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## **JOINT 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 Rouse Home provides health care to our residents in partnership with physicians, health care providers and other professionals and organizations in an organized health care arrangement (hereinafter referred to as we, our or us.) This is a joint notice of our information privacy practices. The policies in this notice will be followed by:

- Any health care professional who participates in an Organized Health Care Arrangement with us to assist in providing treatment to you. These professionals may include, but are not limited to, physicians, allied health professionals, and other licensed health care professionals
- All departments and units of our organization, such as skilled nursing, rehabilitation, activities, social services, and administration including the Board of Directors of the Estate.
- Our employees, staff, healthcare students in training and volunteers.

### **Understanding Your Health Record/Information**

When you are admitted to our Facility, we create a Medical Record of the care and treatment you receive. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as:

- a basis for planning your care and treatment means of communication among the many health professionals who contribute to your care;
- a legal document describing the care you received;
- a means by which you or a third-party payer can verify that services billed were actually provided;
- a tool in educating health professionals;
- a source of data for medical research;
- a source of information for public health officials who oversee the delivery of health care in the United States;
- a source of data for facility planning and marketing; and
- a tool with which we can assess and continually work to improve the care we render and the outcomes we achieve;

Understanding what is in your record and how your health information is used helps you to ensure its accuracy, better understand who, what, when, where, and why others may access your health information, and make more informed decisions when authorizing disclosure to others.

## **Our Responsibilities**

Our Facility is required to:

- Maintain the privacy of your health information.
- Provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you.
- Notify you if we are unable to accommodate a requested restriction.
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.
- Provide an electronic copy in a compatible or at least in one readable risk-free electronic format, i.e., a flash drive or compact disk since a portion of our records are maintained in a designated electronic record set.
- Notify “Responsible Party” (unless otherwise specified, the term shall refer to the Resident, the Responsible Party or both if appropriate) of a breach of unsecured Protected Health Information (PHI) within the timeline and format as set forth in the Health Insurance Portability Accountability Act (HIPPA) and the Health Information Technology for Economic and Clinical Health (HITECH) final rule.
- Refrain from releasing Psychotherapy notes without a Responsible Party’s written authorization.

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change we will inform you or your Responsible Party revisions have been made and offer a means to receive a revised copy of the Joint Notice of Privacy Practices. Any uses or disclosures not described in this Joint Notice of Privacy Practices can be made only with the Responsible Party’s written authorization. The Responsible Party has the option of revoking such written authorization at any time.

## **How We Will Use or Disclose Your Health Information**

(1) Treatment. We will use your health information for treatment. For example, information obtained by a nurse, physician, or other member of your healthcare team will be recorded in your record and used to determine the course of treatment that should work best for you. Your physician will have access to your record and document in your record his or her expectations of the members of your healthcare team. Members of your healthcare team will then record the actions they took and their observations. In that way, the physician will know how you are responding to treatment. We will also provide your physician or a subsequent healthcare provider with copies of various reports that should assist him or her in treating you should you be discharged from our nursing facility.

Providers of Medicare and Medicaid services are obligated to inform our Responsible Party about the automation and electronic transmission of Resident information. Each Resident will have an assessment done by Rouse Home staff regarding physical, social, mental, recreational, rehabilitative, and dietary status on an ongoing basis during his/her stay at this facility. This information is placed in a format called

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the MDS (or Minimum Data Set). This information is electronically submitted to, and is accessible to the State and Federal Government, their agencies and subcontractors. The information is used for surveys, reimbursement, health data collection, policy, research functions, as well as monitoring the effectiveness and quality of care given in Long Term Health Care Facilities.

(2) Payment. We will use your health information for payment. For example, a bill may be sent to you or a third-party payer, including Medicare or Medicaid. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.

(3) Health Care Operations. We will use your health information for regular health operations. For example, members of the medical staff, the risk or quality improvement manager, or members of the quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the health care and service we provide.

(4) Business Associates. There are some services provided in our organization through contracts with business associates. Examples include our accountants, consultants and attorneys. When these services are contracted, we may disclose your health information to our business associates so that they can perform the job we've asked them to do. To protect your health information, however, the Business Associate has signed a contract to appropriately safeguard your information within the guidelines as set forth in the HIPAA/HITECH Act Final Omnibus Rule which was issued on January 25, 2013.

(5) Directory. Unless you notify us that you object, we may use your name, location in the Facility, general condition, and religious affiliation for directory purposes. This information may be provided to members of the clergy and, except for religious affiliation, to other people who ask for you by name.

(6) Notification. We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, of your location, and general condition. If we are unable to reach your family member or personal representative, then we may leave a message for them at the phone number that they have provided us, e.g., on an answering machine.

(7) Communication with Family. Health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend, or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care.

(8) Research. We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.

(9) Funeral Directors. We may disclose health information to funeral directors and coroners to carry out their duties consistent with applicable law.

