

**NOTICE OF PRIVACY PRACTICES**  
**ROYSE CITY HEALTH AND REHABILITATION CENTER**  
Effective Date April 14, 2003  
Revised September 23, 2009

**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.**

**If you have questions regarding this Notice, please contact our Corporate Privacy Officer:**

**(972) 303-7529**

**WHO WILL FOLLOW THIS NOTICE:**

This Notice describes all of this facility's privacy practices and that of:

- Any healthcare professional authorized to enter information into your clinical record;
- All departments and units of this facility;
- Any member of a volunteer group we allow to help you while you are in the facility;
- All employees of SC Rehabilitation, Ltd., that we use to provide therapy services to you while you are in the facility;
- All employees, staff members, and physicians/specialists/physician's assistants/nurse practitioners/healthcare consultants;
- Any student (e.g. Certified Nursing Assistant classes) we allow to provide care to you while you are a resident in our facility;
- This facility may share medical information with other entities for treatment, payment, or healthcare operation purposes as described in this Notice.

**OUR PLEDGE REGARDING MEDICAL INFORMATION:**

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive at this facility. We need this record to provide you with the quality care and to comply with certain legal requirements. This Notice applies to all of the records of your care generated by interdisciplinary team members in this facility. Your attending physician may have different policies or notices regarding his/her use and disclosure of your medical information created in the doctor's office or clinic.

This Notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of information. We will not use or disclose your protected health information without your authorization, except as described in this notice.

**HOW WE USE AND DISCLOSE INFORMATION ABOUT YOU:**

**FOR TREATMENT PUPOSES:** In our ongoing efforts to provide quality of care, we may use your information to assure prompt and adequate medical diagnosis, treatment/medications/therapy, supplies, services and/or medical equipment. We may

disclose health information to doctors, specialists (such as psychologists/psychiatrists, podiatrists, dentists, ophthalmologists, cardiologists, oncologists, nephrologists, etc.), pharmacists, nurses (including but not limited to licensed vocational nurses, registered nurses, medication aides, pharmacy technicians, clinical nurse practitioners, etc.), certified nursing assistants, social workers, activities staff (including volunteers), dietary staff, diagnosticians (laboratory, x-ray, etc.), hospitals, transport company/ambulance, and rehab therapists/assistants. For example, a doctor may need to tell the registered dietitian if you have diabetes so that we can arrange for appropriate meals/nutritional management for you. This disclosure may be within the facility or outside of the facility in either written, verbal, or electronic communications.

Your photograph may be taken for both identification purposes and recording any special injury and/or treatment. For example, upon admission, your picture will be taken and placed in the medication/treatment notebook. With each medication/treatment pass, the nurse will check your identity with the picture to make sure the right medication or treatment is given to the right resident.

Unless you notify us that you object, your photograph may be taken during our social/activity functions within and outside of the facility to be used in our facility scrapbook or be placed on our facility activity board to encourage and promote activity/social participation.

We also may disclose medical information about you to people outside the nursing facility that may be involved in your medical care currently or upon discharge. These people may include, but not limited to, clergy/pastor, family members, friends, and/or allied health professionals (such as vocational rehab, outpatient rehab or mental health services, home health, etc.).

Because of our relationship with Medicare and Medicaid programs, we must comply with certain professional standards of medical practice and licensure/certification. As a result of this relationship, as well as other corporate and regulatory processes, we may disclose clinical and personal information about you to the Centers for Medicare/Medicaid Services, Texas Department of Aging and Disability Services, Ombudsman, Texas Department of Family and Protective Services, Corporate Quality Assessment and Assurance, etc. For example, the federal government requires that the nursing facility complete and transmit an electronic assessment (Minimum Data Set) about you to the Texas Department of Aging and Disability Services and the Centers for Medicare/Medicaid services.

**FOR PAYMENT PURPOSES:** We may use and disclose personal and medical information about you so that the healthcare services and treatment you receive may be collected from an insurance company and/or third party. For example, Mutual of Omaha (acting as a fiscal Intermediary for the administration of Medicare benefits) may need birth date, social security number, and medical diagnoses and treatment to properly bill for these services. Likewise, if you are a member of the military, we may need to disclose certain medical and personal information to the Department of Veterans Affairs to determine if you are eligible for benefits.

**FOR HEALTHCARE OPERATION PURPOSES:** We may use and disclose information about you for various types of healthcare operations. These uses and disclosures are necessary for individual care and/or performance of our staff in certain types of illnesses/conditions. We may remove information that identifies you from this set of medical information so that others may use it to study healthcare and healthcare delivery without learning who the specific residents are. For example, we may combine medical information about a number of residents to decide what additional services the nursing facility should offer, what services are not needed, and whether certain new treatments or interventions are needed. We may also disclose information to medical equipment suppliers,

orthotics/prosthetics, and /or audiologists, etc.

