

Christian Health Care Center
Notice of Privacy Practices for Protected Health Information (PHI)
301 Sicomac Avenue, Wyckoff, New Jersey 07481
(201) 848-5200 • www.chccnj.org

CHRISTIAN HEALTH CARE CENTER LONG-TERM CARE DIVISION

HERITAGE MANOR NURSING HOME

SOUTHGATE

THE LONGVIEW ASSISTED LIVING RESIDENCE

HILLCREST RESIDENCE

CHRISTIAN HEALTH CARE ADULT DAY SERVICES

- I. 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. Effective Date: May 14, 2018
- II. Christian Health Care Center (CHCC) has a legal duty to safeguard your protected health information (PHI).

We are legally required to protect the privacy of your health information. We call this information “protected health information,” or PHI. It includes information that can be used to identify you; that we have created or received about your past, present, or future health or condition; the provision of health care to you; or the payment for this health care.

We must provide you with this notice about our privacy practices that explains how, when, and why we use and disclose your PHI. With some exceptions, we may not use or disclose any more of your PHI than is necessary to accomplish the purpose of the use or disclosure. We are legally required to follow the privacy practices that are described in this notice.

However, we reserve the right to change the terms of this notice and our privacy policies at any time. Any changes will apply to the PHI we already have. Before we make an important change to our policies, we will promptly change this notice and post a new notice in public areas and treatment delivery sites, as well as on our website at www.ChristianHealthCare.org. You can also request a copy of this notice from our Privacy Officer (see Section VI below) at any time.

III. How we may use and disclose your protected health information

We use and disclose health information for many different reasons. For some of these uses or disclosures, we need your prior authorization. Below, we describe the different categories of our uses and disclosures and give you some examples of each category.

A. Uses and Disclosures that Do Not Require Your Authorization.

We may use and disclose your PHI for the following reasons:



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Center

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- 1. For treatment:** We may disclose your PHI to physicians, nurses, medical students, and other health-care personnel who provide you with health-care services or are involved in your care. For example, we may disclose your PHI to the Rehabilitation Services department in order to coordinate your care.
- 2. To obtain payment for treatment:** We may use and disclose your PHI in order to bill and collect payment for the treatment and service provided to you. For example, we may provide portions of your PHI to our billing department and your health plan to get paid for the health-care services we provided to you. We may also provide your PHI to our business associates, such as billing companies, claims processing companies, and others that process our health-care claims.
- 3. For health-care operations:** We may disclose your PHI in order to operate this organization. For example, we may use your PHI in order to evaluate the quality of health-care services that you received or to evaluate the performance of the health-care professionals who provided services to you. We may also provide your PHI to our accountants, attorneys, consultants, and others in order to make sure we are complying with the laws that affect us and to assist us with operations and treatment.
- 4. Directory information:** We may include your name, location in this facility, general condition, and religious affiliation in our patient directory for use by visitors who ask for you by name or to clergy.
- 5. To family, friends, or others:** We may provide your PHI to a family member, friend, or other person that you indicate is involved in your care or the payment of your health care, or for notification purposes.
- 6. For transfer to another health-care institution:** We are required to disclose your PHI when you are transferred. For example, your PHI may be disclosed to emergency rooms, acute-care hospitals, psychiatric hospitals, rehabilitation hospitals, and other nursing homes.
- 7. Emergency treatment:** We may disclose your PHI to others if you need emergency treatment and we reasonably believe that you would consent if you were able to do so.
- 8. When a disclosure is required by federal, state, or local law, or judicial or administrative proceedings:** We make disclosures of PHI when a law requires that we report information to government agencies and law-enforcement personnel, such as reporting suspected abuse, neglect, or domestic violence, or when ordered in a judicial or administrative proceeding.
- 9. For public-health activities:** We report information about deaths and certain diseases to government officials who must collect that information, and we provide coroners, medical examiners, and funeral directors necessary information relating to an individual's death.
- 10. For health-oversight activities:** We will provide PHI as required to assist the government when it conducts an investigation or inspection of our facilities and services.
- 11. To law enforcement:** We may provide PHI in limited circumstances to authorized law-enforcement officers, such as to locate a missing person or in the event there is a crime on the premises.

