

Skilled Nursing Facilities

Notice of Privacy Practices



Contact Information

At Your Facility

Please use the following information to contact the facility or its administrator/compliance liaison (CL) with any questions regarding the facility's handling of your health information.

Facility Name: _____

Phone: _____

Address: _____

Administrator/Compliance Liaison/Privacy Officer Designee:

Phone: _____ E-mail Address: _____

Introduction

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.

We respect the privacy and confidentiality of your personal health information. This Notice describes our legal duties and privacy practices. This Notice applies to uses and disclosures we may make of all health information whether created or received by us.

Part 1 - Uses and Disclosures of Health Information

The following categories describe the ways that we use and disclose health information. For each category, we give examples. Although these examples do not include every use or disclosure possible within the category, all of the ways we are permitted to use and disclose information will fall within one of the categories.

a. Treatment: We may use your health information to provide you with medical treatment. We may disclose your health information to doctors, nurses, therapists or other personnel who are involved in taking care of you. For example, a doctor treating you for a broken hip may need to know if you have diabetes because diabetes may slow the healing process. The doctor may order laboratory tests or X-rays to assist in making a diagnosis or in treating you. In addition, the doctor may need to tell the dietitian if you have diabetes so that the dietitian can help you plan your meals. We also may disclose medical information about you to other people who may be involved in your medical care, such as another hospital if you need to be transferred.

b. Payment: We or companies we contract with to provide services needed for your care may use and disclose your health information as necessary to obtain payment for services and supplies you receive. For example, we may confirm your eligibility for Medicare or Medicaid and provide supplemental insurers, worker's compensation insurers or others with information needed to obtain payment for supplies and services.

c. Business Administration (Healthcare Operations): We may use and disclose your health information for our healthcare operations. This is necessary to ensure that all of our residents receive quality care. For example, we may use medical information to review our services and to evaluate the performance of our staff. We also may review internally medical information about many residents to decide what additional services we should offer and whether certain new treatments are effective. We also may disclose information to doctors, nurses, therapists and other personnel for review and learning purposes. We may remove information that identifies you so others may use it to study healthcare and healthcare delivery without learning your identity.

Part II - Other Permitted Uses and Disclosures of Health Information

According to Federal Privacy Regulations, we may make the following uses and disclosures of your health information without obtaining written authorization from you:

a. Persons Involved in Your Care or Payment for Your Care: We can disclose your health information to your legally appointed personal representative just as we can disclose to you. If you do not object, we also may disclose to a family member, other relative, close personal friend or any other person you identify, health information directly relevant to that person's involvement with your healthcare or payment related to your healthcare. In addition, we may disclose health information about you to an organization helping with disaster relief efforts so that your family may be notified about your condition, status and location.

b. Our Practices: The following is a list of activities that may occur on a regular basis. Please review each of the following carefully:

- We may post your name on a welcome poster.
- We may post your birthday or other special event on a calendar or bulletin board that is visible by the public.
- We may announce your birthday or other special event over the intercom (public address) system.
- We may include your name in an internal newsletter or other publication, including information regarding your admission, discharge, memorial or obituary information and/or memorial donations we may receive on your behalf.
- We may include your name in articles that are published about our location in the local newspaper (for example, a story about an activity or special event).
- We may notify your clergy/church of your admission and/or discharge.
- We may display your name on a place (name) card at the dining room table.
- We may post limited information about you on a bulletin board in a location that is visible by visitors to our location; for example, if you are transferred to a hospital, we may post this information on a bulletin board to inform other residents and visitors that you are in the hospital.
- We may post information regarding memorials or obituaries. We also may announce memorial services that are being held in a resident's honor.

- We may display your photo and a nameplate near the door of your room.
- We may display your photo on a bulletin board within the facility. However, we will not give photographs of you for publication to anyone outside of our location unless we have your permission. If someone from outside takes pictures of you for a publication or other purposes, we cannot guarantee these outside individuals will seek your permission.
- We may post your name on a whiteboard listing diagnostic tests, services or therapy appointments. We will make every effort to locate the whiteboard in an area not accessible by the public and will limit as much as possible the amount of information about your medical condition that we post on the whiteboard.

c. Directory: Unless you object, we may use and disclose limited information about you by telephone when someone calls and ask for you by name. This information may include your name and confirmation that you are a patient.

d. Appointments: We may use or disclose health information to make or confirm an appointment for medical care or services.

e. Health-related Services and Benefits: We may use or disclose health information to inform you about health-related benefits and services that we believe may be of interest to you.

f. Reporting Victims of Abuse, Neglect, Domestic Violence or Exploitation: We must disclose your health information to notify a protective services agency or government authority as required by law if we reasonably believe that you have been a victim of abuse, neglect, domestic violence or exploitation.

g. 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 your health information to someone able to help lessen or prevent the threatened harm.

h. Public Health Activities: We may disclose your health information for public health activities such as to help prevent or control disease, injury or disability, to report problems with medications or products or to advise of recalls of products.

i. As Required by Law: We may disclose your health information when required by law to do so. This includes laws relating to worker's compensation and similar programs.

j. Judicial and Administrative Proceedings: We may disclose your 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 that meets the requirements of Federal Privacy Regulations.

k. Law Enforcement: We may disclose your health information for certain law enforcement purposes. For example, we may disclose information to report emergencies or suspicious deaths, to identify or locate a suspect or missing person or to answer certain requests for information related to a crime. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose your health information for certain purposes including your own health and safety as well as that of others.

l. Business Associates: We may disclose your health information to our “business associates” who provide contracted services (for example, accounting, legal services or consulting). If we disclose health information to a business associate, we will do so only if the business associate has agreed by signing a written agreement to keep your information confidential.

