

Notice of Privacy Practices

This notice describes how medical information about you will be used and disclosed and how you may get access to this information. Please read the notice carefully.

Our Duties

We are required by Law to:

- Maintain the privacy of your health information;
- Give you this Notice of our legal duties and privacy practices with respect to health information about you; and
- Follow the terms of this Notice that are currently in effect at The Good Samaritan Home.

Who will follow our practices: The practices described in this Notice apply to the following persons or groups of persons:

- All Good Samaritan Home personnel and students in training in all departments and units of The Home.
- Any healthcare professional authorized to enter information into, or obtain information from your medical or business record.
- Any volunteer or member of a volunteer group that assists you while you are in The Good Samaritan Home.
- Staff members, attending physicians, and any other personnel who provide treatment to you while you are in The Good Samaritan Home, and staff members of such physicians who work at The Home.

The Good Samaritan Home and those listed above, may share information with each other for treatment, payment, or health care operations as described in this Notice.

How We May Use and Disclose Your Health Information:

Treatment: We will use your health information for treatment. *For example:* Information gathered by a nurse, doctor, or other member of your treatment team will be entered into your record and used to determine your course of treatment. They will also record their assessment of your response to treatment. This information may also be shared with other parties involved in your care including consulting health care providers and other facilities to which you may be transferred. Your health

information may also be used to coordinate your care and to inform you of alternative treatments, providers, or settings of care that are thought to be of potential benefit to you.

Payment: We will use and disclose your health information to obtain payment for the services provided to you. *For example*, when you register for service, we will use your information to verify that you have insurance coverage. After you have received service, a bill which identifies you and contains your diagnosis and the procedures performed will be sent to your insurer or to you.

We may send your billing information to collection agencies if your payment is overdue. We may disclose billing information to other providers to facilitate their billing activity.

Health Care Operations: We will use and disclose your health information for health care operations. *For example*, we may use your health information to review the skills of our health care professionals, to conduct training or educational programs, and to perform quality reviews of our treatment protocols. We may use and disclose your health information to send you appointment reminders. We may also share your contact information with administration so they are aware of the presence of persons in our facility. Your health information may be disclosed to students who observe treatment and other procedures during supervised programs within our facility. Your health information may be disclosed to other providers involved in your care for their own health care operations.

Facility Directory: Unless you object, we may include your name, location in the facility, and general condition (e.g., fair, stable) and religious affiliation in a facility Directory. If anyone asks for you by name, we will give them the information you have agreed for inclusion in the directory, except for your religious affiliation. You may request restrictions on the content of facility directory listing.

Notification: We may use information we've gathered about you to notify your family, personal representative or others involved in your care about your location in our facility and general condition.

Communication With Family: Unless you object, we may discuss your health care with members of your family, close friends or other individuals you identify who may be involved in your care or the payment for your care.

Research: We may disclose information about you to researchers whose research has been approved by The Good Samaritan home. The Home will establish protocols to appropriately protect the privacy of your information.

As Required By Law: We will use or disclose health information about you when required to do so by federal, state or local law. **To Avert a Serious Threat to Health or Safety:** If necessary, we may use and disclose your health information to prevent a serious threat to your health and safety or the health and safety of the public or another person. Such disclosure would only be to those to whom the threat is relevant.

Public Health Activities: We may disclose your health information to public authorities for public health activities such as:

- To report certain diseases, disabilities or injuries that are authorized to be reported to local, state or federal health agencies;
- To report deaths to the appropriate state registries;
- To report adult abuse or neglect to the appropriate authorities;

- To report reactions to medications or problems with medical products to the FDA or product manufacturer;
- To notify people of recalls of products they may be using;
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.

Health Oversight Activities: We may use or disclose your health information to a health oversight agency for audits, investigations, inspections, licensure and other monitoring activities authorized by law.

Legal Disputes: We may disclose your health information in response to a court or administrative order or other court proceedings that compels release of the information.

Law Enforcement: We may release your health information to local, state or federal law enforcement officials when required by law. We may release limited patient information to local, state or federal law enforcement officials for identification or location purposes, national or state security, or to notify them of known or suspected criminal conduct.

Coroners, Medical Examiners and Funeral Directors: We may use or disclose health information to a coroner or medical examiner as required by law. We may also release limited health information about deceased patients of The Good Samaritan Home to funeral directors as necessary to carry out their duties.

