



## NOTICE OF PRIVACY PRACTICES

*Effective April 14, 2003*

**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.**

**This notice is used for all Programs at the Wartburg Adult Care Community. All Programs include: The Wartburg Home of Evangelical Lutheran Church, Home Health Care Programs, Adult Day Health Services, and The Wartburg Senior Housing Program and will be referred to as The Wartburg throughout this notice.**

### *WHO WILL FOLLOW THIS NOTICE.*

This notice describes The Wartburg's practices and that of:

Any health care professional authorized to enter information into your medical record

All departments, divisions, employees, and programs of the Wartburg Adult Care Community

Any member of a volunteer group we allow to help you while you are affiliated with the Wartburg.

### *OUR PLEDGE REGARDING MEDICAL INFORMATION:*

We understand that medical information about you and your health is personal and we are committed to protecting medical information about you. To provide you with quality care and to comply with legal regulations, we create a record of the care and services you receive through our Programs. This notice applies to all of the records of your care generated by The Wartburg, whether made by The Wartburg staff, your physician and or other healthcare entities. This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

### *We are required by law to:*

- ◆ Make sure that medical information that identifies you is kept private;
- ◆ Give you this notice of our legal duties and privacy practices with respect to medical information about you; and
- ◆ Follow the terms of the notice that is currently in effect.

## **HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU.**

The following categories describe different ways that we use and disclose medical 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.

1. **For Treatment.** We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, nursing aides, rehab therapists, medical students, or other Wartburg personnel who are involved in taking care of you at The Wartburg. For example, a doctor treating you after hip surgery may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell the dietitian if you have diabetes so that we can arrange for appropriate meals. Different departments of the Wartburg may share medical information about you in order to coordinate the different things you need, such as prescriptions, lab work, x-rays and continuity of care. We may also disclose medical information about you to people outside The Wartburg who may be involved in your medical care after you are discharged, such as family members, clergy, representatives from other Wartburg programs or others we utilize that would provide services that are part of your care.
2. **For Payment.** We may use and disclose medical information about you so that the treatment and services you receive at The Wartburg may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give your health plan information about rehab or nursing services you receive at The Wartburg so your health plan will pay us or reimburse you for the care. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.
3. **For Health Care Operations.** We may use and disclose medical information about you for operations. These uses and disclosures are necessary to run The Wartburg and make sure that all of our residents/registrants/patients receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff who provide services for you. We may also combine medical information about many residents/registrants/patients to evaluate trends and determine whether additional attention or resources need to be placed in a particular area. We may disclose information to doctors, nurses, aides, medical students, dieticians, rehab therapists, social workers and other Wartburg personnel for review and learning purposes. We may also combine the medical information we have with medical information from other facilities and programs 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 medical information so others may use it to study health care and health care delivery without learning who the specific patients are.
4. **Treatment Alternatives.** We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.
5. **Health-Related Benefits and Services.** We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.
6. **Wartburg Directory.** We may include certain limited information about you in The Wartburg directory located in each Program. This information may include your name, location in the Wartburg, and your religious affiliation. The directory information, except for your religious affiliation, may also be released to people who ask for you by name. This is so your family, friends and clergy can visit you in the Wartburg. If you opt-out of being included in The Wartburg directory, your presence here will not be disclosed to family, friends or neighbors who inquire about you and all mail and flowers addressed to you will be returned. You will also be asked if you want your name included on the Clergy List, which will allow us to disclose your religious affiliation to clergy members, even if they do not ask for you by name.

7. **Individuals Involved in Your Care or Payment for Your Care.** We may release medical information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care. We may tell your family or friends your general condition and that you are in our facility. In addition, in case of an emergency we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.
8. **As Required By Law.** We will disclose medical information about you when required to do so by federal, state or local law.
9. **To Avert a Serious Threat to Health or Safety.** We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

