

## HILLVIEW HEALTH CARE CENTER

### 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 applies to Hillview Health Care Center and its staff, volunteers, and students. This notice also applies to other health care providers that come to Hillview Health Care Center to care for residents, such as physicians, nurse practitioners and lab personnel. These providers may have different privacy practices in their offices but will follow Hillview Health Care Center's privacy practices while providing care for you at Hillview Health Care Center.

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

Each time you visit a hospital, physician, nursing home or other health care provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment and a plan for ongoing and 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 health professionals who contribute to your care
- Legal document describing the care you received
- Means by which you or a third-party (insurance company) can verify that services billed were actually provided
- A tool in educating health professionals
- A source of data for facility planning and marketing
- A tool with which we can assess and continually work to improve the services we provide

#### **Your Health Information Rights:**

Although your health record is the physical property of Hillview Health Care Center, the information belongs to you. You have the right to:

- Request a restriction on certain uses and disclosures of your information as provided by 45 CFR 164.522 **with the understanding that Hillview is not required to agree to a requested restriction.**
- Obtain a paper copy of the Notice of Information Practices upon request
- Inspect and obtain a copy of your health record as provided for in 45 CFR 164.524
- Amend your health record as provided in 45 CFR 164.528. Hillview Health Care Center requires that any requests for amendment of protected health information be made in writing and include supporting documentation for the amendment. This request is to be sent to **Director of Social Services, Hillview Health Care Center, 3501 Park Lane Dr., La Crosse, WI 54601. Hillview Health Care Center reserves the right to disallow requests for amendment that do not meet these criteria.**
- Obtain an accounting of disclosures of your health information as provided in 45 CFR 164.528
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken
- Request communications of your health information by alternative means or at alternative locations

### **Hillview Health Care Center Responsibilities:**

Hillview Health Care Center 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
- Abide by the terms of this notice
- Notify you if we are unable to agree to a requested restriction
- Accommodate reasonable request you may have to communicate health information by alternative means or at alternative locations

We reserve the right to change our practices and to make new provisions effective for all protected health information we maintain. Should our information practices change, we will post a revised notice within the facility, make revised notices available upon request and post revised notices to our web site at: <<http://www.co.la-crosse.wi.us/Departments/hillview>>.

We will not use or disclose your health information without your authorization, except as described in this notice.

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

If you have questions and would like additional information, you may contact the Director of Social Services at 608-789-4800, Ext. 225.

If you believe your privacy rights have been violated, you can file a complaint with the Social Service Department or with the Secretary of Health and Human Services. There will be no retaliation for filing a complaint.

### **Examples of Disclosures for Treatment, Payment and Health Operations:**

Hillview Health Care Center is permitted by law to use and disclose protected health information in the following ways:

- **Treatment:** We will use your health information for purposes of treatment.  
**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 expectations of the members of your health care team. Nurses and other 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 health care provider with copies of various reports that should assist him or her in treating you as you prepare for discharge or once you are discharged from Hillview Health Care Center.

We will share your protected health information with members of your treatment team. This may include, but is not limited to, physicians, lab and x-ray personnel, hospital and emergency providers (should you be transferred to a hospital) rehabilitation therapy (physical therapy, occupational therapy, speech therapy), pharmacy, dental and eye providers.

- **Payment of Claims:** We will use your health information for payment of claims.  
**For example:** A bill may be sent to you or a third-party payer (insurance company). The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used. Information from your medical record may be sent to your insurance carrier and associated medical review agencies in order to get your bill paid.

Additionally, Hillview Health Care Center may provide protected health information to contracted vendors that perform services on behalf of Hillview, (i.e., lab, pharmacy, rehabilitation therapy, x-ray and mobile diagnostic services), to facilitate payment of claims for services these vendors provided to you.

- **Carry out Health Care Operations:** We will use your health information for regular health operations.  
**For example:** Hillview Health Care Center staff, members of quality improvement teams, other committees, and outside agencies 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 the services we provide.

**Business Associate:** There are some services provided at Hillview Health Care Center through contracts with business associates. Examples include: pharmacy, and computer software vendors. We may disclose your health information to our business associate so that they can perform the job we've asked them to do, and bill you or your third-party payer for services rendered. To protect your health information, however, we require the business associate to appropriately safeguard your information.

**Directory:** Unless you notify us that you object, we will use your name, location in the facility, birthday, and personal information for directory and internal activity purposes. This information may be provided to people who view our directory or ask for you by name. This directory information, which includes name and room number, is at the front desk, and your name is indicated on your room door. Your name and religious affiliation will be shared with members of the clergy. Resident birthdays are posted within the facility. If a veteran, your name may be shared with La Crosse County Veterans' Service Office if requested by the Veterans' Service.

**Notification:** We may use or disclose information to notify or assist in notifying a family member, personal representative, legal guardian, or another person responsible for your care, your location and general condition.

- **As required by law or court order:**  
**For example: Coroners & Medical Examiners:** We may disclose health information to these agencies consistent with applicable law to carry out their duties. **Funeral Directors:** We may disclose information as needed to complete death certificate.

**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.

**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.

**Worker's 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.

**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.

**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.

**Law Enforcement:** We may disclose health information for law enforcement purposes as required by law or in response to a court order.

**Court Ordered Review:** We may disclose health information as required by an authorized court order.

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.

Any use and disclosure of your health information, other than generally described above, will only be made with your individual written authorization, which you may revoke as provided by 45 CFR 164.508.

**Effective Date of Notice: 4-14-2003**

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