

# 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.

The terms of this Notice of Privacy Practices apply to Genesis HealthCare System operating as an organized health care arrangement.

Genesis HealthCare System is a health system that includes hospitals, clinics, community health centers, ambulance service, pharmacies, durable medical equipment and many health care professionals. This Notice of Privacy Practices applies to this Genesis HealthCare System facility and this facility's Medical Staff as an organized health care arrangement. For inquiries regarding Genesis entities and locations please call the Genesis Corporate Integrity Department at 740-586-6626.

These organizations together are called Genesis HealthCare System (we or us). Hospitals and other health care organizations participating in an organized health care arrangement may share Protected Health Information (PHI) with each other as necessary to carry out treatment, payment, or health care operations as permitted by law and according to Genesis HealthCare System policy.

We are required by law to maintain the privacy of our patients' protected health information and to provide patients with notice of our legal duties and privacy practices with respect to your protected health information and to notify you in the unlikely event of a breach or unauthorized disclosure of your protected health information. We are required to abide by the terms of this Notice so long as it remains in effect. We reserve the right to change the terms of this Notice of Privacy Practices as necessary and to make the new Notice effective for all protected health information maintained by us. You may receive a copy of any revised notices at Genesis HealthCare System Registration Offices or at any of the affiliate locations. A copy may be obtained by mailing a request to our Patient Experience Department at Genesis HealthCare System. The Notice of Privacy Practices is also available on the Genesis HealthCare System website at [www.genesisahcs.org](http://www.genesisahcs.org).

## Uses And Disclosures Of Your Protected Health Information

**Your Authorization.** Except as outlined below, we will not use or disclose your protected health information for any purpose unless you have signed a form authorizing the use or disclosure. You have the right to revoke that authorization in writing unless we have taken any action in reliance on the authorization. There are certain uses and disclosures of your protected health information for which we will always obtain a prior authorization and these include:

- Marketing communications unless the communication is made directly to you in person; is simply a promotional gift of nominal value; is a prescription refill reminder; general health or wellness information or a communication about health related products or services that we offer or that are directly related to your treatment.
- Most sales of your health information unless for treatment or payment purposes or as required by law.
- Psychotherapy notes unless otherwise permitted or required by law.

**Uses and Disclosures for Treatment.** We will make uses and disclosures of your protected health information as necessary for your treatment. For instance, doctors, nurses, students and other professionals involved in your care will use information in your medical record and information that you provide about your symptoms and reactions to plan a course of treatment for you that may include procedures, medications, tests, etc. We may disclose protected health information to employers relating to the medical surveillance of the workplace, work-related illnesses and injuries. We may also release your protected health information to another health care facility or professional who is not affiliated with our organization but who is or will be providing treatment to you. For instance, if, after you leave the hospital, you are going to receive home health care, we may release your protected health information to that home health care agency so that a plan of care can be prepared for you.

**Uses and Disclosures for Payment.** We will make uses and disclosures of your protected health information as necessary for the payment purposes of those health professionals and facilities that have treated you or provided services to you. For instance, we may forward information regarding your medical procedures and treatment to your insurance company to arrange payment for the services provided to you or we may use your information to prepare a bill to send to you or to the person responsible for your payment. Some insurance companies use third party auditors to review claims and medical records.

**Uses and Disclosures for Health Care Operations.** We will use and disclose your protected health information as necessary, and as permitted by law, for our health care operations, which include clinical improvement, professional peer review, business management, accreditation and licensing, etc. For instance, we may use and disclose your protected health information for purposes of improving the clinical treatment and care of our patients, including satisfaction surveys. We may also disclose your protected health information to another health care facility, health care professional, or health plan for such things as quality assurance and case management, but only if that facility, professional, or plan also has or had a patient relationship with you.

**Our Facility Directory.** We maintain a facility directory listing the name, room number, general condition and, if you wish, your religious affiliation. Unless you choose to have your information excluded from this directory, the information, excluding your religious affiliation will be disclosed to anyone who requests it by asking for you by name. This information, including your religious affiliation may also be provided to members of the clergy. You have the right during registration to have your information excluded from this directory and also to restrict what information is provided and/or to whom. The patients admitted for services provided by our Behavioral Health Services Department will be excluded from the facility directory listing consistent with other federal and state laws.

