

# Lutheran Home of the Good Shepherd

## 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.**

Lutheran Home of the Good Shepherd and Heritage House is providing this Notice of Privacy Practices because the privacy of your health information is very important to you and to us, and in compliance with federal regulations.

By “your health information” we mean the information that we maintain that specifically identifies you and your health status.

### Summary

This Notice describes how we use your health information within Lutheran Home of the Good Shepherd and disclose it outside Lutheran Home of the Good Shepherd, and why.

The Notice covers:

- Uses or disclosures which do not require your written authorization.
  - >> Treatment, payment, and health care operations.
  - >> Uses or disclosures of your health information to which you may object.
  - >> Uses or disclosures required or permitted.
- Uses or disclosures which require your written authorization.
- Your rights as a resident regarding privacy of your health information.
- Our duties in protecting your health information.
- Complaints, contact person, effective date, and acknowledgement.

### Uses or Disclosures Which Do Not Require Your Written Authorization

#### Treatment, Payment, and Health Care Operations

We use or disclose your health information to carry out your treatment; to obtain payment for your treatment; and to conduct health care operations. For example:

- >> For treatment, we use your health information to plan, coordinate, and provide your care. We disclose your health information for treatment purposes to physicians and other health care professionals outside our facility who are involved in your care.

# Lutheran Home of the Good Shepherd

## Notice of Privacy Practices

### Uses or Disclosures Which Do Not Require Your Written Authorization Treatment, Payment, and Health Care Operations (continued)

- >> For payment, we use your health information to prepare documentation required by your insurance company or HMO or by Medicare or Medicaid. We disclose that part of your health information that these organizations require to pay us.
- >> For health care operations, we use or disclose your health information, for example, to improve the quality of our services, to plan better ways of treating residents, and to evaluate staff performance.

### Uses or Disclosures of Your Health Information to Which You May Object

We may use or disclose your health information for the following purposes, unless you ask us not to.

- Facility directories. We maintain a resident directory including, for each resident, name, location in our facility and religious affiliation. We may disclose this information to people who ask for you by name. We will make known your religious affiliation only to clergy.
- Informing family and friends. We may disclose your health information to family, friends, or others identified by you who are involved in your care.
- Assistance in disaster relief efforts.
- For fundraising activities. We may contact you or your family for fundraising purposes. If you do not wish to be contacted for this purpose, please contact the HIPAA Privacy Officer and indicate that you do not wish to receive fundraising communication from us.
- Confirming medical appointments to manage your care.
- Informing you about treatment alternatives or other health-related benefits and services that may be of interest to you.

If you object to our use of your health information for any of these purposes please contact the Lutheran Home of Good Shepherd's Privacy Officer.

# Lutheran Home of the Good Shepherd

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### Uses or Disclosures Required or Permitted

Where we are required or permitted to do so, we may use or disclose your health information in the following circumstances without your written authorization.

- Federal government investigation, when required by the Secretary of Health and Human Services to investigate or determine our compliance with federal regulation.
- Federal, state or local law requirements.
- Public health activities, for example to report communicable diseases or death; or for matters involving the Food and Drug Administration.
- Reporting of abuse, neglect or domestic violence.
- Health oversight activities by a health oversight agency. (A health oversight agency is an organization authorized by the government to oversee eligibility and compliance and to enforce civil rights laws.)
- Judicial or administrative proceedings, for example responding to a court order or subpoena.
- Law enforcement purposes, for example to report certain types of wounds or other physical injuries or to identify or locate a suspect, fugitive, material witness, or missing person.
- Use by coroners, medical examiners, or funeral directors.
- Facilitating organ, eye, or tissue donation.
- Research, provided that very strict controls are enforced.
- Averting a serious threat to your health or safety or that of the public.
- Specialized government functions such as military or veterans' affairs; national security, and intelligence activities.
- Workers' compensation if applicable to a resident.

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## Notice of Privacy Practices

### Uses or Disclosures Which Require Your Written Authorization

Your written authorization, which you may revoke (in writing), is required if we use or disclose your health information for any purpose other than those stated above. In particular your authorization is required if:

- Our use of psychotherapy notes beyond treatment, payment, and health care operations.
- Where covered entity receives remuneration in exchange for PHI and marketing of goods or services to you.
- Any other uses and disclosures of PHI not described in this Notice of Private Practices.

### Your Rights As A Resident to Privacy Of Your Health Information

#### Right to Request Restrictions

You have the right to request restrictions on our uses and disclosures of your health information, however we may refuse to accept the restriction. In a health plan restriction, a covered entity must agree to the request of an individual to restrict disclosure of protected health information about the individual to a health plan if the disclosure is for the purposes of carrying out payment or health care operations and not otherwise required by law; and the protected health information pertains solely to a health care item or service for which the individual, or person other than the health plan on behalf of the individual, has paid the covered entity in full.

#### Right to Request Confidential Communications

You have the right to request that we communicate with you confidentially, for example to speak with you only in private; to send mail to an address you designate; or to telephone you at a number you designate. Your request must be in writing. We will make every attempt to honor your request.

#### Right to Request Access to Your Health Information

You have the right to request access to your health information included in the Designated Record Set in order to inspect or copy it. Your request must be in writing. We may deny your request and, if so, you may request a review of the denial. However, we will make every attempt to honor your request.

#### Right to Request an Amendment of Your Health Information

You have the right to request an amendment to your health information originated by this organization. Your request must be in writing and must provide a reason for the amendment. We may deny your request and, if so, you may submit a statement of disagreement. However, we will make every attempt to honor your request.

# Lutheran Home of the Good Shepherd

## **Notice of Privacy Practices**

### **Right to Request an Accounting of Disclosures of Your Health Information**

You have the right to request an accounting of our disclosures of your health information for purposes other than treatment, payment, and health care operations. We are not required to provide an accounting for disclosures before April 14, 2003 or for more than 6 years prior to the date of your request.

### **Be Made Aware of Our Participation in Health Information Exchanges**

We may participate in certain health information exchanges whereby we may disclose your health information, as permitted by law, to other health care providers or entities for treatment, payment, or health care operation purposes. A full list of these arrangements can be obtained by calling the Privacy Compliance Officer at 701-947-2944. To exercise any of these rights please write or telephone the Privacy Officer.

# Lutheran Home of the Good Shepherd

## **Notice of Privacy Practices Our Duties in Protecting Your Health Information**

- We are required by law to maintain the privacy of your health information.
- We must inform residents or their legal representatives of our legal duties and privacy practices with respect to health information. This Notice discharges that duty.
- We must abide by the terms of the Notice currently in effect.
- Individuals will be notified in the event of a security breach of their Unsecure PHI.
- We reserve the right to change the terms of this Notice and to make the new Notice provisions effective for all health information that we maintain. Any changes will be posted on the communication board at the front of the facility and posted on the LHGS website [www.lhgs.org](http://www.lhgs.org). At any time, you may obtain a copy of the current notice from the Privacy Officer.

### **Complaints, Contact Person, Effective Date, and Acknowledgement**

- You may complain to us and to the Secretary of Health and Human Services if you believe your privacy rights have been violated.
- You will not be retaliated against for filing a complaint.
- You may file your complaint with our facility by writing to the Privacy Officer at:  
  
Lutheran Home of Good Shepherd  
1226 1<sup>st</sup> Avenue North  
New Rockford, ND 58356
- You may file a complaint with the Secretary of Health and Human Services by writing to:  
  
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 [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/)
- For further information you may write or call the Privacy Officer of our facility at 701-947-2944.
- This notice is effective as of April 14,2003 and revised as of July 7<sup>th</sup>, 2017.