

# Notice of Privacy Practices

***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.***

Quality Life Services and its employees are dedicated to maintaining the privacy of your health information as required by applicable federal and state laws. These laws require us to provide you with this Notice of Privacy Practices, and to inform you of your rights and our obligations concerning your protected health information (“PHI”). PHI is information that identifies you and that relates to your physical or mental health condition.

## **WHO WILL FOLLOW THIS NOTICE**

This Notice is being given to you because federal law gives you the right to be told ahead of time about how the Quality Life Services’ providers (“QLS”) handle your protected health information, our legal duties related to your protected health information and your rights with regard to your protected health information. We are required to follow the privacy practices in this Notice while this Notice is in effect. This Notice applies to the privacy practices of QLS and the organizations listed below and any other additional health care providers that join Quality Life Services.

<i>Chicora Medical Center</i>	<i>Quality Pharmacy</i>
<i>Countryside Convalescent Home</i>	<i>Sugar Creek Rest</i>
<i>Fair Winds Manor</i>	<i>South Fayette Nursing Center</i>
<i>Golden Hill Nursing and Rehab</i>	<i>Trinity Living Center</i>
<i>Henry Clay Villa</i>	<i>West Haven Manor</i>
	<i>Westmont Woods</i>

## **HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU**

The following categories describe some of the ways that we “may” use and disclose your health information. The term “may” means that QLS is permitted under federal law to use or disclose this information without obtaining an additional or specific authorization from you to do so. Even though we may be permitted to use or disclose information in a given instance, it does not mean that we will disclose the information.

We will restrict our use and disclosure concerning AIDS / HIV, mental health, behavioral health, alcohol and drug treatment or other particular categories of health information based upon state law if state law is more stringent or provides additional patient privacy safeguards.

- 1. For Treatment.** We may use information about you to provide treatment or services. For example, our nursing homes may disclose information to therapists, physicians, nurses,

pharmacy consultants or other personnel who are involved in administering your care. Our pharmacy may contact you to tell you about substituting one type of medication for another type or to remind you to re-fill your prescriptions.

- 2. For Payment.** We may disclose your PHI to bill and collect payment for the treatment and services we provide to you. For example, we may send a bill to you or to an insurance company for the services you receive from us. The bill may contain information that identifies you, your diagnosis and the procedures, medications and supplies used to treat you. We may also tell your insurance company about a treatment you are going to receive to obtain prior approval or to determine whether your insurance company will cover the treatment.
- 3. For Health Care Operations.** We may disclose your PHI as part of our health care operations. Health care operations include quality assessment activities, reviewing the qualifications of our health care professionals, evaluating the performance of our health care providers and other business operations of QLS. For example, we may use your PHI to evaluate the quality of the services you received or we may disclose your PHI to accountants or attorneys to make sure we are complying with applicable laws and regulations.
- 4. Family and Friends.** We may disclose treatment information about you to your family members or friends you identify to us as being involved in your care or the payment of your care, if we obtain your verbal or written agreement to do so or you do not object. We may also disclose treatment information to your family or friends if we can infer from the circumstances, based on our professional judgment that you would not object. For example, we may assume you agree to our disclosure of your personal treatment information to your spouse when you bring your spouse with you into a treatment session where treatment is discussed. In situations in which you are not capable of agreeing to a disclosure (because you are not present or due to your incapacity or medical emergency), we may, using our professional judgment, determine that a disclosure to your family member or friend is in your best interest. In that situation, we will disclose only information relevant to the person's direct involvement in your care.
- 5. To Avert a Serious Threat to Health or Safety.** We may use and disclose treatment information about you when necessary to prevent a serious threat to the health and safety of you or the public.
- 6. Required By Law.** We will disclose treatment information about you when required to do so by federal, state or local law. For example, we are required by law to report instances of abuse, neglect, injuries from an unknown source or misappropriation of property to the governmental entities and agencies authorized to receive such information, including to local law enforcement in certain instances. We will inform you or your personal

representative if we disclose your PHI because we believe you are a victim of abuse or neglect, unless we determine that informing you or your personal representative would place you at risk of harm.

