

Summary Notice of Privacy Practice

MONT MARIE HEALTH CARE CENTER, INC.
34 Lower Westfield Road STE#1
Holyoke, Massachusetts 01040-2739

Effective Date: January, 2003

Revised: _____

THIS SUMMARY NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS TO THIS INFORMATION. PLEASE REVIEW CAREFULLY.

This notice highlights how we use and disclose your protected health information or **PHI**. It is not the complete **NOTICE OF PRIVACY PRACTICES**. We have created this short form summary notice to provide us with a way to be sure you have reviewed our Notice of Privacy Practices, have had the opportunity to discuss the Notice of Privacy Practices with a staff member and to provide us with a document that we can include in your healthcare record.

The facility reserves the right to make changes and will post the Notice of Privacy Practices in a clear and prominent location on our facility for your review.

THIS NOTICE APPLIES TO THE FOLLOWING ENTITIES AND INDIVIDUALS (Review the full Notice of Privacy Practices located in the Admission Packet and posted within our facility.)

1. Mont Marie Health Care Center, Inc
2. Sisters of St. Joseph Group Adult Foster Care Program
3. The facilities healthcare professionals, staff and personnel.
4. Any member of a volunteer group working at the facility.

HOW MAY WE USE AND DISCLOSE YOUR INFORMATION

We are legally required to protect the privacy information that is related to your health care that a can be used to identify you. This information is called your **“Protected Health Information”**. During the normal business operations of the facility we use your information to provide you and others with the highest quality care. We may disclose your PHI for the following reasons: (in some instances you may say NO to a disclosure).

- | | |
|--|--------------------------|
| *Treatment (including emergencies) | *General operations |
| *Public Health initiatives | *Billing and payment |
| *Federal, State or Local Law enforcement | *To protect your welfare |
| *Reminders or Appointments | *Government functions |
| *Organ donation | * Research |

Specifically, you may object to the following use or disclosures:

- *Facility directory
- *Notification of family, friends or others

All other disclosures if they are not listed in the Notice of Privacy Practices will require us to ask for your written authorization.

Rights you have regarding your Protected Health Information.

(Review the right we have to deny a request under certain situations in the full document)

- *Right to inspect and copy your medical information.
- *Right to amend and change your record.
- *Right to an accounting of disclosure not authorized by you.

- *Right to request restriction on what we disclose about you.
- *Right to choose how we communicate with you about medical matters.
- *Right to complain if you think your rights have been violated.

Complaints: If you believe your privacy rights have been violated, you may file a complaint with Mont Marie Health Care Center or with the Secretary of the Department of Health and Human Services (“HHS”) at 200 Independence Avenue, S.W. Washington, D.C. 20201 or by sending HHS an e-mail at HHS.Mail@hhs.gov.

YOU WILL NOT BE PENALIZED FOR FILING A COMPLAINT.

Written acknowledgement of receipt.

By signing below, I acknowledge that I have reviewed the full version of the Notice of Privacy Practice along with the Summary of the Notice of Privacy Practices for Mont Marie Health Care Center and I have gone over the information with a member of the facility staff. I have had the opportunity to ask questions. I also understand that I have a right to request and receive the full length copy of the Notice of Privacy Practices for myself. I further understand that a copy of this notice is posted in a clear and prominent location in the facility.

By: _____ DATE: _____
(Resident or legal guardian)

By: _____ DATE: _____
(Facility representative)

I, _____ hereby attest that I tried in good faith to obtain a written acknowledgement of receipt of the Notice of Privacy Practices by _____ but was unable to do so. The reason it was not obtained is: _____

MONT MARIE HEALTH CARE CENTER INC.

NOTICE OF PRIVACY INFORMATION PRACTICES

Effective Date: _____ Revised: _____

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION

ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE READ CAREFULLY.

Please contact Sister Elizabeth Sullivan at (413) 536 0853 if you have questions regarding this notice.