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12. **For purposes of organ donation:** We may notify organ-procurement organizations to assist them in organ, eye, or tissue donation and transplants.
 13. **For research purposes:** In certain circumstances, we may provide PHI in order to conduct medical research.
 14. **To avoid harm:** In order to avoid a serious threat to the health or safety of a person or the public, we may provide PHI to law-enforcement personnel or persons able to prevent or lessen such harm.
 15. **For specific government functions:** We may disclose PHI of military personnel and veterans in certain situations. We may disclose PHI for national-security purposes, such as protecting the President of the United States or conducting intelligence operations.
 16. **Appointment reminders:** We may use PHI to contact you to provide appointment reminders. We may leave messages on answering machines or with family members or friends.
 17. **Fund-raising activities:** We may use demographic information (such as name, address, and other contact information, age, and gender), department of service, dates health care was provided, outcome information, and treating provider in order to contact you to raise funds for our organization. The money raised through these activities is used to expand and support the health-care services and educational programs we provide to the community. However, you may opt-out of receiving fund-raising communications from CHCC by contacting the Privacy Officer in writing or by phone or email (see Section VI below).
 18. **Communications (i.e., face-to-face encounters):** We may use your PHI for the following:
 - Communications that describe CHCC's health-related services (or payment for such services)
 - Communications necessary to provide your treatment, such as recommending a medication or prescription refills
 - Case management, care coordination or directions, and/or recommendations for alternative treatments, therapies, health-care providers, or settings of care to the patient
 - Promotion of health in general (i.e., health/wellness classes, support groups, health fairs, etc.)
 - Communications about a promotional gift of nominal value
- B. Certain uses and disclosures, listed above, you can object to (in whole or in part) by contacting the Privacy Officer in writing (see Section VI below). They include:**
1. **directory information;**
 2. **disclosures to family, friends, or others; and**
 3. **fund-raising activities.**
- C. Sensitive protected health information:** Certain state or federal laws may place more stringent requirements on the disclosure of your PHI which is considered sensitive, including, but not limited to, HIV/AIDS, genetic, sexually transmitted disease (STD),

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and tuberculosis information. Except to the extent we are required by applicable law to obtain a separate written authorization from you (See Section D below), we may use and disclose your PHI which contains sensitive information as permitted and described by this notice. For example, we may use and disclose HIV/AIDS-related information to qualified personnel directly involved in your treatment or medical education, or may use and disclose information related to an STD for your treatment.

D. Certain uses and disclosures require your prior written authorization. We will ask for your written authorization before using or disclosing certain PHI as outlined below. If you choose to sign an authorization to disclose your PHI, you can later revoke that authorization in writing to stop any future uses and disclosures (to the extent that we have not taken any action relying on the authorization). With your authorization:

1. We may sell or receive remuneration in exchange for disclosing your PHI to another individual or entity.
2. We may disclose your psychotherapy notes.
3. We may use and disclose your PHI for marketing purposes.
4. We may use and disclose your PHI in situations not described above, such as if state laws would require that we obtain your separate written authorization.

IV. What rights you have regarding your PHI

You have the following rights with respect to your PHI:

A. You have the right to request restrictions on uses and disclosures of your PHI.

You have the right to ask that we limit how we use and disclose your PHI for treatment, payment, or health-care operations, or where you have the opportunity to agree/object. We will consider your request, but are not legally required to accept it. If we accept your request, we will put any limits in writing and abide by them except in emergency situations. You may not limit the uses and disclosures that we are legally required or allowed to make.

B. We must grant any restrictions that you request on disclosure of your PHI to your health-care insurance plan if:

- a) you have paid for a service out-of-pocket and have paid in full, and
- b) the disclosure would be solely for payment or health-care operation purposes to a health-care insurance plan.

C. You have the right to be notified in the event of a breach of your unsecured PHI.

D. You have the right to opt-out of receiving fund-raising communications from CHCC by contacting the Privacy Officer in writing (see Section VI below).

E. You have the right to choose how to access or receive your PHI.

You have the right to ask that we send information to you at an alternative address (for example, sending information to your work address rather than your home address) or through other confidential communications.

F. You have the right to inspect and get copies of your PHI.

In most cases, upon oral or written request, you have the right to look at your PHI and other records (i.e., trust-fund ledgers, admission agreement). In certain situations, we may deny your request. If we do, we will tell you, in writing, our reasons for the denial and

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explain your right to have the denial reviewed. For Heritage Manor Nursing Home and Southgate, we will have these records available within 24 hours of the request. You also have the right to get copies of your PHI and other records within two days after you inspect them and request copies. In other long-term care programs, we will respond to you within 30 days after receiving your written request. If you request copies of your PHI, we will charge you no more than \$1 for each page or \$100 per record for the first 100 pages. For records that contain more than 100 pages, a copying fee of no more than 25 cents per page may be charged for pages in excess of the first 100 pages, up to a maximum of \$200 for the entire record. In addition to per-page costs, we may charge you a search fee of no more than \$10 per patient per request and a postage charge of actual costs for mailing. Instead of providing the PHI you requested, we may provide you with a summary or explanation of the PHI as long as you agree to that and to the cost in advance. You also have a right to receive copies of your PHI where we maintain it electronically in one or more designated record sets in a reasonable electronic form and format of your request. We will work with you to produce the information in the form and format of your choice, or in an alternate form and format that we agree upon with you. You may request that your PHI be sent electronically via email to you or a person designated by you. We will verify the identity of the person that you designate. Since emailing your PHI poses a security risk, you must sign CHCC's release of information form.