**BUSINESS ASSOCIATES:** There are some services provided in our organization through contracts with business associates. Examples include our accountants, consultants and attorneys. When these services are contracted, we may disclose your health information to our business associate so that they can perform their job we've asked them to do. To protect your health information, however, we require the business associates to appropriately safeguard your information.

**FOR DIRECTORY PURPOSES:** Unless you notify us that you object. We may use your name and location in the facility for directory purposes. This information may be provided to people who ask for you by name. We may also use your name on a nameplate next to your door to identify your room, unless you notify us that you object.

We may release medical information about you, using our best judgment, to a family member who is directly involved. We may also give information to someone who helps pay for your care. We may also tell your family your condition. If we are unable to reach your family member or personal representative, then we may leave a message for them at the phone number that they have provided us, i.e., on an answering machine. In addition, we may disclose information about you to help in a disaster relief so that your family can be notified about your condition, status, and location.

**FOR PUBLIC SAFETY OR HEALTH PURPOSES:** We may use and disclose information about you when necessary to prevent a serious threat to your health and safety or the health and safety of others. Any disclosures of this type, however, will be given to only who is able to prevent the threat.

Your health information may be disclosed to public health agencies as required by law. For example, we are required to report certain communicable diseases to the Texas Department of State Health Services or report to the Food and Drug Administration 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.

We may release medical information related to resident health and safety risks or alleged violations. Accidents/incidents, grievances, medication errors (including but not limited to adverse drug reactions), and abuse/neglect will be thoroughly investigated and analyzed for causative factors/patterns and trends as well as prevention/action plans. This information will be disclosed internally and also to the medical director, ombudsman, and/or State reporting agencies.

**FOR HEALTH OVERSIGHT ACTIVITIES:** We may disclose medical information to consultants or other agencies authorized by law or corporate policies. These oversight activities may include, but not limited to, audits, investigations, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil right laws.

**FOR RESEARCH:** We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.

**FOR 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.

**FOR WORKERS COMPENSATION:** We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to worker's compensation or other similar programs established by law.

**FOR LAWSUITS AND DISPUTES:** If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful processes by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

**FOR LAW ENFORCEMENT:** We may release medical information if asked to do so by a law enforcement official:

- In response to a court order, subpoena, warrant, summons, or similar process;
- To identify or locate a suspect, fugitive, material witness, or missing person;
- About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- About a death we believe may be the result of criminal conduct;
- About criminal conduct at the nursing facility; and
- In emergency circumstances to report a crime, the location of the crime or victims, or the identity and/or description or location of the person who committed the crime.

**CORONERS, MEDICAL EXAMINERS, AND FUNERAL DIRECTORS:** We may disclose information to a coroner or medical examiner to identify a deceased person or determine the cause of death. We may also release medical information about residents of this nursing facility as necessary to carry out their duties.

#### **YOUR RIGHTS REGARDING MEDICAL INFORMATION USES AND DISCLOSURES:**

Although your health record is the physical property of the nursing facility, the information in our medical records belongs to you. You have the right to obtain a paper copy of our Notice of Privacy Practices upon request. You have the following rights:

##### **RIGHT TO REQUEST LIMITATIONS/RESTRICTIONS TO CERTAIN USES/DISCLOSURES:**

You have the right to request a restriction or limitation to the above-mentioned medical information we use or disclose about you for purposes of treatment, payment, and healthcare operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. EXAMPLE: You may not want your name and room number posted in the facility.

Certain information must be used and disclosed by this facility per mandated state and federal regulations. Therefore, you are prohibited from limiting these types of uses/disclosures which may interfere with payment, quality of care, and/or licensure.

**We are not obligated to agree to your request for restrictions/limitations.** If we do, however, agree with these restrictions/limitations, we will comply with your request.

**RIGHT TO REVIEW/INSPECT/RECEIVE COPIES:** You have the right to review or inspect your health information and receive photocopies of the information that may be used to make decisions about your care. Usually, this information includes both medical and billing records, but it does not include psychotherapy notes. To inspect and/or receive photocopies of your

medical information, you must contact the administrator or his/her designee of this nursing facility. If you request a copy of the information, we may charge a fee for the costs of copying, mailing, or other supplies associated with your request.

The resident or his/her legal representative will be granted access to inspect all medical information pertaining to himself/herself within 24 hours (excluding weekends and holidays) of a valid request. If you would like copies, it is necessary that you provide us with two working days advance notice.

To assist you in the review of your information, we recommend that one of our team members (a person designated by the facility administrator such as a nurse, social worker, or medical records person) review the information with you. This co-review would help you in locating information within the chart. It would also help in understanding the handwriting and medical terms written within the clinical record. We would also like to be able to follow-up on any concerns that you might have after the review/inspection of your information.