A. GENERAL DESCRIPTION AND PURPOSE OF NOTICE.

This notice describes our information privacy practices and that of:

1. Any health care professional authorized to enter information into your medical record created and/or maintained at Mont Marie Health Care Center.
2. Any member of a volunteer group which we allow to help you while receiving services at Mont Marie Health Care Center, and
3. All employees, staff, and other personnel of Mont Marie Health Care Center.

All of the individuals or entities identified above will follow the terms of this notice. These individuals or entities may share your health information with each other for purposes of treatment, payment, or health care operations, as further described in this notice.

B. MONT MARIE HEALTH CARE CENTER'S POLICY REGARDING YOUR HEALTH INFORMATION

We are committed to preserving the privacy and confidentiality of your health information created and/or maintained at our facility. Certain state and federal laws and regulations require us to implement policies and procedures to safeguard the privacy of your health information.

This notice will provide you with information regarding our privacy practices and applies to all of your health information created and/or maintained at our facility, including any information that we receive from other health care providers or facilities. This notice describes the ways in which we may use or disclose your health information and also describes your rights and our obligations regarding any such uses or disclosures. We will abide by the terms of this notice, including any future revisions that we may make to the notice as required or authorized by law.

C. USES OR DISCLOSURES OF YOUR HEALTH INFORMATION.

We may use or disclose your information on one of the following ways:

- (1) Pursuant to your written consent (for purposes of treatment, payment or health care operations)
- (2) Pursuant to your written authorization (for purposes other than treatment, payment or health care operations)
- (3) Pursuant to your verbal agreement (for use in our facility directory or to discuss your health condition with family or friends who are involved in your care);
- (4) As permitted by law
- (5) As required by law.

The following describes each of the different ways that we may use or disclose your health information. Where appropriate, we have included examples of the different types of uses or disclosures. While not every use or disclosure is listed, we have included all of the ways in which we may make such uses or disclosures.

1. Uses or disclosures made pursuant to your written consent.

We may use or disclose your health information for purposes of treatment, payment or health care operations upon obtaining your written consent. We may condition our delivery of services to you upon receiving your consent.

a. Treatment. We may use your health information to provide you with health care treatment and services. We may disclose your health information to doctors, nurses, nursing assistants, technicians, nursing students, rehabilitation therapy specialists, or other personnel who are involved in your health care. For example, your physician may order physical therapy services to improve your strength and walking abilities. Our nursing staff will need to talk with the physical therapist so that we can coordinate services and develop a plan of care. We may also disclose your health information to people outside of our facility who may be involved in your healthcare, such as family members, social services, or home health agencies.

i. Appointment reminders. We may use or disclose your health information for purposes of contacting you to remind you of a health care appointment.

ii. Treatment alternatives, health-related benefits and services.

We may use or disclose your health information for purposes of contacting you to inform you of treatment alternatives or health-related benefits and services that may be of interest to you.

b. Payment. We may use or disclose your health information so that we may bill and collect payment from you, an insurance company, or another third party for the health care services you receive at Mont Marie Health Care Center. For example, we may need to give information to your health plan regarding the services you received from our facility so that your health plan will pay Mont Marie Health Care Center or reimburse you for the services. We may also tell your health plan about a treatment you are going to receive in order to obtain prior approval for the services or to determine whether your health plan will cover the treatment.

c. Health care operations. We may use or disclose your health information to perform certain functions within our facility. These uses or disclosures are necessary to operate and make sure that our residents receive quality care. For example, we may use your health information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may combine health information about many of our residents to determine whether certain services are effective or whether additional services should be provided. We may disclose your health information to physicians, nurses, nursing assistants, rehabilitation therapy specialists, technicians, nursing students, and other personnel for review and learning purposes. We also may combine health information with information from other health care providers or facilities to compare how we are doing and see where we can make improvements in the care and services offered to our residents. We may remove information that identifies you from this set of health information so that others may use the information to study health care and health care delivery without learning the specific identities of our residents.