G. You have the right to get a list of the disclosures we have made.

You have the right to get a list of instances in which we have disclosed your PHI. The list will not include disclosures that were made pursuant to a valid authorization; are part of a limited-data set; are incidental to another permissible use or disclosure; were made for treatment, payment, or health-care operations; or directly to you, to your family, or in our facility directory. The list also will not include disclosures made for national-security purposes, to corrections or law-enforcement personnel, which occurred six years from the date on your request, or any other disclosures which we are not required by law to account for.

We will respond within 60 days of receiving your request. The list we will give you will include disclosures made in the last six years, unless you request a shorter time. The list will include the date of the disclosure, to whom PHI was disclosed (including the address, if known), a description of the information disclosed, and the reason for the disclosure. We will provide the list to you at no charge, but if you make more than one request in the same year, we will charge you for each additional request.

H. You have the right to correct or update your PHI.

If you believe that there is a mistake in your PHI, or that a piece of important information is missing, you have the right to request that we correct the existing information or add the missing information. You must provide the request and your reason for the request in writing. We will respond within 60 days of receiving your request. We may deny your

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request in writing if the PHI is (i) correct and complete, (ii) not created by us, (iii) not allowed to be disclosed, or (iv) not part of our records. Our written denial will state the reasons for the denial and explain your right to file a written statement of disagreement with the denial. If you do not file one, you have the right to request that your request and our denial be attached to all future disclosures of your PHI. If we approve your request, we will make the change to your PHI, tell you that we have done so, and tell others that need to know about the change to your PHI.

- I. **You have the right to get this notice in paper or by e-mail.** Even if you have agreed to receive notice via email, you also have the right to request a paper copy of this notice by contacting the Privacy Officer in writing (see Section VI below).

V. How to complain about our privacy practices

If you (or anyone else) think that we may have violated your privacy or security rights, or if you disagree with a decision we made about access to your PHI, you may file a complaint with our Privacy Officer (see Section VI below). Within 180 days of the alleged privacy or security violation, you may also send, fax or email a written complaint to:

Office of Civil Rights (OCR) Region 2
26 Federal Plaza, Suite 3312
New York, NY 10278
(212) 264-3313
(212) 264-3039 fax

You can obtain OCR's complaint form at:
www.hhs.gov/ocr/privacy/hipaa/complaints/index.html.

The OCR may extend the 180-day deadline if you show good cause.

We will take no retaliatory action against you if you file a complaint about our privacy practices. You can notify the OCR if you believe retaliatory action has occurred.

VI. Contact our Privacy Officer for information about this notice or to complain about our privacy practices.

If you have any questions about this notice or any complaints about our privacy practices, or would like to know how to file a complaint with the OCR, please contact:

Privacy Officer
Health Information Management Christian Health Care Center
301 Sicomac Ave., Wyckoff, NJ 07481
(201) 848-5200

Acknowledgement Statement

This Notice of Privacy Practices provides information about how Christian Health Care Center (CHCC) may use and disclose protected health information (PHI) about you. You have the right to review our notice before signing this Acknowledgement Statement. As provided in our notice, the terms of our notice may change. If we change our notice, the revised notice will be:

- a. distributed during the admission process;
- b. posted in public areas and treatment delivery sites, including the CHCC website; and
- c. mailed or emailed, if the patient/legal representative contacts the Privacy Officer in writing to request a copy.

You have the right to request that we limit/restrict how PHI about you is used or disclosed for treatment, payment, or health-care operations. We are not required to agree to this restriction, but if we do, we are bound by our agreement. You have the right to revoke any limitations/restrictions, in writing, except where we have already made disclosures in reliance on your prior acknowledgement.

By signing this form, you acknowledge your receipt of our Notice of Privacy Practices relative to our use and disclosure of PHI about you as outlined in this Notice.

Patient name (print): _____

Name of legal representative, if applicable (print): _____

Relationship to patient, if applicable (print): _____

Signature: _____ Date: _____

Program (*Check one*):

- Christian Health Care Adult Day Services of Wayne
- Christian Health Care Adult Day Services of Wyckoff
- Heritage Manor Nursing Home
- Hillcrest Residence
- The Longview Assisted Living Residence
- Southgate

Completed Acknowledgement Statement: File in medical record.

If you have any questions about the Notice of Privacy Practices, please contact:

Privacy Officer

Health Information Management Department

Christian Health Care Center

301 Sicomac Ave.

Wyckoff, NJ 07481

FOR STAFF USE ONLY

The patient/legal representative did not sign this Acknowledgement Statement for the following reason(s):

Comments (i.e., objections): _____

Name and title of employee: _____

Signature of employee: _____ Date: _____

FORWARD A COPY OF THIS FORM TO THE DATABASE COORDINATOR/DESIGNEE.