

St. Louis Altenheim

Notice of Privacy Practices, Effective 4/14/03, Revised 2/1/14, Revised 5/1/16

This notice describes how personal identifying and/or medical/health information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

We are required by law to maintain the privacy of your personal identifying and personal health information; to provide you this detailed Notice of our legal duties and privacy practices relating to your personal identifying and personal health information; and to abide by the terms of the Notice that are currently in effect.

1. Uses and Disclosures for Treatment, Payment and Health Care Operations

The following lists various ways in which we may use or disclose your personal identifying (PII) and/or personal health information (PHI) for purposes of treatment, payment and health care operations.

For Treatment. We will use and disclose your health information in providing you with treatment and services and coordination of your care and may disclose information to other providers involved in your care. Your health information may be used by doctors involved in your care and by nurses and nurses aides, as well as by physical therapists, pharmacists, suppliers of medical equipment or other persons involved in your care. For example, we will contact your physician to discuss your plan of care.

For Payment. We may use and disclose your PII and PHI for billing and payment purposes. We may disclose your PII and PHI to an insurance or managed care company, Medicare, Medicaid or another third party payer. For example, we may contact Medicare or your health plan to confirm your coverage or to request prior approval for services that will be provided to you.

For Health Care Operations. We may use and disclose your PII and/or PHI as necessary for health care operations, such as State or other regulatory inspections, audits and/or surveys, management, personnel evaluations, education and training and to monitor our quality of care and services. We may disclose your PII and/or PHI to another entity with which you have or had a relationship if that entity requests your information for certain of its health care operation or health care fraud and abuse detection or compliance activities. For example, health information of many residents may be combined and analyzed for purposes such as evaluating and improving quality of care and planning for services.

2. Specific Uses and Disclosures of Your Personal Identifying and/or Personal Health Information

The following lists various ways in which we may use or disclose your personal identifying and/or personal health information.

Facility Directory. Unless you object, we will include certain limited information about you in our facility directory. This information may include your name and your location in the facility. Our directory does not include any specific medical information about you. The Directory information may be posted in the building. We may release information in our directory to people who ask for you by name. If you do not want us to use information in this way, you need to tell us.

Individuals Involved in Your Care or Payment for Your Care. Unless you object, we may disclose health information about you to a family member, close personal friend or other person you identify, who is involved in your care. We will ask you who you want to receive your health information.

Emergencies. We may use or disclose your personal identifying and health information as necessary in emergency treatment situations.

As Required By Law. We may use or disclose your personal identifying and/or personal health information when required by law to do so.

Public Health Activities. We may disclose your personal identifying and health information for public health activities. These activities may include, for example, reporting to a public health authority for preventing or controlling disease, injury or disability; reporting elder abuse or neglect; or reporting deaths.

Reporting Victims of Abuse, Neglect or Domestic Violence. If we believe that you have been a victim of abuse, neglect or domestic violence, we may use and disclose your personal identifying and health information to notify a government authority, as required by law.

Health Oversight Activities. We may disclose your personal identifying and/or health information to a health oversight agency for activities authorized by law, such as audits, investigations, inspections and licensure actions or for activities involving government oversight of the health care system.

To Avert a Serious Threat to Health or Safety. When necessary to prevent a serious threat to your health or safety or the health or safety of the public or another person, we may use or disclose health information, limiting disclosures to someone able to help lessen or prevent the threatened harm.

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

Law Enforcement. We may disclose your personal identifying and/or health information for certain law enforcement purposes, including, for example, to comply with reporting requirements; to comply with a court order, warrant or similar legal process; or to answer certain requests for information concerning crimes.

Research. We may use or disclose your health information for research purposes if the privacy aspects of the research have been reviewed and approved, if the researcher is collecting information in preparing a research proposal, if the research occurs after your death or if you authorize the use or disclosure.

Coroners, Medical Examiners, Funeral Directors, Organ Procurement Organizations. We may release your 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.

Disaster Relief. We may disclose personal identifying and health information about you to a disaster relief organization.

Appointment Reminders. We may use or disclose personal identifying and health information to remind you about appointments.

Treatment Alternatives and Health-Related Benefits. We may use or disclose your health information to inform you about treatment alternatives and health-related benefits and services that may be of interest to you.