2. Uses our disclosures made pursuant to your written authorization.

We may use or disclose your health information pursuant to your written authorization for purposes other than treatment, payment or health care operations and for purposes which are not permitted or required by law. You have the right to revoke a written authorization at any time as long as your revocation is provided to us in writing. If you revoke your written authorization, we will no longer use or disclose your health information for the purposes identified in the authorization. You understand that we are unable to retrieve any disclosures which we may have made pursuant to your authorization prior to its revocation. Examples of uses or disclosures that may require your written authorization include the following:

- a. A request to provide certain health information to a pharmaceutical company for purposes of marketing
- b. A request to provide your health information to an attorney for use in a civil litigation claim
- c. A request to provide your health information for purposes of including you on a mailing list.

3. Uses or disclosures made pursuant to your verbal agreement.

We may use or disclose your health information, pursuant to your verbal agreement, for purposes of including you in our facility directory or for purposes of releasing information to persons involved in your care as described below.

a. Facility directory. We may use or disclose certain limited health information about you in our facility directory while you are a resident at Mont Marie Health Care Center.

This information may include your name, your assigned unity and room number. The directory information may be given to people who ask for you by name.

b. Individuals involved in your care. We may disclose your health information to individuals, such as family and friends, who are involved in your care or who help pay for your care. We also may disclose your health information to a person or organization assisting in disaster relief efforts for the purpose of notifying your family or friends involved in your care about your conditions, status and location.

4. Uses and disclosures permitted by law. Certain state and federal laws and regulations either require or permit us to make certain uses or disclosures of your health information without your permission. These uses or disclosures are generally made to meet public health reporting obligations or to ensure the health and safety of the public at large. The uses or disclosures which we may make pursuant to these laws and regulations include the following:

a. Public health activities. We may use or disclose your health information to public health authorities that are authorized by law to receive and collect health information for the purpose of preventing or controlling disease, injury or disability. We may use or disclose your health information for the following purposes:

- i. To report deaths
- ii. To report suspected or actual abuse, neglect, mistreatment, or domestic violence
- iii. To report adverse reactions to medications or problems with health care products
- iv. To notify individuals of product recalls
- v. To notify an individual who may have been exposed to a disease or maybe at risk for spreading or contracting a disease or condition.

b. Health oversight activities. We may use or disclose your health information to a health oversight agency that is authorized by law to conduct health oversight activities. These oversight activities may include audits, investigations, inspections, or licensure and certification surveys. These activities are necessary for the government to monitor the persons or organizations that provide health care to individuals and to ensure compliance with applicable state and federal laws and regulations.

c. Judicial or administrative proceedings. We may use or disclose your health information to courts or administrative agencies charged with the authority to hear and resolve lawsuits or disputes. We may disclose your health information pursuant to a court order, a subpoena, a discovery request, or other lawful process issued by a judge or other person involved in the dispute, but only if efforts have been made to (i) notify you of the request for disclosure or (ii) obtain an order protecting your health information.

d. Law enforcement official. We may use or disclose your health information in response to a request received from a law enforcement official for the following purposes:

- i. In response to a court order, subpoena, warrant, summons or similar lawful process
- ii. To identify or locate a suspect, fugitive, material witness, or missing person
- iii. Regarding a victim of a crime, if, under certain limited circumstances, we are unable to obtain the person's agreement
- iv. To report a death that we believe may be the result of criminal conduct
- v. To report criminal conduct at our facility
- vi. In emergency situations, to report a crime—the location of the crime and possible victims; or the identity, description, or location of the individual who committed the crime.

