

Lutheran Sunset Home

Notice of Privacy Practices

This notice applies to all records of your care generated by Lutheran Sunset Home whether created by facility personnel, associates of Lutheran Sunset Home, or your physician. Your physician may have different policies or notices regarding the physician's use and disclosure of your medical information created in the physician's office or clinic.

We are required by law to maintain the privacy of your protected health information and to provide you with this "Notice of Privacy Practices" and our responsibilities to you. Lutheran Sunset Home shall abide by the terms of the current "Notice of Privacy Practices". We reserve the right to change the terms of the Notice at any time. The new or revised Notice will be effective for all protected health information currently maintained by Lutheran Sunset Home as well as any information that will be received or created in the future. The **effective** Notice will be posted in the facility and include the effective date.

If you have any questions about this notice, please contact the Lutheran Sunset Home Privacy Officer by calling 1-701-352-1901.

How We May Use and Disclose Your Protected Health Information

We may use and disclose your protected health information for:

- **Treatment;**
- **Payment; and**
- **Healthcare operations**

The following are examples of how Lutheran Sunset Home is permitted to use and disclose your protected health information for treatment, payment and healthcare operations. The examples are not meant to provide a comprehensive list, but are for illustrative purposes only.

Treatment: We use or disclose protected health information to physicians, nurses, technicians, and other personnel involved in your care. Your medical information will be used and disclosed to coordinate and manage your care. For example: your physician may refer you to a specialist, information would be disclosed to the specialist to assist with diagnosis or treatment. If you were planning to return to your home and needed home health services, information may be disclosed to that agency, so they could plan for your treatment. Within the facility, your information may be shared between departments to assure appropriateness of care.

Payment: We use and disclose your protected health information as needed to obtain payment for your healthcare services. This may include providing information to insurance companies or third party payers. For example: your nursing home insurance may require documentation of certain services being provided by Lutheran Sunset Home to continue your benefits.

Healthcare Operations: These are the operations necessary to run the facility and assure that our residents receive quality care. For example, we may use information about you to assess treatment provided, satisfaction with services, and evaluate the performance of our staff. We may combine information about many residents to decide if services should be added or deleted. Your information may be used during training programs for healthcare providers.

Protected health information may be used to contact you about marketing or fundraising activities. If you do not want to be contacted for fundraising activities, please contact the Privacy Officer.

There are some services provided in our organization through contracts with business associates. For example: laboratory services, and physical and occupational therapies. When services are provided

through a business associate, we require the business associate to safeguard your information in compliance with privacy regulations.

Other Permitted Uses and Disclosures and Your Opportunity to Object

You may agree or object to the use or disclosure of all or part of your protected health information in the following instances.

Facility Directory: Unless you object, we may include certain information about you in the facility's directory. The information may include:

- Your name;
- Your location in the facility (room number);
- Your general condition (e.g. fair, stable);
- And your religious affiliation.

This information, except for your religious affiliation, may be released to people who ask for you by name. Members of the clergy may be given your religious affiliation. If you do not want your information listed in the facility directory, please request to see the Privacy Officer.

Others involved in your care: We ask that you authorize which individual(s) may receive detailed information about your medical care. If you are unable to agree or object to such a disclosure, we may disclose the information as necessary if we determine that it is in your best interest based on our professional judgment. We may also disclose information to a/an individual(s) who help pay for your care.

Disaster relief: We may disclose medical information about you to a public or private entity assisting in a disaster relief effort so that your family can be notified of your condition, status, and location.

Uses and Disclosures We Are Allowed to Make Without Your Permission or Opportunity to Object

We may use or disclose your protected health information in the following instances without your permission.

Public health: We may use or disclose your protected health information for public health activities, such as to a public health authority, other government authority allowed to receive this information, or to individuals that report to the FDA. For example, we may report communicable diseases.

Abuse and neglect: We may disclose information to an authorized agency, if we believe you have been a victim of abuse or neglect.

Health oversight: We may disclose your protected health information to authorized agencies for health oversight activities. These activities are necessary for the government to monitor the healthcare system, government programs such as Medicare, and civil rights laws.