#### 10. SPECIAL SITUATIONS

- A. **Addition to The Wartburg Community Prayer List.** If you are hospitalized, your name will be added to the Wartburg Community Prayer List. This list, which contains only your name and the hospital to which you were admitted, is sent via electronic mail (e-mail) to all staff members of the Wartburg Adult Care Community. This disclosure applies to the Skilled Nursing Facility, Meadowview, and Adult Day Services only.
- B. **The Wartburg Foundation** The Wartburg Foundation provides fundraising and development support to The Wartburg. The Wartburg discloses demographic information about you to the Foundation to assist in their fundraising efforts. This information may include name, previous address, designated representative, religious affiliation (if noted) age, and gender. This disclosure applies to all Programs at The Wartburg. If you do not want The Wartburg Programs to share your information with The Wartburg Foundation, please put this request in writing to: The Wartburg Adult Care Community, Attn: Privacy Officer, 1 Wartburg Place, Mt. Vernon, NY 10552.
- C. **Appointment Reminders.** We may use medical record information to facilitate or remind you about appointments you may have both in and out of The Wartburg.
- D. **Organ and Tissue Donation.** If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.
- E. **Military and Veterans.** If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.
- F. **Workers' Compensation.** We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

**G. Public Health Risks.** We may disclose medical information about you for public health activities. These activities generally include the following:

- to prevent or control disease, injury or disability;
- to report births and deaths;
- to report child abuse or neglect;
- to report reactions to medications or problems with products;
- to notify people of recalls of products they may be using;
- to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law

**H. Health Oversight Activities.** We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

**I. Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

**J. Law Enforcement.** We may release medical information if asked to do so by a law enforcement official:

- a. In response to a court order, subpoena, warrant, summons or similar process;
- b. To identify or locate a suspect, fugitive, material witness, or missing person;
- c. About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- d. About a death we believe may be the result of criminal conduct;
- e. About criminal conduct at The Wartburg; and
- f. 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.

**K. Coroners, Medical Examiners and Funeral Directors.** We may release medical 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 medical information about residents of The Wartburg to funeral directors as necessary to carry out their duties.

**L. National Security and Intelligence Activities.** We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

**M. Protective Services for the President and Others.** We may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

## **YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU.**

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

- 1. Right to Inspect and Request a Copy.** You have the right to inspect and request a copy medical information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes.

To inspect and request copies of medical information that may be used to make decisions about you, you must submit your request in writing to our Health Information Management Department, the Nurse Manager of your unit, or the Social Worker assigned to your case. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request. We may deny your request to inspect and request a copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by The Wartburg 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 outcome of the review.

- 2. Right to Amend.** If you feel that medical 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 originated by The Wartburg and is kept by or for The Wartburg.

To request an amendment, your request must be made in writing and submitted to the Health Information Management Department. In addition, you must provide a reason that supports your request. 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 medical information kept by or for The Wartburg;
- ◆ Is not part of the information which you would be permitted to inspect and copy; or
- ◆ Is accurate and complete.

- 3. Right to an Accounting of Disclosures.** You have the right to request an "Accounting of Disclosures." This is a list of the disclosures we made of medical information about you to other entities for purposes other than treatment, payment or operations.

To request this list or accounting of disclosures, you must submit your request in writing to the Health Information Management Department. Your request must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper, electronically). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

**4. Right to Request Restrictions.** You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a particular condition you have or treatment you receive.

*We are not required 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 Health Information Management Department. In your request, you must tell us (1) what 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 spouse.

**5. Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. This may be particularly applicable after you are discharged from our facility. For example, you can ask that we only contact you at work or by mail rather than by telephone.

To request confidential communications, you must make your request in writing to the Health Information Management Department. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

**6. Right to a 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. To obtain a paper copy of this notice contact the HIPAA Privacy Officer by calling 914-699-0800 and asking the Front Desk to transfer the telephone call to the HIPAA Privacy Officer.

*CHANGES TO THIS NOTICE:*

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current summary notice in all the Wartburg Programs. The notice will contain the effective date on the first page and a revised date on the bottom right corner. In addition, each time you are admitted to our facility, we will provide you with a copy of this notice. We will also provide you a new copy of the notice if any provisions of the notice are changed.

*OTHER USES OF MEDICAL INFORMATION:*

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

## COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with The Wartburg or with the Secretary of the Department of Health and Human Services.

To file a complaint in writing with the facility forward correspondence to:

Health Information Management Department  
Attn: HIPAA Privacy Officer  
Wartburg Place  
Mt. Vernon, NY 10552

To file a complaint with the Department of Health and Human Services please contact:

Secretary, U.S. Department of Health and Human Services  
200 Independence Ave., S. W.  
Washington, D.C. 20201

All complaints must be submitted in writing. **You will not be penalized for filing a complaint.**