

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

St. Clare Home, in accordance with applicable federal and state laws, is committed to maintaining the privacy of your protected health information ("PHI"). This notice describes the PHI we gather about you, with whom that PHI may be shared and the safeguards we have in place to protect it. This notice also explains how your PHI may be used and disclosed and describes your rights and certain obligations we have regarding the use and disclosure of your PHI.

St. Clare Home is required by law to maintain the privacy of your PHI, to provide you with this notice of our legal duties and privacy practices with respect to your PHI, and to follow the terms of this notice.

HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION

**For Treatment:** We may use your PHI to provide you with medical treatment or services. We may disclose your PHI to doctors, nurses, CNAs, students, or other health care professionals who are involved in your care. For example, a doctor treating you for a fractured hip may need to know if you have diabetes because diabetes may slow the healing process. Different health care professionals also may share medical information about you in order to coordinate the different care and services you need, such as rehabilitation, special diet and medication. We also may disclose medical information about you to people outside the facility who may be involved in your medical care or that provide services that are part of your care, such as lab work and x-rays.

**For Payment:** We may use or disclose your PHI, directly or through a billing service, in order to bill and collect payment for the treatment and services provided to you. For example, your insurance company may need to know about rehabilitation you received so they will pay us for that rehabilitation. We may also use and disclose your PHI to your insurance plan so that it can determine whether or not it will cover the treatment expense.

**For Health Care Operations:** We may use or disclose your PHI in order to operate this facility. For example, we may use your PHI in order to evaluate the quality of health care services that you received or to evaluate the performance of the health care professionals who provided health care services to you. We may also provide your PHI to our accountants, attorneys, consultants, and others in order to make sure we're complying with the laws that affect us.

**Appointment Reminders:** We may use or disclose your PHI to remind you that you have an appointment for treatment or medical care with a health care provider outside the facility.

**Treatment Alternatives and Health-Related Benefits and Services:** We may use or disclose your PHI to tell you about or recommend possible treatment options or alternatives and health-related benefits or services that may be of interest to you.

**Facility Directory:** We may include your name and room number in the facility in our directory to be released to people who ask for you by name.

**Individuals Involved in Your Care or Payment for Your Care:** We may disclose your PHI to a family member or friend who is involved in your medical care. We may also disclose your PHI to someone who helps pay for your care. We may also tell your family or friends your condition and that you are a resident at our facility. In addition, we may disclose your PHI to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

**WE MAY ALSO USE OR DISCLOSE YOUR PHI WITHOUT YOUR CONSENT FOR THE FOLLOWING REASONS:**

**Avert a Threat to Health or Safety:** We may use or disclose your PHI when necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public and the disclosure is to an individual who is reasonably able to prevent or lessen the threat.

**Business Associate:** We may disclose your PHI to a business associate if we obtain satisfactory written assurance, in accordance with applicable law, that the business associate will appropriately safeguard your PHI. A business associate is an entity that assists us in undertaking some essential function, such as a billing company that assists our facility in submitting claims for payment to insurance companies.

**Coroner, Medical Examiner and Funeral Director:** We may disclose your PHI to a coroner or medical examiner. This may be necessary, for example, for identification or to determine the cause of death. We may also disclose your PHI to a funeral director as necessary to carry out his/her duties.

**De-identified Information:** We may use or disclose health information about you in a way that does not personally identify you or reveal who you are.

**Emergency Situations:** We may use or disclose your PHI for the purpose of obtaining or rendering emergency treatment to you provided that we attempt to obtain your Consent as soon as possible; or to a public or private entity authorized by law or by its charter to assist in disaster relief efforts, for the purpose of coordinating your care with such entities in an emergency situation.

**Fundraising Activities:** We may use or disclose your PHI to raise funds for our facility. We would only release contact information, such as your name, address and phone number. The money raised through these activities is used to expand and support the health care services and educational programs we provide. If you do not wish to be contacted as part of our fundraising efforts, please contact the Privacy Officer at the address below.

**Health Oversight Activities:** We may disclose your PHI to a health oversight agency for audits, investigations, inspections, or licensing purposes. These disclosures may be necessary for certain state and federal agencies to monitor the health care system, government programs, and compliance with civil rights laws.

**Correctional Institution:** If you are or become an inmate of a correctional institution or under custody of a law enforcement official, we may disclose your PHI to the correctional institution or law enforcement official.

**Judicial and Administrative Proceeding:** We may use or disclose your PHI in response to a court or administrative order or a lawfully issued subpoena.

**Law Enforcement Purposes:** We may use or disclose your PHI, when authorized, to a law enforcement official in response to a court order, subpoena, warrant, summons or similar process, subject to all applicable legal requirements.

**Organ, Eye or Tissue Donation:** We may disclose your PHI if you are an organ donor, to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate such donation and transplantation.