Law enforcement: We may disclose protected health information for law enforcement purposes. In response to court orders or legal process; to identify missing persons; and about criminal conduct on our premises.

Legal proceedings: We may disclose protected health information in a judicial or administrative proceeding, in response to a court order, or a valid subpoena, or other lawful process.

Funeral directors, coroners, and organ donation: We may disclose health information to funeral directors or coroners consistent with applicable law to carry out their duties. Information may be provided to funeral directors in reasonable anticipation of death. We may disclose information for organ, eye, or tissue donation purposes.

Required by law: We may use your medical information when required by federal, state, or local law. The use or disclosure will be, limited to what is required by law.

Research: We may disclose your protected health information to researchers whose research has been approved by an institutional review board or privacy board, and the board has determined that the researcher's protocols ensure the privacy of your health information.

Veterans Administration and National Security: We may use or disclose information to the Veterans Administration to determine benefits. We may also use or disclose protected health information for national security and intelligence activities.

Worker's compensation: We may disclose health information to the extent authorized by and to the extent necessary to comply with worker's compensation laws or other similar programs established by law.

Uses and Disclosures Requiring Written Authorization

Uses and disclosures of protected health 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 with written authorization to use or disclose protected health information about you, you may revoke that permission in writing, at any time. We will no longer use or disclose information about you according to the revoked authorization, with the exception of any uses or disclosures we already made based on your authorization. We are required to retain our records for the care we provide you. If you wish to revoke an authorization contact Health Information Management.

Your Rights and How to Exercise Them

The following are rights you have regarding your protected health information that we maintain. We also briefly describe how you may exercise these rights. If you have any questions about this notice please contact Lutheran Sunset Home's Privacy Officer at 1-701-352-1901.

Right to inspect and copy: You have the right to inspect and obtain a copy of your protected health information. This is referring to information contained in a designated record set for as long as Lutheran Sunset Home maintains the protected health information. The designated record set includes medical and billing records that Lutheran Sunset Home uses to make decisions about you. You are not allowed to inspect or copy information that is prohibited to your access by law. In some circumstances you are allowed to have this denial reviewed.

Right to amend: If you believe that information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right as long as the information is maintained by Lutheran Sunset Home. You must make the request in writing to our Privacy Officer. You must provide a reason to support your request. In certain cases we may deny your request, if this occurs, you will be notified of the reason for the denial.

Right to request a restriction: You have the right to request a restriction or limitation on medical information we use or disclose about you for treatment, payment, or healthcare operations. You also have a right to request a limit on the medical information we disclose about you to someone involved in your care, the payment of your care, or for notification purposes, such as a family member or friend.

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 with emergency treatment.

You must make your request for restriction in writing to the Privacy Officer. It must state the information you want to restrict, whether you want to limit use or disclosure or both, and to whom you want the restriction to apply.

Right to an accounting: You have the right to request an accounting of disclosures we have made of your protected health information. This right applies to specific disclosures that were made after April 14, 2003. The right to receive this information is subject to certain restrictions and limitations. This accounting does not include use or disclosures for treatment, payment of healthcare, healthcare operations, for our directory, for national security and intelligences purposes, for certain disclosures to law enforcement, for notification purposes, and disclosure for which we have your written authorization.

Right to request confidential communication by alternative means or at an alternative location: You have the right to request that we communicate about medical matters in a certain way or at a certain location. We will accommodate reasonable requests. We may require specific conditions to accommodate the request. For example, you can request we use an alternative address for billing purposes. Make requests for alternative communication in writing to our Privacy Officer.

Right to a paper copy of this notice: You have the right to a paper copy of this Notice. You may request a copy from the Privacy Officer or the Administration Office at any time.

Right to complain: If you believe your privacy rights have been violated, you may file a complaint with us by contacting Lutheran Sunset Home's Privacy Officer or Administrator, or the with the Secretary of the Department of Human Services. We will not retaliate against you for filing a complaint.

There are forms available from the Privacy Officer for making the noted requests in writing.

Lutheran Sunset Home Privacy Officer

Telephone: 1-701-352-1901 and ask for the Privacy Officer

This Notice was published and becomes effective on April 14, 2003.