- 7. Judicial and Administrative Proceedings.** If you are involved in a lawsuit or dispute, we may disclose PHI in response to a legal or administrative order. Subject to all applicable legal requirements, we may also disclose your PHI in response to a subpoena, discovery request or other lawful process, but only if efforts have been made, by us or by the requesting party, to contact you to tell you about the request and to provide you with sufficient information about the proceeding to permit you to obtain an order to protect the requested disclosure.
- 8. Law Enforcement.** We may disclose PHI to assist law enforcement if asked to do so (1) to identify or locate a suspect, fugitive, material witness or missing person; (2) regarding the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement; (3) regarding a death we believe may be the result of criminal conduct; (4) regarding criminal conduct at our facilities; or (5) in emergency circumstances to report information regarding a crime. We may disclose your PHI to a correctional institution or law enforcement official if you are an inmate of a correctional institution or under the custody of a law enforcement official.
- 9. Research.** We may use and disclose your PHI for research projects that are subject to a special approval process.
- 10. Military, Veterans, National Security and Intelligence.** If you are or were a member of the armed forces or part of the national security or intelligence communities (of the United States or a foreign government), we may disclose your PHI as required by military command authorities. We may also be required to disclose your PHI to authorized federal officials for the conduct of intelligence or other national security activities.
- 11. Workers' Compensation.** We may release your PHI to comply with laws for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.
- 12. Public Health.** We may disclose your PHI for public health reasons in order to prevent or control disease, injury or disability, or charged with collecting public health data.
- 13. Health Oversight Activities.** We may disclose your PHI to a health oversight agency for audits, investigations, proceedings, inspections, licensure or disciplinary actions or other actions necessary for oversight of the health care system, government programs and compliance with civil rights laws. We may disclose to the Food and Drug Administration health information related to known adverse events with respect to food, supplements, pharmaceuticals, product defects or information to enable product recalls, repairs or replacements.

14. **Coroners, Medical Examiners and Funeral Directors.** We may disclose your PHI to a coroner or medical examiner to identify a deceased person or determine the cause of death, and to funeral directors as necessary to carry out their duties.
15. **Organ Donation.** If you are an organ donor or you have not indicated that you do not wish to be a donor, we may disclose your PHI to an organ procurement organization to facilitate organ, eye or tissue donation and transplantation.
16. **Disaster Relief.** Unless you object, we may disclose your PHI to a governmental agency or private entity (such as the Federal Emergency Management Agency or Red Cross) assisting with disaster relief efforts.
17. **Directory.** Unless you notify us that you object, we will use your name, the location at which you are receiving care, phone number and / or room number (if applicable) and religious affiliation for directory purposes. Except for religious affiliation, this information may be provided to others who ask for you by name.
18. **Business Associates.** We may disclose your PHI to others called “Business Associates,” who perform services on our behalf. An example of a Business Associate is the company that provides and services our electronic medical record system. Business Associates must agree in writing to protect the confidentiality of the PHI.

#### **DISCLOSURES REQUIRING WRITTEN AUTHORIZATION**

We will not use or disclose treatment information for any purpose other than those identified in the previous section without your specific, written authorization. If you do provide us with a written authorization for another purpose, you may revoke your authorization at any time by notifying us in writing. Your revocation will be effective immediately except to the extent QLS has taken any action in reliance upon your authorization. The following uses and disclosures, with limited exceptions, require your written authorization:

- Disclosures for marketing purposes
- Sale of information
- Disclosure of psychotherapy notes except for certain treatment, payment or health care operations activities.

#### **YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION**

##### **1. Right to Access, Inspect and Copy.**

You have the right to look at or get copies of your PHI in a designated record set. Generally, a “designated record set” contains medical and billing records, as well as other records that

are used to make decisions about your health care benefits. However, you may not inspect or copy psychotherapy notes or certain other information that may be contained in a designated record set.

