



## **HIPAA 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**

If you have any questions about this notice, please contact our Compliance/Privacy Officer at (419) 625-2454 ext. 1247.

We respect the privacy and confidentiality of your personal health information.

This Notice describes our legal duties and privacy practices under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). This Notice applies to uses and disclosures we may make of all health information whether created or received by us.

### **PART I – USES AND DISCLOSURES OF HEALTH INFORMATION WITHOUT INDIVIDUAL AUTHORIZATION**

The following categories describe ways the Ohio Veterans Homes (OVH) uses and discloses health information. The categories below do not include every use or disclosure.

#### **A. Treatment:**

We may use your health information to provide you with medical care. Doctors, nurses, therapists and other personnel need your information to determine the best way to treat your medical condition. For example, the 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 need to tell the dietitian if you have diabetes so the dietitian can help you plan your meals. OVH may also disclose medical information about you to other people who are involved in your care such as another hospital if you need to be transferred.

#### **B. Payment:**

OVH and the companies we contract with to provide services and supplies needed for your care may use and disclose your health information to obtain payment. For example, the billing office may confirm your eligibility for payment under Medicare or Medicaid or if supplemental insurance is available. Your doctor bills your insurance for services provided to you while you are a resident of the nursing home.

OVH requires any contractor and/or vendor receiving resident protected health information (PHI) to follow the guidelines set out in the HIPAA Addendum attached to their Business Associate Agreement. A Business Associate must receive health information about our residents in order to perform their job.

C. Healthcare Operations (Nursing Home Operations):

We want to make sure that all our residents receive quality care. For example, we may use medical information to review our services and to evaluate the performance of our staff. OVH partners with various colleges and universities to provide healthcare students with training. We also have many volunteers who give their time to helping our residents.

**PART II – OTHER PERMITTED USES AND DISCLOSURES - MADE WITH YOUR CONSENT, AUTHORIZATION OR OPPORTUNITY TO OBJECT**

You will be asked at admission to sign a consent form allowing OVH to use and disclose your protected health information for treatment, payment and health care operations. OVH will use or disclose your protected health information only as described in the current Notice of Privacy Practices. Your protected health information may be used and disclosed by your physician, our office staff and others within our organization that are involved in your care and treatment for the purpose of providing health care services to you. Your protected health information may also be used and disclosed to pay your health care bills and to support the business operations of OVH.

The following are examples of the types of uses and disclosures of your protected health information that OVH is permitted to make once you have signed our consent form. These examples are not meant to be exhaustive, but do describe the types of uses and disclosures that may be made by our facility once you have provided consent.

A. Persons Involved in Your Care or Payment for Your Care:

Your legally appointed personal representative may know your health information. If you do not object, we may discuss information about you to a family member, close personal friend or any other person you approve involved directly with your healthcare or payment of your healthcare. Disclosure of your protected health information to anyone other than your appointed personal representative will be based on providing the minimum necessary information to satisfy the requested information.

B. Facility Directories:

Unless you object, we will use and disclose in our facility directory your name and room number. Our switchboard operator may confirm that you are a resident of OVH and supply your room number to persons visiting you or making telephone inquiries.

C. Clergy:

Our Social Services Department will assist members of the clergy with religious affiliations of our residents.

D. Public Address Announcements:

We may announce your birthday or other special event over the intercom system.

E. Bulletin Boards:

We may post your birthday or other special event on a calendar or bulletin board that is visible by the public.

F. Photo and/or Name Plate:

We may display your photo and/or 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. We have instructed our staff and posted notice to the public that OVH policy does not allow pictures to be taken of our residents without their consent. This consent form is available from the nursing supervisors office on the second floor.

G. Appointments:

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

H. Emergencies:

We may disclose your protected health information in an emergency situation. In the event of a fire or transfer to another facility as a result of an emergency, we would provide emergency personnel with information to secure your safety.

I. Public Health Activities:

We may disclose your health information for public health activities such as to help prevent or control disease, injury or disability, and to report problems with medications or products.

J. Required by law:

We may use or disclose your protected health information to the extent that the use or disclosure is required by law. This includes laws relating to worker's compensation claims.

K. 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.

L. 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.

M. Health-related Services and Benefits:

We may use health information to inform you about health-related benefits and services that we believe may be of interest to you.

N. Coroners, Funeral Directors and Organ Donation:

We may disclose protected health information to a coroner or medical examiner for identification purposes, determining the cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose protected health information to a funeral director, as authorized by law, to carry out their duties. We may disclose such information in reasonable anticipation of death. Protected health information may be used and disclosed for cadaver organ, eye or tissue donation purposes.

O. Legal Proceedings:

We may disclose protected health information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), in certain conditions in response to a subpoena, discovery request or other lawful purpose.

P. Law Enforcement:

We may also disclose protected health information, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include (1) legal processes, (2) limited information requests for identification and location purposes, (3) information pertaining to victims of a crime, (4) suspicion that death has occurred as a result of criminal conduct, (5) in the event that a crime occurs on the premises of the facility and (6) medical emergency (not on the facility premises) and it is likely that a crime has occurred.

Q. Workers Compensation:

If a OVH employee is injured while providing care to you, we may release medical information about you if it is pertinent to the case.