**Use or Disclosure for Track Boards, White Boards, Bed Boards, and Patient Room Placards.** We may write your first name, the first three letters of your last name, and your medical record number on various tracking boards, at nurse's stations, and/or outside of your room unless you tell your caregiver that you do not want your information placed there.

**Family and Friends Involved In Your Care.** With your approval, we may from time to time disclose your protected health information to designated family, friends and others who are involved in your care or in payment of your care in order to facilitate that person's involvement in caring for you or paying for your care. If you are unavailable, incapacitated, or facing an emergency medical situation and we determine that a limited disclosure may be in your best interest, we may share limited protected health information with such individuals without your approval. We may also disclose limited protected health information to a public or private entity that is authorized to assist in disaster relief efforts in order for the entity to locate a family member or other persons that may be involved in some aspect of caring for you.

**Business Associates.** Certain aspects and components of our services are performed through contracts with outside persons or organizations, such as auditing, accreditation, legal services, etc. At times it may be necessary for us to provide certain parts of your protected health information to one or more of these outside persons or organizations who assist us with our health care operations. In all cases, we require these business associates to appropriately safeguard the privacy of your information.

**Fundraising.** We may contact you to donate to a fundraising effort for or on our behalf. You have the right to "opt-out" of receiving fundraising materials/communications and may do so by sending your name and address to Genesis Corporate Communications, 2951 Maple Avenue, Zanesville, Ohio 43701 together with a statement that you do not wish to receive fundraising materials or communications from us.

**Appointments and Services.** We may contact you to provide appointment reminders or test results. We also provide, as a service to the community, the Genesis NurseLine which requires callers to share their health information, and after receiving calls, the Genesis NurseLine sends related medical information to the callers. You have the right to request and we will accommodate reasonable requests by you to receive communications regarding your protected health information from us by alternative means or at alternative locations. For instance, if you wish appointment reminders to not be left on voice mail or sent to a particular address, we will accommodate reasonable requests. You may request such confidential communication in writing and may send your request to the Corporate Integrity Department at Genesis HealthCare System, or to the affiliate location providing the service.

**Research.** In limited circumstances, we may use and disclose your protected health information for research purposes. For example, a researcher may wish to compare outcomes of all patients that received a particular drug and will need to review a series of medical records. In all cases where your specific authorization is not obtained, your privacy will be protected by strict confidentiality requirements applied by an Institutional Review Board or privacy board which oversees the research or by representations of the researchers that limit their use and disclosure of patient information.

**Confidentiality of Alcohol and Drug Abuse Patient Records.** The confidentiality of alcohol and drug abuse patient records maintained by this facility is protected by federal law and regulations. Generally the facility may not say to a person outside the program that a patient attends a drug or alcohol program, or disclose any information identifying a patient as an alcohol or drug abuser unless: (1) the patient consents in writing; (2) the disclosure is allowed by a court order; or (3) the disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit or program evaluation. Federal law and regulations do not protect any information about a crime committed by a patient either at our facility or against any person who works for the facility or about any threat to commit such a crime. Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under State law to appropriate State or local authorities.

**Other Uses and Disclosures.** We are permitted or required by law to make certain other uses and disclosures of your protected health information without your consent or authorization. Ohio law requires that we obtain consent from you in many instances before disclosing the performance or results of an HIV test or diagnoses of AIDS or an AIDS-related condition; before disclosing information about drug or alcohol treatment you have received in a drug or alcohol treatment program; before disclosing information about mental health services you may have received; and before disclosing certain information to the State Long-Term Care Ombudsman. For full information on when such consents may be necessary, you can contact the Director of the Corporate Integrity Program.