- f. Coroners, medical examiners or funeral directors.** We may use or disclose your health information to a coroner or medical examiner for the purpose of identifying a deceased individual or to determine the cause of death. We may also use or disclose your health information to a funeral director for the purpose of carrying out his/her necessary duties.
- g. Organ procurement organizations or tissue banks.** If you are an organ donor, we may use or disclose your health information to organizations that handle organ procurement, transplantation, or tissue banking for the purpose of facilitating organ or tissue donation or transplantation.
- h. Research.** We may use or disclose your health information for research purposes under certain limited circumstances. Because all research projects are subject to a special approval process, we will not use or disclose your health information for research purposes until the particular research project for which your health information may be used or disclosed has been approved through this special approval process. However, we may use or disclose your health information to individuals preparing to conduct the research project in order to assist them in identifying residents with specific health care needs who may qualify to participate in the research project. Any use or disclosure of your health information which may be done for the purpose of identifying qualified participants will be conducted on site at Mont Marie Health Care Center. In most instances, we will ask for your specific permission to use or disclose your health information if the researcher will have access to your name, address or other identifying information.
- i. To avert a serious threat to health or safety.** We may use or disclose your health information when necessary to prevent a serious threat to the health or safety of you or other individuals. Any such use or disclosure would be made solely to the individual(s) or organization(s) that have the ability and/or authority to assist in preventing the threat.
- j. Military and veterans.** If you are a member of the armed forces, we may use or disclose your health information as required by military command authorities.
- k. National security and intelligence activities.** We may use or disclose your health information to authorized federal officials for purposes of intelligence, counterintelligence, and other national security activities, as authorized by law.

5. Use or disclosures required by law.

We may use or disclose your information where such uses or disclosures are required by federal, state and local law.

D. Your rights regarding your health information

You have the following rights regarding your health information which we create and/or maintain:

1. **Right to inspect and copy.** You have the right to inspect and copy health information that may be used to make decisions about your care. Generally, this includes medical and billing records, but does not include psychotherapy. To inspect and copy your health information, you must submit your request in writing to Sister Elizabeth Sullivan, Administrator. 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 copy your health information in certain limited circumstances. If you are denied access to your health information, you may request that the denial be reviewed. Another licensed health care professional selected by our facility will review your request and the denial. The person conducting the review will not be the person who initially denied your request.

Mont Marie Health Care Center will comply with the outcome of this review.

2. **Right to request an amendment.** If you feel that the health 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 kept by or for our facility.

To request an amendment, your request must be made in writing and submitted to Kim Stempert, Director of Social Services. In addition, you must provide us with 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

- a. was not created by us, unless the person or entity that created the information is no longer available to make the amendment
- b. is not part of the health information kept by or for our facility
- c. is not part of the information which you would be permitted to inspect and copy
- d. is accurate and complete.

3. **Right to an accounting of disclosures.** You have the right to request an accounting of the disclosures which we have made of your health information. This accounting will not include disclosures of health information that we made for purposes of treatment, payment, or health care operations.

To request an accounting of disclosures, you must submit your request in writing to Richard Root, Director of Financial Services. Your request must state a time period which may not be longer than six (6) years prior to the date of your request and may not include dates before April 14, 2003. Your request should indicate in what form you want to receive the accounting (for example, on paper or via electronic means.) The first accounting that you request within a twelve (12) month period will be free. For additional accountings, we may charge you for the costs of providing the accounting. 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.

2. **Right to request restrictions.** You have the right to request a restriction or limitation on the health 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 health information we disclose about you to someone, such as a family member or friend, who is involved in your care or in the payment of your care. For example, you could ask that we not use or disclose information regarding a particular treatment that you received.

We are not required to agree with your request. If we do agree, we will comply with your request unless the information is needed to provide emergency treatment to you.

To request restrictions, you must make your request in writing to Kim Stempert, Director of Social Services. In your request, you must tell us (a) what information you want to limit; (b) whether you want to limit our use, disclosure or both; and (c) to whom you want the limits to apply (for example, disclosures to a family member).

3. Right to request confidential communications. You have the right to request that we communicate with you about your health care in a certain way or at a certain location. To request confidential communications, you must make your request in writing to Sister Elizabeth Sullivan, Administrator. 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.

4. Right to a paper copy of this notice. You have the right to receive a paper copy of this notice. You may ask us to give you a copy of the 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 copy of this notice, contact Sister Elizabeth Sullivan, Administrator.

E. Complaints

If you believe your privacy rights have been violated, you may file a complaint with our Mont Marie Health Care Center or with the secretary of the Department of Health and Human Services. To file a complaint with our facility, contact Sister Elizabeth Sullivan. All complaints must be submitted in writing.

You will NOT be penalized for filing a complaint.