m. Health Oversight Activities: We may disclose your health information to a health oversight agency for activities authorized by law. For example, state or federal agencies conduct audits and inspections to assure that we and our business associates comply with all laws and regulations.

n. Coroners, Funeral Directors and Others: We may release your health information, upon your death, to a coroner, medical examiner or funeral director and, if you are an organ donor, to an organization involved in the donation of organs and tissue.

o. National Security: We may disclose health information to authorized federal officials as required for lawful national security activities.

p. Active Members of the Military and Veterans: Your health information may be used or disclosed in order to comply with laws related to military service or veterans’ affairs.

q. Treatment and Health-related Benefits Information: We or our business associates may contact you to provide information about treatment alternatives or other health-related benefits and services that may interest you, including, for example, alternative treatment, services and medication.

Part III - Authorization

- a. Your written authorization (Authorization) is required for uses and disclosures not described in the categories listed above.
- b. The Authorization will describe the particular health information to be used or disclosed, the name of the person or entity receiving the information, the purpose of the use or disclosure and a date or event when the Authorization will expire.
- c. You may revoke an Authorization previously given by you at any time, but you must do so in writing. If you revoke your Authorization, we will no longer use or disclose your health information for the purposes specified except where we have already taken actions in reliance on your Authorization.

Part IV - Your Rights Regarding Your Health Information

- a. **Right to Request Restrictions:** You may ask us to limit the way we use or disclose your health information as described in this Notice, although we are not required to agree to what you ask except where this Notice makes your permission required. You must submit your request in writing to the address given in the contact information at the beginning of this Notice. If we do agree to a restriction, we will honor that restriction except in the event of an emergency.
- b. **Right to Request Communication in a Special or Alternate Manner:** You may ask us to contact you in a special way. For example, you may ask that we contact you only by mail to a post office box. We will accommodate reasonable requests. You must make your request in writing to the address given in the contact information at the beginning of this Notice.

c. Right of Access to Personal Health Information: You have the right to look at or get copies of your health information. You must submit your request in writing to the address listed in the contact information at the beginning of this Notice. We will notify you of any costs involved for copying, mailing or other services associated with your request and you may choose to modify or withdraw your request before any costs are incurred. We may deny your request to inspect or receive copies only in certain limited circumstances, such as if you are requesting psychotherapy notes or a licensed healthcare professional has determined that your access to the information may endanger the life or physical safety of another person. If you are denied access to health information, in some cases, you will have a right to request a review of the denial.

d. Right to Request Amendment: If you feel that the health information we have about you is incorrect or incomplete, you may request that we amend your health information. Your request must be in writing and must state the reason you believe the information is incorrect and are seeking an amendment or we may deny it. We also may deny your request for amendment in certain other circumstances. If we deny your request for an amendment, we will give you a written denial notice, explaining the reasons for the denial. You have the right to submit a written statement disagreeing with the denial and that statement will be attached to your clinical record.

e. Right to an Accounting of Disclosures: Beginning on April 14, 2003, and going forward, we will keep an accounting of persons or organizations we give your health information to if you did not ask us to share it, or if we shared it for reasons other than treatment, payment or business administration (healthcare operations), national security or to law enforcement personnel. You may get a copy of the list for six (6) years back from the date of your request (however, the list was not kept before April 14, 2003). You must submit your request in writing to the address listed in the contact information at the beginning of this Notice. If more than one accounting is requested in a 12-month period, we will notify you of the costs for copying, mailing or other services associated with your request. You may choose to modify or withdraw your request before any costs are incurred.

f. Paper Copy of This Notice: You may request a copy of this Notice at any time. You may also obtain a copy of this Notice at our web site (www.sunh.com).

Part V - Special Restrictions under State Law

Some states have laws that provide you with more protection than the HIPAA Privacy Regulations. If this is true in your state, we will follow the law that provides you with the most protection.

Part VI - Our Responsibilities

We are required by law to protect the privacy of your health information and to give you this Notice of our privacy practices, our duties and your rights concerning your health information. We must comply with the terms of our Notice currently in effect.

We reserve the right to change our privacy practices and the terms of this Notice at any time as permitted by applicable law. The new provisions will be effective for all health information we maintain, including health information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this Notice and make the revised Notice available upon request. The Notice will also be posted on our web site (www.sunh.com).

Part VII - Questions and Complaints

If you have any complaints about the handling of your health information or would like further information about this Notice, please contact the Sun Healthcare Group Privacy Officer at (800) 761-1226 or send a written complaint to 101 Sun Avenue, Albuquerque, New Mexico 87109, Attention: Privacy Officer. You also may submit a written complaint to the Office of Civil Rights at the U.S. Department of Health and Human Services at 200 Independence Avenue, S.W., HHH Building, Room 509F, Washington, D.C. 20201. We will not retaliate in any way if you file a complaint.

If you have any questions about our privacy practices or have any written requests, please contact the person named in the contact information at the beginning of this Notice.

Acknowledgment of Receipt of Notice

I have been given a copy of the Notice of Privacy Practices that describes how my health information may be used and disclosed and how I can get access to my health information. I understand the Notice may be changed at any time as permitted by applicable law. I may obtain a current copy of the Notice by contacting the organization or by visiting its web site at www.sunh.com.

My signature below acknowledges that I have been provided with a copy of the Notice of Privacy Practices.

Signature of resident or legal representative

Date

If signed by legal representative, relationship to resident:



Sun Healthcare Group

101 Sun Avenue NE
Albuquerque, NM 87109

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