You may request that we provide copies in a format other than photocopies, including electronic access. We will use the format you request unless we cannot practicably do so. You must make a request in writing to obtain access to your PHI. To inspect and / or copy your PHI, you may obtain a form to request access by using the contact information listed at the end of this Notice. We may charge you a reasonable, cost-based fee for responding to your requests.

We may deny your request to inspect and copy your PHI in certain limited circumstances. If you are denied access to your information, you may request that the denial be reviewed. A licensed health care professional chosen by us will review your request and the denial. The person performing this review will not be the same one who denied your initial request. Under certain conditions, our denial will not be reviewable. If this event occurs, we will inform you in our denial that the decision is not reviewable.

**2. Right to Amend.** If you believe that your PHI is incorrect or incomplete, you have the right to request that we amend or append your PHI. Your request must be in writing and it must explain why the information should be amended. We may deny your request. If you disagree with our decision, you may submit your written statement of disagreement to be appended to the information you wanted amended. If we accept your request to amend the information, we will make reasonable efforts to inform others, including people you name, of the amendment and to include the changes in any future disclosures of that information.

**3. Right to a List of Those with Whom We've Shared Information (an "Accounting of Disclosures").** You have a right to an accounting of certain disclosures of your PHI as prescribed by law that are for reasons other than treatment, payment or health care operations. An "accounting of disclosures" provides a list of disclosures of PHI. The list includes the date(s) of the disclosure, to whom we made the disclosure, a brief description of the information disclosed, and the purpose for the disclosure. The first list you request within a 12-month period will be free. If you request this list more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests.

**4. Right to Request Restrictions.**

You may request restrictions on our use and disclosure of your PHI for treatment, payment and healthcare operations. However, we are not obligated to agree to your request in all situations. Any agreement we may make to a request for additional restrictions must be in writing signed by a person authorized to make such an agreement on our behalf. You may terminate this restriction if you submit the termination in writing or if we inform you that we

are terminating the restriction. Any termination will apply only to PHI created or received after receipt of the termination.

In your written request, tell us: (1) the information whose disclosure you want to limit; and (2) how you want to limit our use and / or disclosure of the information. In the event that products or services were paid out of pocket in full, at your request, we will not share information about those services with a health plan for purposes of payment or health care operations. "Health plan" means an organization that pays for your medical care.

**5. Right to Request Confidential Communications.** You have the right to request that we communicate with you in confidence about your PHI by alternative means or to an alternative address if you believe you will be harmed if the information is not sent to an alternate address. Please specify in your request how or where you wish to be contacted. You must make your request in writing. We must reasonably honor your request. However, the request must allow us to communicate and serve you effectively.

**6. Right to a Paper Copy of This Notice.** You have the right to a paper copy of this Notice. You may obtain a copy of this Notice by requesting it at the QLS home or by contacting the Privacy Officer at the address below.

**7. Breach Notification.** In the event of breach of your unsecured health information, we will provide you notification of such a breach as required by law or where we otherwise deem appropriate.

**8. Fundraising.** From time to time, we may contact you to raise funds for our organization. We may disclose your contact information to a related non-profit organization so that organization may contact you in raising money to support our fundraising efforts. You have a right to "opt-out" of receiving these communications. Each fundraising communication will inform you how to opt out of receiving future fundraising communications.

### **CHANGES TO THIS NOTICE**

On an ongoing basis, we will review and monitor our privacy practices to ensure the privacy of our residents' PHI. It may become necessary to revise our privacy practices and the terms of this Notice. We reserve the right to make changes in our privacy practices and the new terms of our Notice will become effective for all PHI we created or received before we made the changes. Before we make a material change in our privacy practices, we will change this Notice and post a copy of the current Notice at our facilities.

### **COMPLAINTS**

If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your PHI or in response to a request you made to amend

or restrict the use or disclosure of your PHI or to have us communicate with you in confidence by alternative means or at an alternative location, you may complain to us using the contact information listed below.

You also may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request.

We support your right to protect the privacy of your PHI. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

Please direct any of your questions or complaints to:

Privacy Officer  
Quality Life Services  
612 North Main Street  
Butler, PA 16001  
(724) 431-0770

Effective Date: April 1, 2015