

## Windsor Place Telehealth Program 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.**

This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes permitted or required by law. It also describes your rights to access and control your protected information. "Protected health information" is information about you, including demographic data that may identify you and that relates to your past, present or future physical or mental health and related health care services.

We are required to abide by the terms of this Notice of Privacy Practices. We may change our notice, at any time. The new notice will be effective for all protected health information we maintain at that time. Upon your request, we will provide you with any revised Notice of Privacy Practices by accessing our website at [www.windsorplace.net](http://www.windsorplace.net), or by calling the local office and requesting that a revised copy be sent to you in the mail.

### **1. Uses and Disclosure of Protected Health Information**

#### **Uses and Disclosure of Protected Health Information Based Upon Your Written Consent**

You will be asked by the Admissions Coordinator to sign a consent form. Once you have consented to use and disclosure of your protected health information for treatment, payment and health care operations by signing the consent form, Windsor Place will use or disclose your protected health information described in Section 1. Your protected health information may be used and disclosed by Windsor Place to staff, and other health care entities that are involved in your care and treatment for the purpose of providing health care services for you. Your protected health information may also be used and disclosed to pay your health care bills.

Federal regulations allow us to divulge a resident's name, location and general condition to persons requesting information of a specific resident. Religious affiliations may also be disclosed to members of the clergy.

Following are examples of the types of uses and disclosures of your protected health care information that Windsor Place is permitted to make once you have signed our consent form. These examples are not meant to be exhaustive, but to describe the types of uses and disclosure that may be made by Windsor Place once you have provided consent.

**Treatment:** For example: Information obtained by a member of Windsor Place staff will be recorded in your record and used to determine the course of treatment that should work best for you. Members of Windsor Place staff will then record the actions they took and their observations.

**Payment:** Your protected health information will be used, as needed, to obtain payment for your health care services. This may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services we recommend for you such as; making a determination of eligibility or coverage for insurance benefits. For example, obtaining approval for a hospital stay may require that your relevant protected health information be disclosed to the health plan to obtain approval for the hospital admission.

**Healthcare Operations:** We may disclose, as needed, your protected health information to conduct internal business. These activities include, but are not limited to, quality assessment activities, employee review activities, licensing, marketing, and conducting or arranging for other business activities.

We may use or disclose your protected health information, as necessary, to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you. We may also use and disclose your protected health information for other marketing activities. For example, your name and address may be used to send you a newsletter about our facility and the services we offer. We may also send you information about products or services that we believe may be beneficial to you. You may contact our Privacy Officer to request that these materials not be sent to you.

### **Uses and Disclosures of Protected Health Information Based Upon Your Written Authorization**

Other uses and disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke this authorization, at any time, in writing, except to the extent that Windsor Place has taken an action in reliance on the use or disclosure indicated in the authorization.

### **Other Permitted and Required Uses and Disclosures That May Be Made With Your Authorization or Opportunity to Object**

We may use and disclose your protected health information in the following instances. You have the opportunity to agree or object to the use or disclosure of all or part of your protected health information. If you are not present or able to agree or object to the use or disclosure of the protected health information, then your next of kin or DPOA may determine whether the disclosure is in your best interest. In this case, only the protected health information that is relevant to your health care will be disclosed.

### **Others Involved in Your Healthcare**

Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your protected health information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose protected health information to notify or assist in notifying a family member, personal representative, or any other person that is responsible for your care of your location, general condition, or death. Finally, we may use or disclose your protected health information to an authorized public or

private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care.

### **Emergencies**

We may use or disclose your protected health information in an emergency treatment situation.

### **Communication Barriers**

If there are communication barriers with the client, the Notice of Privacy Practice will be given to the client's Durable Power of Attorney and/or conservator or guardian.

### **Other Permitted and Required Uses and Disclosures That May Be Made Without Your Authorization or Opportunity to Object**

We may use or disclose your protected health information in the following situations without your consent or authorization. These situations include:

**Required By Law:** We may use or disclose your protected health information to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required by law, of any such uses or disclosures.

**Public Health:** We may disclose your protected health information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury or disability. We may also disclose your protected health information, if directed by the public health authority, to a foreign government agency that is collaborating with the public health authority.

**Communicable Diseases:** We may disclose your protected health information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

**Health Oversight:** We may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.

**Abuse or Neglect:** We may disclose your protected health information to a public health authority that is authorized by law to receive reports of abuse or neglect. In addition, we may disclose your protected health information if we believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

### **Food and Drug Administration:**

We may disclose your protected health information to a person or company required by the Food and Drug Administration to report adverse events, product defects or problems,

biologic product deviations, track products; to enable product recalls; to make repairs or replacements, or to conduct post marketing surveillance, as required.