(10) Organ Procurement Organizations. Consistent with applicable law, we may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

(11) Marketing. We may contact you to provide appointment reminders. The Department of Health and Human Services and the Office of Civil Rights published the final rule with regards to marketing by Covered Entities which includes the use of Protected Health Information to identify individuals for the purpose of receiving communication about an item or service and receiving a form of compensation from a third party to communicate with the targeted individuals. (45 C.F.R 164.501) This practice is only permissible with the Responsible Party's written authorization with the option to revoke the authorization at any time. The sale of Protected Health Information to third parties with any type of financial or non-financial remuneration is also impermissible without the Responsible Party's written authorization. All communications where the covered entity receives financial remuneration from a third party whose product or service is being marketed requires written authorization from the Responsible Party.

(12) Food and Drug Administration (FDA). We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing, surveillance information to enable product recalls, repairs, or replacement.

(13) Workers Compensation. We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

(14) Public Health. As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

(15) Law Enforcement. We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.

(16) Reports. Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers, or the public.

### **Your Health Information Rights**

Although your health record is the physical property of the Facility, the information in your health record belongs to you. You have the following rights:

- You may request that we not use or disclose your health information for a particular reason related to treatment, payment, the Facility's general health care operations, and/or to a particular family member, other relative, or close personal friend. We ask that such requests be made in writing. Although we will consider your request, please be aware that we are under no obligation to accept it or to abide by

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it. You do have the right to restrict disclosure of PHI to a health plan if you have paid in full out of pocket for billable services rendered. This withhold request must be made in writing. For more information about these rights, see 45 Code of Federal Regulations (C.F.R.) §.164.522(a)

- Admission to the facility cannot be conditioned on a Responsible Party's willingness to sign the Joint Notice of Privacy Practices.
- If you are dissatisfied with the manner in which or the location where you are receiving communications from us that are related to your health information, you may request that we provide you with such information by alternative means or at alternative locations. Such a request must be made in writing, and submitted to the Administrator of the Rouse Home. We will attempt to accommodate all reasonable requests. For more information about this right, see 45 C.F.R. § 164.522(b).
- You may request to inspect and/or obtain copies of health information about you, which will be provided to you in the time frames established by law. If you request copies, we will charge you a reasonable fee as per state law. For more information about this right, see 45 C.F.R. § 164.524.
- If you believe that any health information in your record is incorrect or if you believe that important information is missing, you may request that we correct the existing information or add the missing information. Such requests must be made in writing, and must provide a reason to support the amendment. We ask that you use the form provided by our facility to make such requests. For a request form, please contact the Privacy Officer. For more information about this right, see 45 C.F.R. §164.526.
- You may request that we provide you with a written accounting of all disclosures made by us during the time period for which you request (not to exceed 6 years). We ask that such requests be made in writing on a form provided by our facility. Please note that an accounting will not apply to any of the following types of disclosures: disclosures made for reasons of treatment, payment or health care operations with the exception of Electronic Health Records for these purposes to which you have a right to request an accounting of these electronic disclosures; disclosures made to you or your legal representative, or any other individual involved with your care; disclosures to correctional institutions or law enforcement officials; and disclosures for national security purposes. You will not be charged for your first accounting request in any 12 month period. However, for any requests that you make thereafter, you will be charged a reasonable, cost-based fee. For more information about this right, see 45 C.F.R. § 164.528.

You have the right to obtain a paper copy of our Joint Notice of Privacy Practices upon request. You may revoke an authorization to use or disclose health information, except to the extent that action has already been taken. Such a request must be made in writing.

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**For More Information or to Report a Problem**

If have questions and would like additional information, you may contact our Facility's Privacy Officer, Jessica Benjamin, at (814) 563-6702 or our Facility's Security Officer, Phil DeFabio, at (814) 563-6433.

If you believe that your privacy rights have been violated, you may file a complaint with us. These complaints must be filed in writing on a form provided by our facility. The complaint form may be obtained from the receptionist or RN supervisor, and when completed should be returned to the Privacy Officer. You may also file a complaint with the Rouse Estate Compliance Officer at (800)346-1601, or the Secretary of the Federal Department of Health and Human Services, Office of Civil Rights at <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf> . There will be no retaliation for filing a complaint.

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**HIPAA 2b.****Acknowledgement of Receipt of  
Notice of Privacy Practice  
And  
Assignment of Benefits**

I certify that the information given by me in applying for payment under Title XVIII of the Social Security Act is correct. I authorize any holder of medical or other information about me to release to the Health Care Financing Administration (or now CMS) or its intermediaries or carriers any information needed for this or a related Medicare claim. I request that payment of authorized benefits be made on my behalf. I assign the benefits payable for physician services to the physician or organization furnishing the services or authorize such physician or organization to submit a claim to Medicare for payment for me.

Attending Physicians

Consulting Physician Services

Diagnostic Imaging Services

Laboratory Services

Pharmacies

Primary Care Physicians

Ambulance Services

Home Care/Health Agencies

By my signature below, I acknowledge receipt of the Rouse Home's Joint Notice of Privacy Practices which is recognized by the above Providers under our Organized Health Care Arrangement.

Medical Reason if Resident is unable to sign: \_\_\_\_\_

\_\_\_\_\_  
Responsible Party\_\_\_\_\_  
Date\_\_\_\_\_  
Rouse Home Representative\_\_\_\_\_  
Date