



LUTHERAN HOMES, INC.

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# *Notice of Privacy Practices*

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**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.**

We respect the privacy of your personal health information and are committed to maintaining its confidentiality. This notice applies to all information and records related to your health plan that our facility has received or created. The Health Plan hereinafter referred to as “the Plan” is required by law to take reasonable steps to ensure the privacy of your Protected Health Information hereinafter referred to as “PHI,” and to inform you about:

1. the Plan’s uses and disclosures of PHI;
2. your privacy rights with respect to your PHI;
3. the Plan’s duties with respect to your PHI;
4. your rights to file a complaint with the Plan and with the Secretary of HHS; and
5. the person or office to contact for further information about the Plan’s privacy practices.

## ***When may you use and disclose my health information?***

We may use and disclose your health information for purposes of treatment, payment, and health care operations. This is designed to keep your benefits moving smoothly. The Plan will disclose PHI to a business associate only if the Plan receives satisfactory assurances that the business associate will appropriately safeguard the information.

### **For Treatment**

Treatment is the provision, coordination, or management of health care and related services by one or more of your providers. For example, the Plan may disclose to a treating orthodontist the name of your treating dentist so that the orthodontist may ask you for your dental X-rays from the treating dentist.

### **For Payment**

We may use your PHI to obtain premiums or to determine or fulfill its responsibility for coverage and provision of benefits under the Plan, or to obtain reimbursement for the provision of the health care. Payment includes but is not limited to, actions to make eligibility or coverage determinations, billing, claims management, collection activities, subrogation, reviews for medical necessity and appropriateness of care, utilization review, and pre-authorizations. Examples may include, if the Plan tells a doctor whether you are eligible for coverage or what percentage of the bill might be paid by the plan.

### **For Health Care Operations**

We may use and disclose your personal health information for Plan operations. This may include but is not limited to conducting quality assessment and improvement activities, population-based activities relating to improving health or reducing health care costs, contacting health care providers and patients with information about treatment alternatives, reviewing the competence or qualifications of health care professionals, evaluating health plan performance, underwriting, premium rating, and other insurance activities relating to creating, renewing, or replacing health insurance contracts or health benefits. It also includes compliance functions such as auditing and general administrative activities. For example, we may use information about your claims to audit the accuracy of claims processing functions.

### ***Are there any other reasons you would use and disclose my PHI?***

### **Individuals Involved With Your Care or Payment for Your Care**

Unless you object, we may disclose your personal health information to a family member or close personal friend, including pastoral care, who is involved in your care.

### **As Required by Law**

We may use and disclose your personal health information when required by law to do so.

### **Public Health Activities**

We may use and disclose your personal health information for public health activities. Examples of these may include:

- ▶ reporting 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 risk of contracting or spreading a disease or condition; or
- ▶ 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 personal health information to notify a government authority if required or authorized by law, or if you agree to the report.

### **Health Oversight Agencies**

We may use and disclose your personal health information 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.

#### **Coroners, Medical Examiners, Funeral Directors, Organ Procurement Organizations**

We may release your personal health information 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 may use and disclose your personal health information 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 able to help prevent the threat.

#### **Military and Veterans**

If you are a member of the armed forces, we may use and disclose your personal health information as required by military command authorities. We may also use and disclose your personal health information about foreign military personnel as required by the appropriate foreign military authority.

#### **Workers' Compensation**

We may use or disclose your personal health information to comply with laws relating to workers' compensation or similar programs.

#### **National Security and Intelligence Activities**

We may disclose personal health information 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.

#### **Research Activities**

We may use certain PHI for research, subject to certain conditions.

#### **Disclosures to Law Enforcement**

Law permits disclosures for law enforcement purposes.

### **Correctional Institutions**

We may disclose protected health information to a correctional institution or a law enforcement official having lawful custody of an inmate if it is for the health care to such individuals, health and safety of the officers or employees, or others; those responsible for transporting; law enforcement on the premises of the correctional institution; the administration and maintenance of the safety, security, and good order of the correctional institution.

### ***Is my Authorization required for any uses and disclosures?***

Your written authorization generally will be obtained before the Plan will use or disclose psychotherapy notes about you from your psychotherapist. The Plan may use and disclose such notes without authorization when needed by the Plan to defend against litigation filed by you. Other uses and disclosures not mentioned within the Notice may also require an authorization. We will not use or disclose your PHI without an authorization except as required or permitted by the Privacy rule. We will not condition the provision of treatment to an individual upon obtaining an individual's authorization, except where required or permitted by the Privacy Rule.

### ***What are my rights regarding my personal health information?***

You have the following rights regarding your PHI:

#### **Right to Request Restrictions**

You have the right to request restrictions on the Plan's use and disclosure of your personal health information for treatment, payment, or health care operations. You also have the right to request a restriction of the personal health information disclosed 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 obligated to grant this request.

The Plan may terminate its agreement to a restriction, if:

- You agree to or request the termination in writing;
- You orally agree to the termination and the oral agreement is documented; or
- The Plan informs you that it is terminating its agreement to a restriction, except that such termination is only effective with respect to PHI created or received after the Plan has informed you of the termination.

