

**THE HEARTH AT DREXEL**  
**JOINT NOTICE OF PRIVACY PRACTICES**

*Effective date* September 23, 2013

**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.**

**A. General description and purpose of joint notice.**

The Hearth at Drexel, other health care providers who may provide you with care or treatment at our community, and certain of The Hearth at Drexel's affiliated entities (collectively referred to in this notice as "we", "our" or "us") are subject to the Health Insurance Portability and Accountability Act of 1996 and related privacy laws and regulations, all as amended from time to time (collectively "HIPAA"). We have designated ourselves as an organized health care arrangement under HIPAA, but doing so does not alter in any way the legal relationships or affiliations between or amongst us. We are required by HIPAA to provide you with a copy of our health care information privacy practices covering:

1. Any health care professional or member of our staff (such as family or internal medicine physicians, psychiatrists, therapists or dentists) authorized to enter information into your medical record created, received and/or maintained at our community or who may need access to your medical information in the course of providing care to you;
2. All of our employees, staff, and other personnel who are members of our workforce including members of a volunteer group which we allow to help you while receiving services at our community; and
3. Liberty Lutheran Services and Liberty Lutheran Foundation, and certain of their affiliates that provide health care services to members of our community.

We will all follow the terms of this notice. These individuals or entities that are part of our organized health care arrangement may share your Protected Health Information with each other for purposes of treatment, payment, or health care operations, as further described in this notice. Protected Health Information is any information that individually identifies you and that we create or receive from you or from another health care provider, health plan, your employer or a health care clearinghouse and that relates to: (i) your past, present or future physical or mental health or conditions; (ii) the provision of health care to you; or (iii) the past, present or future payment for your healthcare.

**B. Our community's policy regarding your Protected Health Information.**

We are committed to preserving the privacy and confidentiality of your Protected Health Information. Certain state and federal laws and regulations such as HIPAA, require us to implement policies and procedures to safeguard the privacy of your Protected Health Information.

This notice will provide you with information regarding our privacy practices and applies to all of your Protected Health Information. We are required by law to provide you this notice describing the ways in which we may use or disclose your Protected Health Information and your rights and our obligations regarding any such uses or disclosures, and to notify you following a breach of your unsecured Protected Health Information. We will abide by the terms of this notice, including any future revisions that we may make to the notice as required or authorized by law.

We reserve the right to change this notice and to make the revised or changed notice effective for Protected Health Information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in our community, make a copy of this notice available to you during the admission process and after any revisions are made to the notice, and make a good faith effort to obtain your acknowledgement of receipt of this notice upon your admission. The first page of the notice contains the effective date and any dates of revision.

**C. Uses or disclosures of your Protected Health Information.**

We may use or disclose your Protected Health Information in any of following ways:

- (1) For purposes of treatment, payment or health care operations;
- (2) Pursuant to your written authorization (for example, for purposes other than treatment, payment or health care operations);
- (3) Pursuant to your verbal agreement (for use in our community directory or to discuss your health condition with family or friends who are involved in your care);
- (4) As permitted by law; and
- (5) As required by law

The following describes each of the different ways that we may use or disclose your Protected Health Information. Where required by law or where we otherwise deem appropriate, we have included examples of the different types of uses or disclosures. While not every possible use or disclosure is listed, we have included all of the categories of ways in which we may make such uses or disclosures.

1. **Uses or disclosures made for purposes of treatment, payment or health care operations.**

We may use or disclose your health information for purposes of treatment, payment, or health care operations without first obtaining your written authorization.

**a. Treatment.** We may use your Protected Health Information to provide you with health care treatment and services. We may disclose your Protected Health Information to doctors, nurses, nursing assistants, medication aides, technicians, medical and nursing students, rehabilitation therapy specialists, or other personnel who are involved in your health care. For example, your physician may order physical therapy services to improve your strength and walking abilities. Our nursing staff will need to talk with the physical therapist so that we can coordinate services and develop a plan of care. We also may disclose your Protected Health Information to people outside of our community who may be involved in your health care, such as family members, social services, or home health agencies.

**i. Appointment reminders.** We may use or disclose your Protected Health Information for purposes of contacting you to remind you of a health care appointment.

**ii. Treatment alternatives, health-related benefits and services.** We may use or disclose your Protected Health Information for purposes of contacting you to inform you of treatment alternatives or health-related benefits and services that may be of interest to you.

**b. Payment.** We may use or disclose your Protected Health Information so that we may bill and collect payment from you, an insurance company, or another third party for the health care services you receive through our community. For example, we may need to give information to your health plan regarding the services you received from our community so that your health plan will pay us or reimburse you for the services. We also may tell your health plan about a treatment you are going to receive in order to obtain prior approval for the services or to determine whether your health plan will cover the treatment.