- We may release your protected health information for any purpose required by law;
- We may release your protected health information for public health activities, such as required reporting of disease, injury, and birth and death, and for required public health investigations;
- We may release your protected health information as required by law if we suspect child abuse or neglect; we may also release your protected health information as required by law if we believe you to be a victim of abuse, neglect or domestic violence;
- We may release immunization records to a student's school but only if parents or guardians (or the student if not a minor) agree either orally or in writing;
- We may release your protected health information to the Food and Drug Administration if necessary to report adverse events, product defects or to participate in product recalls;
- We may release your protected health information to your employer when we have provided healthcare to you at the request of your employer to determine workplace-related illness or injury; in most cases you will receive notice that information is disclosed to your employer;
- We may release your protected health information if required by law to a government oversight agency conducting audits, investigations, or civil or criminal proceedings;
- We may release your protected health information if required to do so by subpoena or discovery request; in some cases you will have notice of such release;
- We may release your protected health information to law enforcement officials as required by law to report wounds and injuries and crimes;
- We may release your protected health information to coroners and/or funeral directors consistent with law;
- We may release your protected health information in limited instances if we suspect a serious threat to health or safety;
- We may release your protected health information if necessary to arrange an organ or tissue donation from you or a transplant for you;
- We may release your protected health information for certain research purposes when such research is approved by an institutional review board with established rules to ensure privacy;
- We may release your protected health information if you are a member of the military as required by armed forces services; we may also release your protected health information if necessary for national security or intelligence activities; and
- We may release your protected health information to workers' compensation agencies if necessary for your workers' compensation benefit determination.

## Rights You Have

**Access to Your Protected Health Information.** You have the right to copy and/or inspect much of the protected health information that we retain on your behalf. All requests for access must be made in writing and signed by you or your representative. We will charge you a fee that is consistent with state law if you request a copy of the information. We will also charge for postage if you request a mailed copy. You may obtain an access request form and the charges for copying from our Health Information Management Department at Genesis HealthCare System or at the affiliate location that maintains the protected health information. You have the right to obtain an electronic copy of your health information that exists in an electronic format and you may direct that the copy be transmitted directly to an entity or person designated by you, provided that any such designation is clear, conspicuous and specific with complete name and mailing address or other identifying information. You may be charged a fee for labor and supplies in preparing your copy of the electronic health information.

**Amendments to Your Protected Health Information.** You have the right to request in writing that protected health information that we maintain about you be amended or corrected. We are not obligated to make all requested amendments but will give each request careful consideration. All amendment requests, in order to be considered by us, must be in writing, signed by you or your representative, and must state the reasons for the amendment/correction request. If an amendment or correction you request is made by us, we may also notify others who work with us and have copies of the uncorrected record if we believe that such notification is necessary. You may obtain an amendment request form from our Quality Management Department at Genesis HealthCare System or at the affiliate location that maintains the protected health information.

**Accounting for Disclosures of Your Protected Health Information.** You have the right to receive an accounting of certain disclosures made by us of your protected health information for six years prior to the date of your request. Requests must be made in writing and signed by you or your representative. Accounting request forms are available in our Health Information Management Department at Genesis HealthCare System or at the affiliate location that maintains the protected health information.

**Restrictions on Use and Disclosure of Your Protected Health Information.** You have the right to request restrictions on certain uses and disclosures of your protected health information for treatment, payment or health care operations. We are not required to agree to your restriction requests but will attempt to accommodate reasonable requests when appropriate and we retain the right to terminate an agreed-to restriction if we believe such termination is appropriate. If we agree to a restriction based on your request and your out-of-pocket payment for items or services in full, then we may not share this specific information with your health plan. You also have the right to terminate, in writing, any agreed-to restriction by sending such termination notice to our Health Information Management Department at Genesis HealthCare System, or at the affiliate location that maintains the protected health information.

**Breach Notification.** In the unlikely event that there is a breach, or unauthorized release of your protected health information, you will receive notice and information on steps you may take to protect yourself from harm.

**Complaints.** If you believe your privacy rights have been violated, you can file a complaint with our Patient Experience Department at Genesis HealthCare System if the violation occurred at either hospital or at the affiliate location where the violation occurred. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services in Washington D.C. in writing within 180 days of a violation of your rights. There will be no retaliation for filing a complaint.

**Acknowledgment of Receipt of Notice.** You will be asked to sign an acknowledgment that you received this Notice of Privacy Practices.

### For Further Information

If you have questions or need further assistance regarding this Notice, you may contact the Corporate Integrity Department at Genesis HealthCare System. Telephone: (740) 586-6712.

As a patient you retain the right to obtain a paper copy of this Notice of Privacy Practices, even if you have requested such copy by e-mail or other electronic means.

### Effective Date

This Notice of Privacy Practices is effective April 14, 2003

Last revised on: September 3, 2014