Requests must be made in writing and be addressed to the Corporate Integrity Director of Lutheran Homes, Inc.

### **Right of Access to Personal Health Information**

You have the right to inspect and obtain a copy of your PHI contained in a “Designated Record Set,” for as long as the Plan maintains PHI in the designated record set.

“Designated Record Set” means a group of records maintained by or for a health plan that is enrollment, payment, claims adjudication, and case or medical management records systems maintained by or for a health plan, or used in whole or in part by or for the health plan to make decisions about individuals. Information used for quality control or peer review analyses and not used to make decisions about individuals is not in the Designated Record Set.

The Plan will act on a request no later than thirty days unless records are kept off-site, then action will be taken no later than 60 days from receipt of such request. There is an opportunity for a 30 day extension if necessary. You will be notified in writing of acceptance or denial. Requests must be made in writing and be addressed to the Corporate Integrity Director of Lutheran Homes, Inc.

### **Right to Receive Confidential Communications**

You have the right to request confidential communications by an alternative means or alternative location. Requests must be made in writing and be addressed to the Corporate Integrity Director of Lutheran Homes, Inc. We will accommodate all reasonable requests. If you clearly state that the disclosure of all or part of the information to which the request pertains could endanger you, the Plan will try to accommodate all reasonable requests. However, we may condition the provision of a reasonable accommodation on:

- When appropriate, information as to how payment, if any, will be handled; and
- Specification by you of an alternative address or other method of contact.

### **Right to Request Amendment**

You have the right to request the facility to amend any personal health information maintained by the facility for as long as the information is kept by or for 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 personal health information maintained by or for the facility;
- ▶ is not part of the information to which you have a right of access; or
- ▶ is already accurate and complete, as determined by the facility.

The Plan has 60 days to act upon a request with a 30 day extension available. 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 Accounting of Disclosures**

You have the right to request an “accounting” of our disclosures of your personal health information. This is a listing of certain disclosures of your personal health information made by the Plan; 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 to the Corporate Integrity Director of Lutheran Homes, Inc., 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.

If an accounting cannot be provided within 60 days after the receipt of the request, an additional 30 days is allowed. You will be given a written statement as to the reasons for the delay and date it will be provided.

### **Right to a Paper Copy of This Notice**

You have the right to obtain a paper copy of this Notice, even if you have agreed to receive this Notice electronically. You may request a copy of this Notice at any time or obtain from our website at [www.lutheranhomefortwayne.org](http://www.lutheranhomefortwayne.org) or [www.shepherdhill.org](http://www.shepherdhill.org).

### ***Who do I go to with Complaints?***

If you believe your privacy rights have been violated, you may file a complaint orally or in writing with the Plan or with the Office of Civil Rights in the US Department of Health and Human Services. That address is The Hubert H. Humphrey Building; 200 Independence Avenue, S.W.; Washington, D.C. 20201. To file a confidential complaint with the facility, you may contact the Corporate Integrity Director at the toll-free Integrity Hotline number (888) 258-9158 or contact any other management representative. We will not retaliate against you if you file a complaint.

### **Personal Representatives**

You may exercise your rights through a personal representative. Your personal representative will be required to produce evidence of his/her authority to act on your behalf. The Plan retains discretion to deny access to your PHI to a personal representative.

### ***Who do I go to for more information?***

If you have questions about this Notice or would like further information concerning your privacy rights, please contact the Corporate Integrity Director at the toll-free Integrity Hotline number (888) 258-9158.

### ***What if there are any changes to the Notice?***

We will promptly revise and post this Notice with a highlighted new date whenever there is a material change to the uses and disclosures, your individual rights, our legal duties, or other privacy practices stated in this Notice. We reserve the right to change this Notice and to make the revised or new Notice provisions effective for all personal health information already received and maintained by the facility as well as for all personal health information we receive in the future. We will post a copy of the revised Notice to all patients on our website as well as posting it in the Corporate Integrity window box in the entrance of each facility. It will be available upon request.

We are required by law to maintain the privacy of PHI and to provide individuals with notice of its legal duties and privacy practices. We are required to abide with the terms presented in the above current notice and will strive to do everything we can to do just that. In a case where a State or Federal law preempts the Privacy Rule, the more stringent law will be followed. Again if you have any questions, please call a Lutheran Homes' representative or contact the Corporate Integrity Director.

## **Acknowledgement of Receipt of Notice of Privacy Practices**

I, \_\_\_\_\_ hereby acknowledge that I have received a copy of the *Notice of Privacy Practices* statement for Lutheran Homes, Inc.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### ***Divisions of Lutheran Homes, Inc.***

#### **CONCORD VILLAGE**

6723 South Anthony Boulevard  
Fort Wayne, IN 46816-2045  
(260) 447-1591  
FAX: 260.447.7369

#### **LUTHERAN HOME**

6701 South Anthony Boulevard  
Fort Wayne, IN 46816-2305  
(260) 447-1591  
FAX: 260.447-7369

#### **SHEPHERD OF THE HILL**

351 North Allen Chapel Road  
PO Box 429  
Kendallville, IN 46755-0429  
(260) 347-2256 or (260) 422-8150  
FAX 260.349.037

*Divisions of Lutheran Homes, Inc.*

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