**c. Health care operations.** We may use or disclose your Protected Health Information to perform certain functions within our community. These uses or disclosures are necessary to operate our community and to make sure that our residents receive quality care. For example, we may use your Protected Health Information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may combine Protected Health Information about many of our residents to determine whether certain services are effective or whether additional services should be provided. We may disclose your Protected Health Information to physicians, nurses, nursing assistants, medication aides, rehabilitation therapy specialists, technicians, medical and nursing students, and other personnel for education and learning purposes. We also may combine Protected Health Information with information from other health care providers or facilities to compare how we are doing and see where we can make improvements in the care and services offered to our residents. We may remove information that identifies you from this set of information so that others may use the information to study health care and health care delivery without learning the specific identities of our residents.

**i. Fundraising activities.** We may use a limited amount of your Protected Health Information for purposes of contacting you for fundraising. For example, we

may disclose this Protected Health Information to Liberty Lutheran Foundation so that the Foundation may contact you to raise money for our community or our related entities. The Protected Health Information, which we may use or disclose, will be limited to demographic information including name, address, other contact information, age, gender, and date of birth , and dates of health care provided to you, department of service, treating physician, outcome information and health insurance status. *If you do not want us to contact you or the individuals you have given as contacts for these fundraising purposes, you must notify our Privacy Officer which you can do by telephone, U.S. mail or email at the addresses at the end of this notice.*

ii. **Business Associates.** We may disclose your Protected Health Information to our business associates who perform functions on our behalf or provide us with services if the Protected Health Information is necessary for those functions or services. For example, we may use another company to do our billing, or to provide transcription or consulting services for us. All of our business associates are obligated, under contract with us, to protect the privacy and security of your Protected Health Information

## **2. Uses or disclosures that require your written authorization.**

We are required to obtain your written authorization for the following uses or disclosures of your Protected Health Information, unless otherwise permitted or required by law:

- Most uses and disclosures of psychotherapy notes and/or mental health information;
- Uses and disclosures of HIV status;
- Uses and disclosures related to alcohol and substance abuse;
- Use and disclosures for marketing purposes such as providing your Protected Health Information to a pharmaceutical company or placing you on a mailing list;
- Uses and disclosures that constitute a sale of your Protected Health Information; or
- A request by you to provide your health information to an attorney for use in a civil litigation claim.

We may also use or disclose your Protected Health Information pursuant to your written authorization for purposes not otherwise permitted or required law. You have the right to revoke a written authorization at any time as long as your revocation is provided in writing to our Privacy Officer at the office address at the end of this notice. If you revoke your written authorization, we will no longer use or disclose your Protected Health Information for the purposes identified in the authorization. You understand that we are unable to retrieve any disclosures, which we may have made pursuant to your authorization prior to its revocation.

## **3. Uses or disclosures made pursuant to your verbal agreement.**

We may use or disclose your Protected Health Information, pursuant to your verbal agreement, for purposes of including you in our community directory or for purposes of releasing information to persons involved in your care as described below.

**a. Community directory.** We may use or disclose certain limited Protected Health Information about you in our community directory while you are a resident at our community unless you let us know that you want to have your information excluded from this directory function. This information may include your name, your assigned unit and room number, your religious affiliation, and a general description of your condition. Your religious affiliation may be given to a member of the clergy. The directory information, except for religious affiliation, may be given to people who ask for you by name.

**b. Individuals involved in your care.** We may disclose your Protected Health Information to individuals, such as family and friends, who are involved in your care or who help pay for your care. We also may disclose your Protected Health Information to a person or organization assisting in disaster relief efforts for the purpose of notifying your family or friends involved in your care about your condition, status and location.

#### **4. Uses or disclosures permitted by law**

Certain state and federal laws and regulations either require or permit us to make certain uses or disclosures of your Protected Health Information without your prior authorization. These uses or disclosures are generally made to meet public health reporting obligations or to ensure the health and safety of the public at large. The uses or disclosures, which we may make pursuant to these laws and regulations, include the following:

**a. Public health activities.** We may use or disclose your Protected Health Information to public health authorities that are authorized by law to receive and collect health information for the purpose of preventing or controlling disease, injury or disability. We may use or disclose your Protected Health Information for the following purposes:

- i. To report births and deaths;
- ii. To report suspected or actual abuse, neglect, or domestic violence involving a child or an adult;
- iii. To report adverse reactions to medications or problems with health care products or otherwise make disclosures related to the quality, safety or effectiveness of an FDA-regulated product or activity;
- iv. To notify individuals of product recalls; and
- v. To notify an individual who may have been exposed to a disease or may be at risk for spreading or contracting a disease or condition

**b. Health oversight activities.** We may use or disclose your Protected Health Information to a health oversight agency that is authorized by law to conduct health oversight activities. These oversight activities may include audits, investigations, inspections, or licensure and certification surveys. These activities are necessary for the government to monitor the persons or organizations that provide health care to individuals, government programs and compliance with civil rights laws, and to ensure compliance with applicable state and federal laws and regulations.

