

SANCTA MARIA NURSING FACILITY
NOTICE OF PRIVACY PRACTICES

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 this notice carefully.

Your medical record may contain personal information about your health. This information may identify you and relate to your past, present or future physical or mental health condition and related health care services and is called Protected Health Information (PHI). This Notice of Privacy Practices describes how we may use and disclose your PHI in accordance with applicable law. It also describes your rights regarding how you may gain access to and control your PHI. We are required by law to maintain the privacy of PHI and to provide you with notice of our legal duties and privacy practices with respect to PHI. We are required to abide by the terms for this Notice of Privacy Practices. We reserve the right to change the terms of our Notice of Privacy Practices at any time. Any new Notice of Privacy Practices will be effective for all PHI that we maintain at that time. We will provide you with a copy of the revised Notice of Privacy Practices by posting a copy on our website or sending a copy to you in the mail upon request.

How we may use and disclose health care information about you:

For Care or Treatment: Your PHI may be used and disclosed to those who are involved in your care for the purpose of providing, coordinating, or managing your services. This includes consultation with clinical supervisors or other team members. Your authorization is required to disclose PHI to any other care provider not involved in your care.

For Example: If another physician referred you to us, we may contact that physician to discuss your care. Likewise if we refer you to another physician, we can contact that physician to discuss your care or they may contact us.

For Payment: Your PHI may be used and disclosed to any parties that are involved in payment for care or treatment. If you pay for your care or treatment completely out of pocket with no use of any insurance, you may restrict the disclosure of your PHI for payment.

For Example: Your payer/health insurance may require copies of your PHI during the course of a medical record request, chart audit or review.

For Business Operations: We may use or disclose, as needed, your PHI in order to support our business activities including, but not limited to, quality assessment activities, licensing, and conducting or arranging for other business activities.

For Example: We may share your PHI with third parties (or other regulatory or licensing bodies) such as the Massachusetts Department of Public Health.

Required by Law: Under the law, we must make disclosures of your PHI available to you upon request. In addition, we must make disclosures to the Secretary of the Department of Health and Human Services for the purpose of investigating or determining our compliance with the requirements of the Privacy Rule, if so required.

Without Authorization: Applicable law and ethical standards permit us to disclose information about you without your authorization only in a limited number of other situations. Examples of some of the types of uses and disclosures that may be made without your authorization are those that are;

- Required by Court Order
- Necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. If information is disclosed to prevent or lessen a serious threat it will be disclosed to a person or persons reasonably able to prevent or lessen the threat including the target of the threat.

Verbal Permission: We may use or disclose your information to family members that are directly involved in your receipt of services with your verbal permission.

With Authorization: Uses and disclosures not specifically permitted by applicable law will be made only with your written authorization, which may be revoked. Your explicit authorization is required, for example, to release PHI for the purposes of marketing or subsidized treatment communication.

Your rights regarding your PHI

You have the following rights regarding PHI we maintain about you. To exercise any of these rights, please submit your request in writing to our Assistant Administrator.

- Right of Access to Inspect and Copy. You have the right, which may be restricted only in exceptional circumstances or with documents released to us, to inspect and copy PHI that may be used to make decisions about service provided. To inspect and copy your health information you submit your request in writing to *Sancta Maria Nursing Facility, Administration, 799 Concord Avenue, Cambridge, MA 02138*. If you request a copy of the information you will be required to complete an Authorization For Release of Medical Record Information and we may charge a fee for costs of copying, mailing, or other supplies associated with your request.
- Right to amend. If you feel that the PHI we have about you is incorrect or incomplete, you may ask us to amend the information although we are not required to agree to the amendment.
- Right to an Accounting of Disclosures. You have the right to request an accounting of certain of the disclosures that we make of your PHI. We may charge you a reasonable fee if you request more than one accounting in any 12 month period.
- Right to Request Restrictions. You have the right to request a restriction or limitation on the use or disclosure of your PHI for services, payment, or business operations. We are not required to agree to your request.
- Right to Request Confidential Communication. You have the right to request that we communicate with you about PHI matters in a specific manner (e.g. telephone, postal mail, etc.)

- Right to a Copy of this Notice. To inspect a copy of this notice please submit your request in writing to *Sancta Maria Nursing Facility, Admission Coordinator, 799 Concord Avenue, Cambridge, MA 02138* or telephone the Admission Coordinator at 617-868-2200 ex. 2121.

Website Privacy

Any personal information you provide us with via our website, including your email address, will never be sold or shared with any third party without your express permission. If you provide us with any personal or contact information in order to receive anything from us, we may collect and store that personal data. We do not automatically collect your personal email address simply because you visit our website.

Complaint

If you believe your privacy rights have been violated, you file a complaint in writing, with our facility 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

To file a privacy complaint about our facility, please do so in writing to: *Sancta Maria Nursing Facility, Administration, 799 Concord Avenue, Cambridge, MA 02138.*

Note:

All complaints must be submitted in writing. 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 Practices for the facility and that I have gone over the information with a member of the facility staff and I have been given the opportunity to ask questions. I also understand that I have a right to request and receive a copy of the Notice of Privacy Practices for myself. I further understand that a copy of this notice is also posted in a clear and prominent location in the facility.

By: _____
(Resident or legal guardian)

Date: _____

By: _____
(Facility Representative)

Date: _____