

# Palatine Nursing Home Policy & Procedure

**DISTRIBUTION: ALL STAFF**

**TITLE: Confidentiality / HIPPA**

**DATE: 1/2016**

**REVIEWED DATE: 1/2023, 1/2024, 1/2026, 2/2026**

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## **POLICY STATEMENT:**

Every Employee shall recognize and respect the importance of confidential information concerning Palatine Nursing Home, employees, residents and their families.

The resident has the right to expect that all personal information is to be treated in the strictest confidence.

## **THE EMPLOYEE SHALL NOT:**

- Use a resident's name in conversation relating personal information outside the unit, department or facility, unless the person/designee has given documented written or verbal permission to do so.
- Discuss one resident's problems with another resident.
- Describe a resident's case outside the unit or facility in such a manner that the person could be identified unless the person/designee has given documented written or verbal permission to do so.
- Provide information, written, oral or by photocopy concerning a resident, to anyone outside the unit or facility, except as required by regulation statute.
- Read resident's records without permission of the person in charge of the unit or facility, or without being a member of the Resident Care Plan Team.

All information about fellow employees and/or Palatine Nursing Home business shall be treated in the same confidential manner as the information listed above.

# Your Information. Your Rights. Our Responsibilities

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## Your Rights

You have the right to:

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

## Your Choices

You have some choices in the way that we use and share information as we:

- Tell family and friends about your condition
- Provide disaster relief
- Include you in a hospital directory
- Provide mental health care
- Market our services and sell your information
- Raise funds

## Our Uses and Disclosures

We may use and share your information as we:

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

To the extent that we have your substance use disorder patient records, subject to 42 CFR part 2, we will not share that information for investigations or legal proceedings against you without (1) your written consent or (2) a court order and a subpoena.

## Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home, office, or cell phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no,” for example, if it could affect your care. If we agree to your request, we may still share this information in the event that you need emergency treatment.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If someone has authority to act as your personal representative, such as if someone has your medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting <https://www.hhs.gov/hipaa/filing-a-complaint/index.html>.
- We will not retaliate against you for filing a complaint.

**Corporate Compliance/Privacy Officer** – Roxanne Barrett who can be reached at phone number 518-673-5212 and/or email [rbarrett@palatinenh.com](mailto:rbarrett@palatinenh.com)

## Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions. In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care or payment for your care
- Share information in a disaster relief situation
- Include your information in a hospital directory
- If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

If we have your substance use disorder patient records, subject to 42 CFR part 2, we will give you clear and obvious notice in advance and a choice about whether to receive

fundraising communications that use your Part 2 information.

## **Our Uses and Disclosures**

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

**Treat you**

We can use your health information and share it with other professionals who are treating you.

Example: A doctor treating you for an injury asks another doctor about your overall health condition.

**Run our organization**

We can use and share your health information to run our practice, improve your care, and contact you when necessary.

Example: We use health information about you to manage your treatment and services.

**Bill for your services**

We can use and share your health information to bill and get payment from health plans or other entities.

Example: We give information about you to your health insurance plan so it will pay for your services.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes.

In all cases, including those listed below, if we have substance use disorder patient records about you, subject to 42 CFR part 2, we cannot use or share information in those records in civil, criminal, administrative, or legislative investigations or proceedings against you without (1) your consent or (2) a court order and a subpoena.

**Help with public health and safety issues**

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

#### Do research

We can use or share your information for health research.

#### Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

#### Respond to organ and tissue donation requests

We can share health information about you with organ procurement organizations.

#### Work with a medical examiner or funeral director

We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

#### Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

#### Respond to lawsuits and legal actions

- We can share health information about you in response to a court or administrative order, or in response to a subpoena.

### Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it
- We will not share your mental health treatment records without your written consent unless it is for treatment or another law requires us to share the information.
- We will not use or share your information other than as described in this notice unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see:

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

### **Changes to the Terms of this Notice**

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

## **HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996 HIPPA**

**HIPPA** - is permitted uses and disclosures of protected health information with consent/authorization from the patient for Treatment, payment, Health Care Operations (QA, Internal Investigation purposes, etc.)

### **ELECTRONIC TRANSACTION & CODE SET STANDARDS –**

- a) Claims must be submitted on standard format based on HIPPA regulations
- b) Have standard data content
- c) Use standard Codes (ICD-10-MC, CPT4, HCPCS, etc)

### **HIPPA COMPLIANCE REQUIREMENTS- Policies and Procedures regarding:**

- a) Safeguards
- b) Complaints regarding confidential healthcare information
- c) Employee sanctions for violating confidentiality or breaches in privacy
- d) Release of Confidential Information
- e) Designation of a Privacy Officer
- f) Privacy Notice
- g) Documentation or Training of Personnel regarding Privacy and Security Regulations.

h) Submission of Claims according to the HIPPA transaction and Code Set Standards.

### **PENALTIES AND ENFORCEMENT-**

- a) Both Organizations and Individuals may be subject to civil and/or criminal liability for violating HIPPA
- b) Civil Penalties consist of \$100 per violation and up to \$25,00 per year
- c) Criminal Penalties (these involve "Knowingly misusing") involve fines up to \$50,000.

### **HIPPA was created:**

- To simplify the electronic claims process
- To create uniform security and privacy standards
- To create identifiers for providers as well as employers

### **Entities covered under HIPPA**

- Health Care Providers (hospitals, nursing homes, doctor offices, labs, etc.)
- Health Plans (Insurance Companies)
- Health Care Clearing Houses (billing companies, companies providing medical records services-destruction of records, micro-filming, etc.)

### **HIPPA IS DIVIDED INTO 3 SETS OF STANDARDS**

- 1) Security Standards- Regulations regarding security require Administrative documents (in the form of Policies & Procedures) protecting health information and managing the conduct of personnel with respect to Health Information. There must be physical

safeguards with documented procedures protecting against unauthorized access

- a. to computer systems
- b. to medical records and
- c. Related buildings and equipment.

## 2) Privacy Standards-

- a. Health Care Providers may not use or disclose Protected Health Information (PHI) except as permitted by the Privacy Regulations.
- b. PHI is any individually identifiable health insurance information in any form or medium such as name, SS#, MR#, DOB, Medicaid #).
- c. This includes written, oral and electronic communications and records.
- d. Required Disclosure to Department of Health and Human Services to conduct investigations or compliance reviews.
- e. Individuals (with certain exceptions) have the right to inspection and obtain copies.

# CONFIDENTIALITY/ HIPPA ACKNOWLEDGEMENT

- I have read and been educated on my responsibilities regarding Confidentiality and HIPPA.
- I am aware that I must not discuss or otherwise divulge any person's Protected Health Information (Name, SS#, Medical Record #, DOB, Medicaid#, personal information )except as permitted by the Privacy Regulations.
- I will not share or discuss any medical information such as medical diagnosis, medications and treatments.
- I will also respect the resident's right to privacy and keep all information about residents, fellow employees and/or Palatine Nursing Home business confidential.
- I understand that if I violate anyone's confidentiality I could face not only facility disciplinary action but Civil and Criminal Penalties as well depending on the circumstances.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date