**c. Judicial or administrative proceedings.** We may use or disclose your Protected Health Information to courts or administrative agencies charged with the authority to hear and resolve lawsuits or disputes. We may disclose your Protected Health Information pursuant to a court order, a subpoena, a discovery request, or other lawful process issued by a judge or other person involved in the dispute, but only if efforts have been made to (i) notify you of the request for disclosure or (ii) obtain an order protecting your Protected Health Information. We may also use or disclose your Protected Health Information to defend ourselves in the event of a lawsuit.

**d. Worker's compensation.** We may use or disclose your Protected Health information to worker's compensation or similar programs when your health condition arises out of a work-related illness or injury.

**e. Law Enforcement official.** We may use or disclose your Protected Health Information in response to a request received from a law enforcement official for the following purposes:

- i. In response to a court order, subpoena, warrant, summons or similar lawful process;
- ii. To identify or locate a suspect, fugitive, material witness, or missing person;
- iii. Regarding a victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- iv. To report a death that we believe may be the result of criminal conduct;
- v. To report criminal conduct at our community;
- vi. In emergency situations, to report a crime—the location of the crime and possible victims; or the identity, description, or location of the individual who committed the crime.

**f. Coroners, medical examiners, or funeral directors.** We may use or disclose your Protected Health Information to a coroner or medical examiner for the purpose of identifying a deceased individual or to determine the cause of death. We also may use or disclose your Protected Health Information to a funeral director for the purpose of carrying out his/her necessary activities.

**g. Organ procurement organizations or tissue banks.** If you are an organ donor, we may use or disclose your Protected Health Information to organizations that handle organ procurement, transplantation, or tissue banking for the purpose of facilitating organ or tissue donation or transplantation.

**h. Research.** We may use or disclose your Protected Health Information for research purposes under certain limited circumstances. Because all research projects are subject to a special approval process, we will not use or disclose your Protected Health Information for research purposes until the particular research project for which your Protected Health Information may be used or disclosed has been approved through this special approval process. However, even without that special approval we may use or disclose your Protected Health

Information to individuals preparing to conduct the research project in order to assist them in preparing for research, for example, so they may identify residents with specific health care needs who may qualify to participate in the research project. Any use or disclosure of your Protected Health Information, which may be done for these purposes, will be conducted onsite at our community and the researchers will not be permitted to remove or take a copy of any Protected Health Information. We may also use and disclose certain limited information that does not contain specific readily identifiable information about you for research. However, we will only disclose such information if we enter into a specific kind of agreement pursuant to which the recipient agrees to: (i) use the information only for the purposes for which it was provided; (ii) ensure the confidentiality and security of the information; and (iii) not identify the information or contact any individual. In most instances, we will ask for your specific permission to use or disclose your Protected Health Information if the researcher will have access to your name, address or other identifying information.

**i. To avert a serious threat to health or safety.** We may use or disclose your Protected Health Information when necessary to prevent a serious threat to the health or safety of you or other individuals. Any such use or disclosure would be made solely to the individual(s) or organization(s) that have the ability and/or authority to assist in preventing the threat.

**j. Military and veterans.** If you are a member of the armed forces, we may use or disclose your Protected Health Information as required by military command authorities.

**k. National security and intelligence activities.** We may use or disclose your Protected Health Information to authorized federal officials for purposes of intelligence, counterintelligence, and other national security activities, as authorized by law.

**l. Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may use or disclose your Protected Health Information to the correctional institution or to the law enforcement official as may be necessary (i) for the institution to provide you with health care; (ii) to protect the health or safety of you or another person; or (iii) for the safety and security of the correctional institution.

## **5. Uses or disclosures required or permitted by law**

We may use or disclose your Protected Health Information where such uses or disclosures are required by federal, state or local law.

## **D. Your rights regarding your Protected Health Information**

You have the following rights regarding your Protected Health Information, which we create, receive and/or maintain:

**1. Right to inspect and copy.** You have the right to inspect and copy Protected Health Information that may be used to make decisions about your care. Generally, this includes medical and billing records, but does not include psychotherapy notes.

To inspect and copy your Protected Health Information, **you must submit your request in writing to the Executive Director, Nursing Home Administrator, or the Director of Nursing, or the Personal Care Administrator or the designee of any of these individuals.** If you request a copy of the information, we may charge a fee for the costs of copying, mailing, or other supplies associated with your request.

We may deny your request to inspect and copy your Protected Health Information in certain limited circumstances. If you are denied access to your Protected Health Information, you may request that the denial be reviewed. Another licensed health care professional selected by our community will review your request and the denial. The person conducting the review will not be the person who initially denied your request. We will comply with the outcome of this review.

