

## NOTICE OF PRIVACY PRACTICES

Moravian Village respects the privacy of your protected health information (PHI) and are committed to maintaining our resident's confidentiality. This Notice applies to all information and records related to your care that our facility has received or created. It extends to information received or created by our employees, staff, volunteers and physicians. This notice informs you about the possible uses and disclosures of your PHI. It also describes your rights and our obligations regarding you PHI.

We are required by law to:

- Maintain the privacy of your protected health information;
- Provide to you this detailed Notice of our legal duties and privacy practices relating to your PHI;
- Abide by the terms of the Notice that are currently in effect.

### I. WITH YOUR CONSENT WE MAY USE AND DISCLOSE YOUR PHI FOR TREATMENT, PAYMENT AND HEALTH CARE OPERATIONS

- For Treatment: We will use and disclose your PHI in providing you with treatment and services. We may disclose your PHI to facility and non-facility personnel who may be involved in your care, such as physicians, nurse, nurse aides, and physical therapists. For example, a nurse caring for you will report any change in your condition to your physician. We also may disclose PHI to individuals who will be involved in your care after you leave the facility.
- For Payment: We may use and disclose your PHI so that we can bill and receive payment for the treatment and services you receive at the facility. For billing and payment purposes, we may disclose your PHI to your representative, and insurance and managed care company, Medicare, Medicaid or another third party payor. For example, we may contact Medicare or your health plan to confirm your coverage or to request prior approval for a proposed treatment or service.
- For Health Care Operations: We may use and disclose your PHI for facility operations. These uses and disclosures are necessary to manage the facility and to monitor our quality of care. For example, we may use PHI to evaluate our facility's services, including the performance of our staff.

### II. WE MAY USE AND DISCLOSE PHI ABOUT YOU FOR OTHER SPECIFIC PURPOSES

- Facility Directory: Unless you object, we will include certain limited information about you in our facility directory. This information may include your name, your location in the facility, and your general condition and your religious affiliation. Our directory does not include specific medical information about you. We may release information in our directory, except for your religious affiliation, to people who ask for you by name. We may provide the directory information, including your religious affiliation, to any member of the clergy.
- Individuals Involved in Your Care or Payment for Your Care: Unless you object, we may disclose your PHI to a family member of close personal friend, including clergy, who is involved in your care.
- Disaster Relief: We may disclose your PHI when required by law to do so.
- Public Health Activities: We may disclose your PHI for public health activities. These activities may include:
  - Report to a public health or other government authority for preventing or controlling disease, injury or disability, or reporting child abuse or neglect;
  - Reporting to the Federal Food and Drug Administration (FDA) concerning adverse events or problems with products for tracking products in certain circumstances, to enable product recalls or to comply with other FDA requirements;
  - To notify a person who may have been exposed to a communicable disease or may otherwise be at a risk of contracting or spreading a disease or condition
  - For certain purposes involving workplace illness or injuries.
- Reporting Victims of Abuse, Neglect or Domestic Violence: If we believe that you have been a victim of abuse, neglect or domestic violence, we may use and disclose your PHI to notify a government authority if required or authorized by law, or if you agree to the report.
- Health Oversight Activities: We may disclose your PHI to a health oversight agency for oversight activities authorized by law. These may include, for example, audits, investigations, inspections and licensure actions

or other legal proceedings. These activities are necessary for government oversight of the health care system, government payment or regulatory programs, and compliance with civil rights laws.