3. Uses and Disclosures with Your Authorization

Except as described in this Notice, we will use and disclose your personal identifying information (PII) and/or personal health information (PHI) only with your written Authorization. You may revoke an Authorization in writing at any time. If you revoke an Authorization, we will no longer use or disclose your PII and/or PHI for the purposes covered by that Authorization, except where we have already relied on the Authorization.

4. Your Rights Regarding Your Health Information

Listed below are your rights regarding your health information. These rights may be exercised by submitting a request to the Facility. Each of these rights is subject to certain requirements, limitations and exceptions. At your request, the Facility will supply you with the appropriate form to complete. You have the right to:

Request Restrictions. You have the right to request restrictions on our use or disclosure of your health information for treatment, payment or health care operations. You also have the right to restrict the personal health information we disclose about you to a family member, friend or other person who is involved in your care or the payment for your care.

We are required to agree to your requested restrictions with respect to release of your health information to any individual outside the Facility unless you are being transferred to another health care institution, the release of records is required by law, third party payment or to provide you with emergency care.

Access Personal Health Information. You have the right to request, either orally or in writing, your medical or billing records or other written information that may be used to make decisions about your care. You can ask to see or get an electronic or paper copy. We must allow you to inspect your records within 24 hours of your request (excluding weekends and holidays). We may charge a reasonable fee consistent with state law for our costs in copying and mailing your requested information.

Request Amendment. You have the right to request amendment of your health information maintained by the Facility for as long as the information is kept by or for the Facility. Your request must be made in writing and must state the reason for the requested amendment.

We may deny your request for amendment if the information (a) was not created by the Facility, unless the originator of the information is no longer available to act on your request; (b) is not part of the health information maintained by or for the Facility; (c) is not part of the information to which you have a right of access; or (d) is already accurate and complete, as determined by the Facility.

If we deny your request for amendment, we will give you a written denial including the reasons for the denial and the right to submit a written statement disagreeing with the denial.

Request an Accounting of Disclosures. You have the right to request an “accounting” of certain disclosures of your health information. This is a listing of disclosures made by the Facility or by others on our behalf, but this does not include disclosures for treatment, payment and health care operations or certain other exceptions.

To request an accounting of disclosures, you must submit a request in writing, stating a time period beginning after April 13, 2003, that is within six years from the date of your request. The first accounting provided within a 12-month period will be free; for further requests, we may charge you our costs.

Request Confidential Communications. You can ask us to contact you in a specific way, for example, by mail only. We will agree to any reasonable request.

Choose Someone to Act for You. If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has the authority and can act for you before we take action.

Request a Paper Copy of This Notice. You have the right to request a copy of this Notice at any time.

5. For Further Information or to File a Complaint

If you have any questions about this Notice or would like further information concerning your privacy rights, please contact the Business office, the Administrator or the Compliance Officer.

If you believe that your privacy rights have been violated, you may file a complaint in writing with the Facility or with the Office for Civil Rights in the U.S. Department of Health and Human Services. We will not retaliate against you if you file a complaint.

To file a complaint with the Facility, contact the Business Office, the Administrator or ask for the Compliance Officer, at 314-353-7225. To file a complaint with the Office for Civil Rights, send a written statement to U. S. Department of Health and Human services Office for Civil Rights by sending a letter to 200 Independence Avenue, S. W. Washington, D. C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints.

6. Changes to this Notice.

We reserve the right to change this Notice and to make the revised or new Notice provisions effective for all health information already received and maintained by the Facility as well as for all health information we receive in the future. We will post a copy of the current Notice in the Facility and on our website. We will provide a copy of the revised Notice upon request.

**Acknowledgement of Receipt of St. Louis Altenheim's
Notice of Privacy Practices**

I have received a copy of St. Louis Altenheim's Notice of Privacy Practices.

Resident Name

Resident Signature or
Resident's Representative

Date

If signed by the Resident's Representative, please print name and describe the relationship to resident or other authority or act:

Name

Relationship to Resident

This area to be completed by Facility employee only if resident's acknowledgement not obtained.

Good faith efforts were made to obtain the resident's written acknowledgement that the resident received St. Louis Altenheim's Notice of Privacy Practices as follows:

The reason the resident acknowledgement was not obtained is as follows:

Documented by: _____

Print Name

Signature