



## **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.

We have summarized our responsibilities and your rights on this first page. For a complete description of our privacy practices, please review this entire section.

### **Our Responsibilities**

Willowood Care Center is required to:

- Maintain the privacy of your health information.
- Provide you with this notice of our legal duties and privacy practices with respect to information we collect and maintain about you.
- Abide by the terms of this notice.
- Notify you following a breach of unsecured protected health information.

### **Your Rights**

As a resident of Willowood Care Center, you have several rights with regard to your health information, include the following:

- The right to request that we not use or disclose your health information in certain ways.
- The right to request to receive communications in an alternative manner or location.
- The right to access and obtain a copy of your health information.
- The right to request an amendment to your health information.
- The right to an accounting of disclosures of your health information.

We reserve the right to change our privacy practices and to make the new provisions effective for all health information we maintain. Should our privacy practices change, we will post the changes on the bulletin board in our facility, as well as on our website. A copy of the revised notice will be available after the effective date of the changes upon request.

We will not use or disclose your health information without your authorization, except as described in this notice. Thus, for example, we will require your authorization before we would use or disclose your protected health information for marketing purposes, and, we will not sell your health information without a specific authorization from you.

If you have any questions and would like additional information, please contact Willowood Care Center's Privacy Officer, Deb Loughheed, Administrator @ 330-225-3156

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

Each time you visit Willowood Care Center, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnosis, 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 treatment;
- means of communication among the many health professionals who contribute to your care;
- legal document describing the care you received;
- 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.

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

- (1) **Treatment**. We will use or disclose your health information for treatment purposes, including for the treatment activities of other health care providers. For example, information obtained by a nurse, physician, or other member of your health care team will be recorded in your record and used to determine the course of treatment that should work best for you. Your physician will document in your record his or her expectations of the members of your health care team. Members of your health care 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 once you are discharged from Willowood Care Center.
- (2) **Payment**. We will use or disclose your health information for payment, including for the payment activities of other health care providers or payers. For example, a bill may be sent to you or a third-party payer, including Medicare or Medicaid. The information 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 or disclose your health information for our regular health operations. For example, members of the medical staff, the risk or quality management 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.

In addition, we will disclose your health information for certain health care operations of other entities. However, we will only disclose your information under the following conditions: (a) the other entity must have,

or have had in the past, a relationship with you; (b) the health information used or disclosed must relate to that other entity's relationship with you; and (c) the disclosure must only be for one of the following purposes: (i) quality assessment and improvement activities; (ii) population-based activities relating to improving health or reducing health care costs; (iii) case management and care coordination; (iv) conducting training programs; (v) accreditation, licensing, or credentialing activities; or (vi) health care fraud and abuse detection or compliance.

- (4) Business Associates. There are some services provided in our organization through the use of outside people and entities. Examples of these "business associates" include our accountants, consultants and attorneys. We may disclose your health information to our business associates so that they can perform the job we have asked them to do. To protect your health information, however, we require the business associates to appropriately safeguard your information, and they are also required to do so by law.
- (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 clergy and, except for religious affiliation, to other people who ask for you by name. We may also use your name on a nameplate next to or on your door in order to identify your room, unless you notify us that you object.
- (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 general 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 provided us, e.g., on an answering machine.
- (7) Communication with family. We may disclose to a family member, other relative, close personal friend or any other person involved in your health care, health information relevant to that person's involvement in your care or payment related to your care. If appropriate, these communications may also be made after your death, unless you instructed us not to make such communications.
- (8) Research. We may disclose information to researchers when certain conditions have been met.
- (9) Transfer of information at death. We may disclose health information to funeral directors, medical examiners, 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 regarding your treatment, to coordinate your care, or to direct or recommend alternative treatments, therapies, health care providers or settings. In addition, we may contact you to describe a health-related product or service that may be of interest to you, and the payment for such product or service.
- (12) Fundraising. We may contact you as part of a fund-raising effort, but you will be provided an opportunity to opt out of these communications.

- (13) Food and Drug Administration (FDA). We may disclose to the FDA, or to a person or entity subject to the jurisdiction of 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.
- (14) 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.
- (15) Public health. As required by law, we may disclose your health to public health or legal authorities charged with preventing or controlling disease, injury, or disability.
- (16) Correctional institution. Should you be an inmate of a correctional institution, we may disclose to the institution or agents thereof health information necessary for your health and the health and safety of other individuals.
- (17) Law enforcement. We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.
- (18) 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 we have engaged in unlawful conduct or have otherwise violated professional 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 nursing 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, Willowood Care Center'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 on a form provided by Willowood Care Center.