**Legal Proceedings:** We may also disclose protected health information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), in certain condition in response to a subpoena, discovery request or other lawful process.

**Law Enforcement:** We may also disclose protected health information, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include (1) legal processes and otherwise required by law, (2) limited information requests include location purposes, (3) pertaining to victims of a crime, (4) suspicion that death has occurred as a result of criminal conduct, (5) a medical emergency and it is likely that a crime has occurred.

**Research:** We may disclose your protected health 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 protected health information.

**Criminal Activity:** Consistent with applicable federal and state laws, we may disclose your protected health information, if we believe that the use or disclosure is necessary to prevent or lessen a serious or imminent threat to the health or safety of a person or the public. We may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

**Military Activity and National Security:** When the appropriate conditions apply, we may use or disclose protected health information of individuals who are Armed Forces personnel (1) for activities deemed necessary by appropriate military command authorities; (2) for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits. We may also disclose your protected health information to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or others legally authorized.

**Workers' Compensation:** Your protected health information may be disclosed by Windsor Place Telehealth Program as authorized to comply with workers' compensation laws and other similar legally-established programs.

**Required Uses and Disclosures:** Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500 et. Seq.

## 2. **Your Rights**

Following is a statement of your rights with respect to your protected health information and a brief description of how you may exercise these rights.

**You have the right to inspect and copy your protected health information.** This means you may inspect and obtain a copy of protected health information about you that is contained in

your chart for as long as we maintain the protected health information. A “chart” contains medical and billing records and any other records that Windsor Place Telehealth Program uses for making decisions about you.

Under federal law, however, you may not inspect or copy the following records; psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action proceeding, and protected health information that is subject to law that prohibits access to protected health information. Depending on the circumstances, a decision to deny access may be reviewable. In some circumstances, you may have a right to have this decision reviewed. Please contact our Privacy Officer if you have questions about access to your medical record.

**You have the right to request a restriction of your protected health information.** This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply.

Windsor Place is not required to agree to a restriction that you may request. If Windsor Place believes it is in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted. If Windsor Place does agree to the requested restriction, we may not use or disclose your protected health information in violation of that restriction unless it is needed to provide emergency treatment. With this in mind, please discuss any restriction you wish to request from Windsor Place. You may request a restriction by specifying on the Authorization form.

**You have the right to request to receive confidential communications from us by alternate means or at an alternate location.** We will accommodate reasonable requests. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not request an explanation from you as to the basis for the request. Please make this request in writing to our Privacy Officer.

**You may have the right to have your physician amend your protected health information.** This means you may request an amendment of protected health information about you in a designated record set for as long as we maintain this information. In certain cases, we may deny your request for an amendment. If we deny your request for an amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Please contact our Privacy Officer to determine if you have questions about amending your medical record.

**You have the right to receive an accounting of certain disclosure we have made, if any, of your protected health information.** This right applies to disclosures for purposes other than treatment, payment or healthcare operations as described in this Notice of Privacy Practices. It excludes disclosures we may have made to you, for a facility directory, to family members or friends involved in your care for notification purposes. You have the right to receive specific information regarding these disclosures that occurred after April 14, 2003. You may request a shorter timeframe. The right to receive this information is subject to certain exceptions, restrictions and limitations.

**You have the right to obtain a paper copy of this notice from us,** upon request, even if you have agreed to accept this notice electronically.

## **Policy and Procedure for Grievance Policy**

### **Purpose:**

To assist clients in exercising their rights as a citizen and client.

### **Statement of Policy:**

The client may voice grievances and recommend changes to the agency or to outside representatives of her/his choice, and in exercising their right will be free from interference, coercion or reprisal.

The Administration will be responsible for handling grievances and recommendations. The clients are informed of methods of filing a grievance and will be so informed again upon request. The agency will, upon request, provide the client with the name and address of the State Hotline, survey agencies or any agency which may assist client in seeking redress.

### **Procedure:**

1. To initiate the grievance the client may submit an oral or written complaint to the telehealth nurse. The nurse will act to resolve the complaint or will respond to the complaint within three business days, including in the response a description of the clients right to review and appeal.
2. If the client filing the complaint is not satisfied by the action taken by the nurse, the client may submit an oral or written complaint to the HR Director.
3. The nurse will maintain documents pertaining to grievances in each individual client file. The file will be confidential except that any individual client may review any document pertaining to her/himself.
4. If a client is unable for any reason to understand any writing of communication pertinent to other grievance procedure, such information will be communicated to the client in a manner that takes into account any communication impairment the client may have.