**2. Right to an Electronic Copy of Electronic Medical Records.** If we maintain your Protected Health Information in an electronic format (known as an electronic medical record or an electronic health record), you have the right to request in writing that an electronic copy of your Protected Health Information be given to you or transmitted to another individual or entity. We will provide access to your Protected Health Information in the electronic form or format you request, if it is readily producible in such form or format. If it is not readily producible in such form or format, we will provide you with an electronic version in our standard format on a movable electronic media (such as a CD or USB drive) and we may also charge you for the cost of that media. If you do not want it in this form or format, we will provide a hard copy form.

**3. Right to a Summary or Explanation.** We can also provide you with a summary of your Protected Health Information, rather than the entire record, or we can provide you with an explanation of the Protected Health Information which has been provided to you, as long as you agrees to this alternative form and pay the associated fees.

**4. Right to request an amendment.** If you feel that the Protected Health Information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for us.

To request an amendment, **your request must be made in writing and submitted to the Executive Director, Nursing Home Administrator, or the Director of Nursing, or the Personal Care Administrator or the designee of any of these individuals.** In addition, you must provide us with a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- a. was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- b. is not part of the Protected Health Information kept by us or for us;



- c. is not part of the Protected Health Information which you would be permitted to inspect and copy; or
- d. is accurate and complete.

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.

**5. Right to an accounting of disclosures.** You have the right to request an accounting of certain disclosures, which we have made of your Protected Health Information. This accounting will not include disclosures of Protected Health Information that we made for purposes of treatment, payment, or health care operations, a resident directory or to family members or friends involved in your care, or pursuant to your authorization. The right to receive this accounting of disclosures is subject to certain additional exceptions, restrictions and limitations.

To request an accounting of disclosures, **you must submit your request in writing to the Executive Director, Nursing Home Administrator, or the Director of Nursing, or the Personal Care Administrator or the designee of any of these individuals.** Your request must state a time period, which may not be longer than six (6) years prior to the date of your request. Your request should indicate in what form you want to receive the accounting (for example, on paper or via electronic means which is subject to certain limitations). The first accounting that you request within a twelve (12)-month period will be free. For additional accountings, we may charge you for the costs of providing the accounting. We will notify you of the cost involved, and you may choose to withdraw or modify your request at that time before any costs are incurred.

**6. Right to request restrictions.** You have the right to request a restriction or limitation on the Protected Health Information we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a limit on the Protected Health Information we disclose about you to someone, such as a family member or friend, who is involved in your care or in the payment of your care. For example, you could ask that we not use or disclose information regarding a particular treatment that you received.

*We are not required to agree to your request.* If we do agree, we will comply with your request unless the information is needed to provide emergency treatment to you.

To request restrictions, **you must make your request in writing to the Executive Director, Nursing Home Administrator, or the Director of Nursing, or the Personal Care Administrator or the designee of any of these individuals.** In your request, you must tell us (a) what information you want to limit; (b) whether you want to limit our use, disclosure or both; and (c) to whom you want the limits to apply (for example, disclosures to a family member).

7. **Right to Restrict Disclosure to a Health Plan for Out-of-Pocket-Payments.** If you (or someone on your behalf) pays out-of-pocket in full and if you have requested that we not bill your health plan or other third party health insurance for a specific item or service, you have the right to ask us in writing that your Protected Health Information with respect to that item or service not be disclosed to a health plan or other insurance, and we must honor that request. Your written request that we limit such disclosure must be sent by mail to the Privacy Officer at the address indicated at the bottom of this notice.

8. **Right to be notified of a Breach.** You have the right to be notified if any of your Protected Health Information is lost, stolen or improperly accessed constituting a breach. We will notify you in writing if there is such a breach.

9. **Right to request confidential communications.** You have the right to request that we communicate with you about your health care in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, **you must make your request in writing to the Executive Director, Nursing Home Administrator, or the Director of Nursing, or the Personal Care Administrator or the designee of any of these individuals.** We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

10. **Right to a paper copy of this notice.** You have the right to receive a paper copy of this notice at the time of admission even if you have agreed to receive this notice electronically. You may ask us to give you a copy of this Notice at any time.

You may obtain a copy of this notice at our Web site: [www.maryjdrexel.com](http://www.maryjdrexel.com)

## **E. Complaints**

If you believe your privacy rights have been violated, you may file a complaint with our Privacy Officer or with the Secretary of the Department of Health and Human Services. You will NOT be penalized for filing a complaint.

To file a complaint with the Secretary you must do so in writing within 180 days after you knew or should have known of a suspected violation. To file a complaint with us, you must do so in writing and you may contact our Privacy Officer by telephone at 215-643-9752 or by U.S. mail or email at 7002 Butler Pike, Ambler PA 19002 or [ntwomey@libertylutheran.org](mailto:ntwomey@libertylutheran.org).