and obtain a copy of the revised notice from Cathy Zarske, Corporate Director of Compliance.

We will not use or disclose your health information without your authorization, except as described in this notice.

For More Information or to Report a Problem

If you have questions and would like additional information or if you would like to restrict Sholom Community Alliance from using certain protected health information, you may contact Cathy Zarske, Corporate Director of Compliance, at phone number (952)939-1616 or at e-mail address czarske@sholom.com.

If you believe your privacy rights have been violated, you can file a complaint with Cathy Zarske, Corporate Director of Compliance, or with the Secretary of the Department of Health and Human Services, Office of Civil Rights. The telephone number is (202) 619-0257 or toll free at 1-877-696-6775. There will be no retaliation for filing a complaint.

USES AND DISCLOSURES OF HEALTH INFORMATION

Uses and Examples of Disclosures for Treatment, Payment and Health Care Operations

We will use your health information for treatment. Treatment means providing, coordinating, and managing health care and related services including, coordination or consultation with and, in some instances, referral to third parties such as other health care providers.

For example: Information obtained by a nurse, physician or other member of your healthcare team will be recorded in your record and used to determine the course of your treatment that should work best for you. Your physician will document in your record his or her expectations of the members of your healthcare team. Members of your healthcare 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 use your health information for payment related activities including, but not limited to, eligibility determination, claims processing, utilization review activities, and collection activities.

For example: A bill may be sent to a third-party payer, such as Medicare. This information, on or accompanying the bill, may include information that identifies you, as well as your diagnosis, treatments and supplies used.

We will use your health information for health care operations including quality assessment and improvement activities; evaluation and training of health care professionals and staff; health insurance related activities; auditing functions; planning and development; and administrative functions such as activities relating to compliance with federal regulations protecting the privacy of your health information.

For example: Members of the nursing staff or members of the Quality Council Committee 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 healthcare and service we provide.

Business Associates

There are some services provided in our organization through contacts with business associates. Examples include laboratory services, x-ray services and pharmacy. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we have asked them to do and bill your third-party payer for services rendered. To protect your health information, however, we require the business associate to appropriately safeguard your information.

Directory

Unless you notify us that you object, we will use your name and location in the facility for directory purposes. This information may be provided to members of the clergy and to other people who ask for you by name.

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, of your location and general condition.

Communication With Family/Significant Other/Responsible Party

Health professionals, using their best judgement, may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care.

Other Disclosures

Unless you object, we may include your name in a facility publication such as a newsletter, birthday list, get well cards, etc. to recognize important events and accomplishments that involve you.

Photographs

Unless you object, we may utilize your photograph(s) (and /or any copies of your photograph(s) and your name in promotional materials produced, published, submitted by Sholom Community Alliance and/or outside sources such as:

- Official publications, documents, programs, marketing brochures and presentations of Sholom Community Alliance
- Printed communicative media (e.g., American Jewish World or other newspapers) for promotional use of Sholom Community Alliance
- Electronic communicative media (e.g., worldwide website, videos) for promotional use of Sholom Community Alliance

Fundraising

We may contact you as part of a fundraising effort. You have the right to opt out of receiving fundraising communications and each fundraising communication must provide you information regarding the process for opting out. We may use a limited amount of your protected health information to contact you for fundraising purposes. We may also disclose this information to a foundation related to Sholom Community Alliance so that the foundation may contact you for fundraising purposes.

Other Uses and Disclosures

Under certain circumstances, we may also use or disclose health information without your consent or authorization. Those circumstances and the rules with which we must comply when making such disclosures are set forth in 45 CFR 164.512. Permitted purposes or circumstances for disclosure include the following: to comply with a state or federal law; to cooperate with authorized agencies and authorities carrying out public health activities including, but not limited to, activities related to preventing or controlling disease, injury or disability, preventing or responding to child abuse or neglect, and activities related to the safety of items regulated by the FDA; to fulfill reporting requirements related to victims of abuse, neglect or domestic violence; for health oversight activities including, but not limited to, audits, investigations, inspections, and other activities necessary for appropriate oversight of health care systems and services; for judicial and administrative proceedings; for law enforcement purposes; to coroners, medical examiners and funeral directors who require such information to carry out their duties; to organ procurement organizations or related entities as necessary to facilitate donation and transplantation; for research purposes; to avert a serious threat to health or safety; for certain other specialized government

functions; to comply with workers' compensation or similar programs established by law and providing benefits for work-related injuries or illness.

Uses and Disclosures Requiring Your Authorization

For other uses and disclosures of your protected health information not covered by this notice, beyond treatment, payment, health care operations or laws that apply to us, we are required to have your written authorization. You may give Sholom Community Alliance written authorization to use your protected health information or to disclose it to anyone for any purpose. You may revoke the authorization in writing at any time. Sholom Community Alliance will then stop using or disclosing your information except to the extent we have already relied on the authorization or if the authorization was obtained as a condition of obtaining insurance coverage. Sholom Community Alliance must obtain an authorization for any use or disclosure of psychotherapy notes, marketing communications, and sale of your protected health information unless otherwise authorized by law.

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