### **PART III - AUTHORIZATION**

A. Authorization required:

Your written authorization is required for uses and disclosures not described in the categories listed above. If you want to release information to an outside party use the Authorization form available at the nursing station desk or the Medical Records Department. Any authorization to release PHI must be signed by the resident or the authorized personal representative.

OVH policy requires that we have a copy of any legal document authorizing someone else to act on your behalf in our facility records. For example, a Power of Attorney under certain circumstances will authorize someone else to act on your behalf.

B. Describe Requested Documentation:

Any authorization for release of protected health information must describe the health information documentation 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. Revoke prior authorization in writing:

You may revoke an Authorization previously given by you except where we have already taken actions in reliance on your authorization. These requests must be in writing addressed to the OVH Compliance/Privacy Officer.

## **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. OVH will agree to a request that your protected health information is not disclosed to a health plan if the purpose for the disclosure is not related to treatment, and the health care services to which the request applies have been paid for out-of-pocket in full. Any requests for restricted uses or disclosures of patient protected health information relating to treatment, payment or health care operations will not be honored. To request restrictions or limitation on medical information disclosed, see the Compliance/Privacy Officer for the Request Form.

### **B. Right to Request Communication in a Special or Alternate Manner:**

You may ask OVH staff to contact you in a special way. For example, you may ask that we contact your representative only at a certain telephone number. We will accommodate reasonable requests. To request special communication see the Compliance/Privacy Officer for the Request Form.

### **C. Right of Access to Personal Health Information:**

You have the right to look at or get copies of your health information. To look at medical information that may be used to make decisions about your care, you must submit your request in writing to the Nursing Supervisor on the resident's nursing unit. A member of OVH's Nursing Department must be present when you view your medical record. Request for copies of your record must be made in writing to OVH's Medical Record Department.

You will be notified of any costs involved for copying, mailing or other services associated with your request. You may choose to modify or withdraw your request before any costs are incurred.

If you have any problems accessing your records, please use the form attached to this Notice to describe your concerns. Return the form to the Compliance/Privacy Officer on the ground floor or call the Compliance/Privacy Officer directly at 419-625-2454 ext. 1247. If you are denied access to health information you will have a right to request a review of the denial. OVH will comply with the decision of the Nursing Home Administrator.

### **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 by completing an Amendment to Medical Record Request form and returning the request to the Compliance/Privacy Officer. 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 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:

This right applies to disclosures for purposes other than treatment, payment or healthcare operations as described in this Notice of Privacy Practices. It excludes disclosures we may have made from our facility directory, to family members or friends involved in your care or for notification purposes. We are required to keep information describing instances where we have disclosed your personal health information for reasons other than treatment, payment or business administration (healthcare operations). The right to receive this information is subject to certain exceptions, restrictions and limitation. The Compliance/Privacy Officer will help you to request an Accounting of Disclosures.

F. Paper Copy of This Notice:

You have the right to obtain a paper copy of this notice at any time from our Social Service Department or Compliance/Privacy Officer.

You may also obtain a copy of this Notice at our web site at <http://dvs.ohio.gov>

## **PART V – SPECIAL RESTRICTIONS UNDER STATE LAW**

When Ohio law provides you with more protection than the HIPAA Privacy Regulations, OVH will follow the law that provides you with the most protection.

In Ohio, medical information is retained for seven (7) years following the date of resident discharge.

## **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 reserve the right to change this notice and 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 most current notice in an area visible to the public and have copies available on the nursing units. The Social Service Department will also display the notice and provide copies upon request.

## **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 OVH Compliance/Privacy Officer at the Ohio Veterans Home – Sandusky, Ohio or call (419) 625-2454, ext. 1247. You may send a written complaint to Ohio Veterans Home, 3416 Columbus Ave., Sandusky, OH 44870, Attention: Compliance/Privacy Officer.

You may also submit a written Health Information Privacy Complaint to the Department of Health and Human Services, Office of Civil Rights Regional Office IV at: Office of Civil Rights at the U.S. Department of Health and Human Services at 233 N. Michigan Ave., Suite 240 Chicago, IL 60601. To report a concern on the Office of Civil Rights Hotline call (800) 368-1019, TDD: (800) 537-7697 or Fax: (312) 886-1807.

Medical information that is stored on a computer is covered under the HIPAA Security Rule. On August 3, 2009 the Secretary of Health and Human Services delegated to the Director of the Office of Civil Rights the authority to administer and enforce the HIPAA Security Rule. You may file a complaint with the Department of Health and Human Services, Office of Civil Rights, regarding information stored electronically at the address and phone number listed above.

For more information and detailed instructions on how to submit a complaint to OCR visit the OCR website: <http://www.hhs.gov/ocr/privacy/hipaa/complaints/>.

Federal, State and OVH regulations prohibit retaliation against anyone filing a good faith complaint.

## **CONTACT INFORMATION**

### **OVH COMPLIANCE/PRIVACY OFFICER**

Please use the following information to contact the Compliance/Privacy Officer with any questions regarding the facility's handling of your health information:

FACILITY NAME: OHIO VETERANS HOMES

PHONE: 419-625-2454 ext. 1247

ADDRESS: 3416 Columbus Ave.  
Sandusky, OH 44870

COMPLIANCE HOTLINE: 1-855-445-4411