- Judicial and Administrative Proceedings: We may disclose your PHI in response to a court or administrative order. We also may disclose information in response to a subpoena, discovery request, or other lawful process; efforts must be made to contact you about the request or to obtain an order or agreement protecting the information.
- Law Enforcement: We may disclose your PHI for certain law enforcement purposes, including as required by law to comply with reporting requirements:
  - to comply with a court order, warrant, subpoena, summons, investigation demand or similar legal process
  - to identify, locate or apprehend a suspect, fugitive, material witness, or missing person
  - when information is requested about the victim of a crime if the individual agrees or under other limited circumstances
  - to report information about a suspicious death
  - to provide information about criminal conduct occurring at the facility
  - to report information emergency circumstances about a crime
- Coroners, Medical Examiners, Funeral Directors, Organ Procurement Organizations: We may release your PHI to a coroner, medical examiner, funeral director or, if you are an organ donor, to an organization involved in the donation of organs and tissue.
- To Avert a Serious Threat to Health or Safety: We must use and disclose your PHI when necessary to prevent a serious threat to your health or safety or the health or safety of the public or another person. However, any disclosure would be made only to someone to help prevent the threat.
- Military and Veterans: If you are a member of the armed forces, we may use and disclose your PHI as required by military command authorities. We may also use and disclose PHI about foreign military personnel as required by the appropriate foreign military authority.
- Workers' Compensation: We may use or disclose your PHI to comply with laws relating to workers' compensation or similar programs.
- National Security and Intelligence Activities; Protective Services for the President and Others. We may disclose PHI to authorized federal officials conducting national security and intelligence activities or as needed to provide protection to the President of the United States, certain other persons or foreign heads of states or to conduct certain special investigations.
- Fundraising Activities: We may use certain PHI to contact you in an effort to raise money for the facility and its operations. We may disclose PHI to a foundation related to the facility so that the foundation may contact you in raising money for the facility. In doing so, we would only release contact information, such as your name, address and phone number and the dates you received treatment or services at the facility.
- Appointment Reminders: We may use or disclose PHI to inform you about treatment alternatives that may be of interest to you.
- Health-Related Benefits and Services: We may use or disclose PHI to inform you about health-related benefits and services that may be of interest to you.

### III. YOUR AUTHORIZATION IS REQUIRED FOR OTHER USES OR PHI

We will use and disclose PHI (other than as described in this Notice or required by law) only with your written Authorization. You may revoke your Authorization to use or disclose PHI in writing. If you revoke your Authorization, we will no longer use or disclose your PHI for the purposes covered by the Authorization, except where we have already relied on the Authorization.

### IV. YOUR RIGHTS REGARDING YOUR PHI:

You have the following rights regarding your PHI at the facility:

- Right to Request Restrictions: You have the right to request restrictions on our use or disclosure of your PHI for treatment, payment or health care operations. You also have the right to restrict PHI we disclose about you to a family member, friend or other person who is involved in your care or the payment for your care. We are not required to agree to your requested restriction (except that while you are competent you may restrict disclosures to family members or friends.) If we do agree to accept your requested restriction, we will comply with your request except as needed to provide you emergency treatment.
- Right to Request Amendment: You have the right to request to amend any PHI maintained by the facility

for as long as the information is kept by or the facility. You must make your request in writing and must state the reason for the requested amendment. We may deny your request for amendment if the information:

- Was not created by the facility, unless the originator of the information is no longer available to act on our request
- Is not part of the PHI maintained by or for the facility
- Is not part of the information to which you have a right of access
- Is already accurate and complete, as determined by the facility

If we deny your request for amendment, we will give you a written denial including the reasons for the denial and the right to submit a written statement disagreeing with the denial.

- Right to an Accounting of Disclosures: You have the right to request "Accounting" of our disclosures of your PHI. This is a listing of certain disclosures of your PHI made by the facility or by others on our behalf, but does not include disclosures for treatment, payment and health care operations or certain other exceptions. To request an accounting of disclosures, you must submit a request in writing, stating a time period beginning after April 13, 2003 that is within six years from the date of your request. An accounting will include, if requested; the disclosure date; the name of the person or entity that received the information and address, if known; a brief description of the information disclosed; a brief statement of the purpose of the disclosure or a copy of the authorization or request; or certain summary information concerning multiple similar disclosures. The first accounting provided within a 12-month period will be free; for further requests, we may charge you our costs.
- Right to a paper copy of This Notice: You have the right to obtain a paper copy of this Notice.
- Right to Request Confidential Communications: You have the right to request that we communicate with you concerning personal health matters in a certain location. For example, you can request that we contact you only at a certain phone number. We will accommodate your reasonable requests.

#### V. COMPLAINTS

If you believe that your privacy rights have been violated, you may file a complaint in writing with the facility or with the Office of Civil Rights in the U.S. Department of Health and Human Services. To file a complaint with the facility, contact the facility at 610-625-4885. We will not retaliate against you if you file a complaint.

#### VI. CHANGES TO THIS NOTICE

We will promptly revise and distribute this Notice whenever there is a material change to the uses or disclosures, your individual rights, our legal duties, or other privacy practices stated in the Notice. We reserve the right to change this Notice and to make the revised or new Notice provisions effective for all PHI already received and maintained by the facility as well as for all PHI we receive in the future. We will post a copy of the current Notice in the facility. In addition, we will provide a copy of the revised Notice to all residents via internal mail distribution.

#### VII. FOR FURTHER INFORMATION

If you have any questions about this Notice or would like further information concerning your privacy rights, please contact the facility at 610-625-4885.