*“Although we will consider your request, please be aware that we are under no obligation to accept it or abide by it...” with “Although we will consider your requests with regard to the use of your health information, please be aware that we are under no obligation to accept it or abide by it, unless it is a request to prohibit disclosures to your health care plan relating to a service for which you have already paid in full or out of pocket. We will abide by your requests with regard to the disclosure of your clinical and personal records to anyone outside of the facility, except in an emergency, if you are being transferred to another health care institution, or the disclosure is required by law.” 42 C.F.R § 483.10(e) provides that a NF must abide by the resident’s right to refuse the release of his/her personal or clinical records to any individual outside of Willowood Care Center, unless the release is necessary because the resident is being transferred to another health care institution, or that its required by law.*
- 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 Privacy Officer. 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. You may make such requests orally or in writing; however, in order to better respond to your request we ask that you make such requests in writing on our facility's standard form. If you request to have copies made, we will charge you a reasonable fee. 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 the following types of disclosures: disclosures made for reasons of treatment, payment, or health care operations; disclosures made to you or your legal representative, or any other individual involved with your care; disclosures made pursuant to a valid authorization; 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 Notice of Privacy Practices upon request. You may also visit [www.willowoodcare.com](http://www.willowoodcare.com)
- 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.

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

If you have questions and would like additional information, you may contact Willowood Care Center’s Privacy Officer at 330-225-3156

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 approved by our facility. The complaint form may be obtained from the Administrator, and when completed should be returned to the administrator. You may also file a complaint with the secretary of the federal Department of Health and Human Services. There will be no retaliation for filing a complaint.

Effective Date: September 1, 2013

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Signature of Resident

Date



## Complaints Regarding the Use or Disclosure Of Health Information

It is the policy of Willowood Care Center to protect the privacy of individual health information, and to ensure that such information is used and disclosed appropriately and in accordance with all applicable laws and regulations. It is also the policy of Willowood Care Center to permit any concerned person to file a formal complaint without fear of threat or other reprisal by Willowood Care Center regarding the use or disclosure of a resident's health information.

### Procedure

- (A) Notification. Residents and their representatives will be notified of their right to complain to Willowood Care Center or the Department of Health and Human Services in Notice of Information Practices.
- (B) Complaints in writing. All complaints made about Willowood Care Center's privacy policies or procedures, or its compliance with those policies and procedures or the law, shall be made in writing to the HIPAA Privacy Officer at Willowood Care Center. Complaints must be made on Willowood Care Center's standard complaint form ("Complaint Regarding Uses or Disclosures of Health Information"), which shall be kept in a place that is accessible to concerned parties.
- (C) Response to a complaint. Upon receipt of a Complaint Regarding Uses or Disclosures of Health Information form, Willowood Care Center shall review the form and determine whether all information to respond to the complaint has been provided. If the form has not been completed correctly or information is missing, Willowood Care Center will take whatever steps are deemed necessary to complete the form, including returning the form to the requestor with an explanation. If the form has been completed correctly and completely, Willowood Care Center shall substantively review the complaint, and, if appropriate, investigate to determine whether a violation of law or Willowood Care Center's policies and procedures has occurred. Following the review and potential investigation, Willowood Care Center shall respond to the person making the complaint. [OR, Following the review and potential investigation, the person conducting the review will submit his/her findings to the Privacy Officer for final review.] The Privacy Officer shall determine the substance and manner of how Willowood Care Center will respond to the complaint.
- (D) Complaints to DHHS. The designated contact person for privacy issues shall provide information regarding how to file a complaint with the Department of Health and Human Services to anyone who inquires about that information.

(E) Privacy Officer responsibility. The Privacy Officer shall be responsible for overseeing the implementation of the steps in this policy and procedure, including the following:

- (1) Ensure that the Notice of Information Practices adequately discuss how an individual may complain about Willowood Care Center's uses and disclosures of resident information.
- (2) Designing and updating, as appropriate, the Complaint Regarding Uses or Disclosures of Health Information form, as well as any standard forms developed to be used for the complaint process.
- (3) Reviewing and responding to any complaints made about Willowood Care Center's use or disclosure of resident health information.
- (4) Notifying the Administrator of complaints received on a periodic basis.
- (5) Maintaining documentation of all complaints received and their disposition for a period of at least six (6) years, in accordance with Willowood Care Center's record keeping policy.
- (6) Taking whatever corrective measures are necessary in response to a complaint, including, but not limited to, disciplining a member of the workforce, mitigating any negative effects of the violation, and/or making changes to Willowood Care Center's privacy policies and procedures.



**Complaint Regarding the Use or Disclosure  
Of Health Information**

This form is to be used to file a complaint with Willowood Care Center regarding its privacy policies and procedures, and its compliance with those policies and procedures or the federal privacy rule. When this form is complete, please return it to: Deborah J. Lougheed

Resident's Information

Requestor's information (if not the resident)

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Relationship to the resident

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Source of legal authority

Date of incident: \_\_\_\_\_/or [ ] the practice is ongoing

Time of incident: \_\_\_\_\_/or [ ] Not applicable

Please describe the practice or incident about which you wish to complain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name & title of person(s) involved, if known:

\_\_\_\_\_

Please describe why you believe that this practice or incident was/is improper:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please attach any documentation that supports your complaint to this form.

I certify that the information recorded above is true to the best of my knowledge, and that I have good faith belief that such practice or incident is violation of federal laws regarding the handling of a resident's health information or of the facility's privacy policies and procedures.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

PLEASE SEND TO THE ATTENTION OF:  
Deborah J. Lougheed Administrator/Privacy Officer  
Willowood Care Center of Brunswick  
1186 Hadcock Road  
Brunswick, Ohio 4421