Your Rights Regarding Health Information About You

Right to Inspect and Copy: You have the right to inspect and obtain a copy of the information we maintain on you in medical records, billing records, and other records used to make decisions about your care.

To inspect and obtain a copy of this health information, you must submit your request in writing to:

**Administrator
The Good Samaritan Home, Inc.
601 N. Boeke Road
Evansville, IN 47711**

** Please note that you may obtain a copy of the Home's Authorization for Release of Information from the Administrator to serve as your written request. The Home may charge a fee for the costs of copying, mailing, or supplies associated with your request.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to your health information for certain reasons, you may request that the denial be reviewed. Another licensed health care professional chosen by The Good Samaritan Home will review your request and the denial. The persons conducting the review will not be the persons involved in the initial denial. We will comply with the determination made by the review.

Right to Amend Information: If you believe that the health information we have about you is incorrect or incomplete, you may request that we amend the information. You have the right to request an amendment for as long as we keep your information.

Your request for amendment must be in writing and sent to our Administrator at the above address. You must include a reason that supports your request for amendment.

We may deny your request for an amendment if it does not include a reason to support the request.

In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the health information kept by or for The Good Samaritan Home;
- Is not part of the information that you would be permitted to inspect and copy; or
- Is accurate and complete.

Right to Accounting of Disclosures: We are required to keep an account of certain disclosures we make of your health information and you are entitled to a copy of that account.

You may submit a written request for such disclosures to our Administrator at the above address. Your request must state the time period for which you want the list of disclosures, but the time period cannot be longer than the preceding six (6) years, and may not include dates before April 14, 2003. The first list you request within a 12-month period will be free. However, if you request additional lists during this period, we will charge you for the costs of providing the list.

Right to Request Restrictions: You have the right to request a restriction on how we use or disclose the health information we use for the purposes of treatment, payment or health care operations. You also have the right to request a limit on your health information that we disclose to someone who is involved in your care or the payment for your care, such as a family member or friend.

To request restrictions to our disclosure of your health information, you must make your request in writing to the Home's Administrator at the above address.

We cannot restrict disclosures made of your Directory information to particular individuals except if you opt-out of inclusion in the Directory. We cannot accept restrictions on information whose release it required by law. We cannot restrict disclosures made prior to your request for restriction. The restrictions you request will not apply to disclosures made directly to you.

We are not required to agree to your request for restrictions nor provide a reason for our denial. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment or if we later inform you that we have reversed our decision.

Right to Request Alternative Delivery of Information: You have the right to request that we communicate with you about health matters via alternative means or at alternative locations. For example, you may request that we only telephone you at work or that we mail your records to you at a location other than your home.

To request alternative delivery of information, you must make your request in writing to the Home's Administrator at the above address. Your request must specify how or where you wish to be contacted. We will accommodate requests that we can reasonably meet.

Right to a Paper Copy of This Notice: You may obtain a paper copy of this Privacy Notice from The Good Samaritan Home.

Changes to This Notice

We reserve the right to change this Notice. We reserve the right to make the revised or changed Notice effective for 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 The Good Samaritan Home. The Notice will contain on the first page, in the top right-hand corner, the effective date of the Notice.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with the Administrator or with the Secretary of the Department of Health and Human Services. To file a complaint with The Good Samaritan Home, contact the Administrator or write to the following address:

**Administrator
The Good Samaritan Home, Inc.
601 N. Boeke Road
Evansville, IN 47711**

You will not be penalized for filing a complaint.

Other Uses of Health Information

Other uses and disclosures of health information not covered by this Notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose your health information, you may, in most cases, revoke that permission, in writing, at any time. Please understand that we are unable to recover information that was previously disclosed with your permission, and that we are required to retain our records of care that we provided to you. Also note that we cannot accept a revocation of your written authorization when it was given as a condition of obtaining insurance coverage since other laws give the insurer the right to contest a claim under the insurance policy.

We may not make your treatment or payment for treatment conditional on your provision of a signed authorization to release medical information except in the following circumstances:

1. When authorization for use and disclosure of protected information is required for participation in research-related treatment.
2. When the sole purpose of the health care encounter is to create health information for release to a third party.

When either of the above conditions applies, we may refuse treatment if authorization to use and disclose protected health information is not given.