If you are denied access to the medical information, you may request that the denial be reviewed. An objective team of privacy-minded officials will review the request, and we will comply with the outcome of the review.

**RIGHT TO AMEND/CORRECT:** If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend or correct the information. You have the right to request an amendment/correction as long as the information is kept by the nursing facility. All requests for amendment/correction of medical information must be directed to the facility administrator or his/her designee.

We may deny your request for an amendment if that information:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not a part of the medical information kept by our nursing facility;
- Is accurate and complete; and
- Is irrelevant to the issue/concern raised.

**RIGHT TO AN ACCOUNTING OF DISCLOSURES:** You have the right to request an "accounting of disclosure". This accounting is a list of the information which has been disclosed about you. To request an accounting of disclosures, you must contact the Administrator or his/her designee of this nursing facility. Your request must state a time period which may not be longer than six years and may not include dates before April 14, 2003. The first list you request within a 12-month period will be free of charge. For additional lists, we may charge you for the cost of providing the list according to the "customary" or "nominal" copying charges.

**RIGHT TO REQUEST CONFIDENTIAL COMMUNICATIONS:** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you or your representative at work or by mail. Please contact the administrator or his/her designee to request such arrangements. We will accommodate all reasonable requests. Your request must specify how and where you wish to be contacted.

**RIGHT TO REVOKE:** You have the right to revoke authorization at any time, in writing, except to the extent where the facility has already made disclosures with your authorization.

**REPORTING COMPLAINTS/ALLEGATIONS:** If you believe that your privacy rights have been violated, you may file a complaint with the nursing facility. You may also file a complaint with the secretary of the U.S. Department of Health and Human Services. All complaints must be submitted in writing. There will be no retaliation for filing a complaint.

- To file a complaint with the nursing facility contact:

Corporate Privacy Officer  
1413 East I-30, Suite 7  
Garland, Texas 75043  
(972) 303-7529

**PROTECTION OF YOUR INFORMATION AND BREACH NOTIFICATION:**

We are constantly on guard to protect your information that is used, maintained and stored in our data systems. Policies and procedures are in place that meets all system security requirements that apply to the hardware, software and database they operate. We are constantly reviewing and verifying that all users of the hardware, software and databases comply with the systems security safeguards. We use the best security technology available to protect your information at all times.

If there is a security breach of your information, we are required by law to notify each individual whose unsecured protected health information has been, or is reasonably believed to have been, inappropriately accessed, acquired, or disclosed in the breach. "Breach" is defined as the unauthorized acquisition, access, use, or disclosure of protected health information which comprises the security or privacy of such information, except where an unauthorized person to whom such information is disclosed would not reasonably have been able to retain such information. Two exceptions to this definition in which it would not be considered a "breach": (1) the unauthorized acquisition, access, or use of protected health information is unintentional and made by an employee or individual acting under authority of a covered entity or business associate if such acquisition, access, or use was made in good faith and within the course and scope of the employment or other professional relationship with the covered entity or business associate, and such information is not further acquired, accessed, used, or disclosed; or (2) where an inadvertent disclosure occurs by an individual who is authorized to access protected health information at a facility operated by a covered entity or business associate to another similarly situated individual at the same facility, as long as the protected health information is not further acquired, accessed, used, or disclosed without authorization.

Any business associate that we use to conduct business would also be required to notify us of a breach and provide us with the information concerning the breach. In turn, we would notify the individual whose unsecured protected health information was breached.

A written notification will be made to the individual (or next of kin, if the individual is deceased) at the last known address of the individual (or next of kin) by first class mail (or by electronic mail, if specified by the individual). This notification will be made without unreasonable delay, but in no way later than 60 calendar days after the discovery of the breach. However, such notification, notice, or posting may be delayed if a law enforcement official determines that notification, notice, or posting would impede a criminal investigation or cause damage to national security. Notification of a breach will include: (1) a brief description of what happened, including the date of the breach and the date of the discovery of the breach, if known; (2) a description of the types of unsecured protected health information that were involved in the breach (such as full name, Social Security number, date of birth, home address, account number, or disability code); (3) the steps individuals should take to protect themselves from potential harm resulting from the breach;

(4) a brief description of what the covered entity involved is doing to investigate the breach, to mitigate losses, and to protect against any further breaches; and (5) contact procedures for individuals to ask questions or learn additional information, which shall include a toll-free telephone number, an e-mail address, Web site, or postal address.

**CHANGES/REVISIONS TO THIS NOTICE:**

We reserve the right to change this Notice. We reserve the right to make the revised or changed Notice effective for medical information we already have about you as well as information we receive in the future. We will post a copy of the "current" Notice in the nursing facility and on our web site.