**Personal Representative:** We may disclose your PHI to a person who, under applicable law, has the authority to represent you in making decisions related to your health care.

**Public Health Activities:** We may disclose your PHI for public health reasons in order to prevent or control disease, injury or disability, or to report deaths, suspected abuse or neglect and non-accidental physical injuries.

**Required by Law:** We will disclose your PHI when required to do so by federal, state or local laws and regulations.

**Research:** We may use or disclose your PHI for research projects that are subject to a special approval process. We will ask you for your permission if the researcher will have access to your name or other information that reveals who you are, or will be involved in your care at St. Clare Home.

**Specialized Government Functions:** We may disclose your PHI if you are a member of the armed forces, as required by the military command authorities and to authorized governmental officials with necessary intelligence information for national security activities.

**Workers' Compensation:** We may disclose your PHI for Workers' Compensation or similar programs, which provide benefits for work-related injuries or illness.

#### OTHER USES AND DISCLOSURES OF YOUR PHI

We will not use or disclose your PHI for any purposes other than those identified in the previous sections without your specific, written authorization. You may revoke an authorization at any time by providing written notice to the Director of Health Information Management (HIM). Services that you wish to revoke an authorization. We will honor a request to revoke as of the day it is received. We will no longer use or disclose your PHI for the reasons covered by your written authorization, but we cannot take back any uses or disclosures already made with your permission.

#### YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION (PHI)

**Right to Inspect and Copy:** You have the right to inspect and get copies of your PHI that we have, such as medical and billing records. To inspect your PHI, you must submit your request in writing to our Privacy Officer at the address on the

last page. If you request a copy of any of your PHI, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.

We may deny your request to inspect and/or copy in certain limited circumstances. If you are denied access to your PHI, you may ask that the denial be reviewed. If such a review is required by law, we will select a licensed health care professional to review your request and our denial. The person conducting the review will not be the person who denied your request and we will comply with the outcome of the review.

**Right to Amend:** If you believe that your PHI is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept.

To request an amendment, your request must be made in writing and submitted to the Director of HIM Services. You must also provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that is accurate and complete, 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 medical information kept by St. Clare Home, or is not part of the information which you would be permitted to inspect and copy.

**Right to Receive an Accounting of Disclosures:** You have the right to request an accounting of disclosures. This is a list of certain disclosures we made of your PHI.

To request an accounting of disclosures, you must submit your request in writing to the Director of HIM Services. The request must state a time period, which may not be longer than six years and may not include dates prior to April 14, 2003. The request should indicate in what form you want the list (such as a paper or electronic copy). The first list you request within a twelve-month period will be free, but we may charge you for the cost of providing additional lists. We will notify you of the costs involved and you can decide whether to withdraw or modify your request before any costs are incurred.

**Right to Request Restrictions:** You have the right to request a restriction or limitation on the PHI we use or disclose about you.

We will consider your request but we are not required to agree to it. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. We will not agree to restrictions on PHI uses and disclosures that are legally required, or which are necessary to operate our facility. To request restrictions, you must make your request in writing to our Privacy Officer at the address below. In your request, you must tell us what information you want to limit; whether you want to limit our use, disclosure or both; and to whom you want the limits to apply.

**Right to Request Confidential Communications:** You have the right to request that we communicate with you about your PHI in a certain way or at a certain location. To request confidential communications, you must make your request in writing to our Privacy Officer. We will agree to all reasonable requests. Your request must specify how or where you wish to be contacted.

**Right to a Paper Copy of This Notice:** You have the right to receive a paper copy of this notice at any time, upon request to the Privacy Officer at the address below. A copy of this notice is on our website, [www.stclarehome.org](http://www.stclarehome.org).

#### CHANGES TO THIS NOTICE

We reserve the right to change the terms of this notice at any time. We reserve the right to make the revised or changed notice effective for PHI we already have about you as well as any PHI we receive in the future. The effective date of this notice and any revised changed notice may be found on the last page. You will receive a copy of any revised notice from St. Clare Home in person or by mail.

#### COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with St. Clare Home. We will not retaliate against you for filing a complaint. You may also file a complaint with the Secretary of the Department of Health and Human Services. To file a complaint with St. Clare Home, contact our Privacy Officer at the address and phone number listed below. All complaints must be submitted in writing.

#### PRIVACY OFFICER

If you have any questions or would like further information you may contact the Privacy Officer at: St. Clare Home, 309 Spring Street Newport, RI 02840 or by telephone at: 401- 849- 3204.

#### DIRECTOR OF HEALTH INFORMATION MANAGEMENT SERVICES

You may contact the Director of Health Information Management (HIM) Services at: St. Clare Home, 309 Spring Street Newport, RI 02840 or by telephone at: 401- 849- 3204.

This notice is effective as of April 14, 2003