



## Notice of Information Practices (Kings Grant, Sunnyside, Summit Square)

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.

**The Health Insurance Portability and Accountability Act of 1996 (HIPAA), Public Law 104-191, was enacted on August 21, 1996**

- 1. Protected Health Information.** The Privacy Rule protects all "*individually identifiable health information*" held or transmitted by a covered entity or its business associate, in any form or media, whether electronic, paper, or oral. The Privacy Rule calls this information "protected health information (PHI)"
- 2. De-Identified Health Information.** There are no restrictions on the use or disclosure of de-identified health information. De-identified health information neither identifies nor provides a reasonable basis to identify an individual.
- 3. Basic Principle.** A major purpose of the Privacy Rule is to define and limit the circumstances in which an individual's protected health information may be used or disclosed by covered entities. A covered entity may not use or disclose protected health information, except either: (1) as the Privacy Rule permits or requires; or (2) as the individual who is the subject of the information (or the individual's personal representative) authorizes in writing.

If you have any questions about this notice, please contact our Privacy Officer and Chief Clinical Integration Officer at 540.568.8600. Written requests should be mailed to the Sunnyside Communities Corporate Office at 600 University Blvd., Suite L., Harrisonburg, Virginia, 22801.

### ***Understanding your Health Record / Information***

Each time you are admitted to a nursing facility, a record of your admission is created. Typically, this record contains your symptoms and complaints, examinations, test results, your provider's plan of care, diagnoses, treatment, therapy documentation, interdisciplinary progress notes, legal documents and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as a:

- basis for planning your care and treatment
- means of communication among the health professionals who contribute to your care
- source of reference for past admissions
- legal document describing the care you received
- means by which you or a third-party payer can verify that services billed were actually provided

- tool in educating health professionals
- source of information for public health officials who oversee the delivery of health care in the United States
- source of data for facility planning and marketing
- tool with which we can assess and continually work to improve the care we render and the outcomes we achieve
- fulfillment of regulatory requirements that resident assessment information is collected and entered into the Long-Term Care Minimum Data Set system of records, System No. 09-70-1515 per the Privacy Act of 1988

Collection of your Social Security number is voluntary; however, failure to provide this information may result in the loss of Medicare benefits provided by the nursing facility. Your Social Security number will be used to verify the association of information to the appropriate individual

Understanding what is in your record and how your health information is used helps ensure its accuracy, better understand who, what, when, where and why others may access your health information, and enables you to make more informed decisions when authorizing disclosure to others.

### ***Electronic Health Record (EHR)***

Software is provided by PointClickCare® Skilled Nursing and Senior Living Core Platforms.

1. **Documents.** Paper documents are scanned into a resident’s EHR.
2. **Networks.** The corporate IT director and network administrators manage our hardware and software and work with other software partners to maintain hardware, updates, systems, secure privacy and prevent cyber breaches.
3. **Data Protection.** Your health care data is protected using physical, administrative and technical safeguards. Access controls such as passwords and PIN numbers help limit access to your information. “Encrypting” your stored information also helps the security of information storage. Audits such as records of who accessed your information and what changes were made and when are routinely completed.
4. **User Access to EHRs.** Employees and other persons who cooperate in care, delivery of services, technology support, quality assurance and billing are given access per “need to know”.
5. **User Limitations.** The corporate office determines what level of information is needed for users. The user’s access is based on preestablished, role-based privileges. The IT director sets basic standards for passwords including the interval for changing, password rules and prohibiting the reuse of passwords. Corporate policy is to not disclose or share passwords. Security to create new users are granted to only a few persons at each campus. Accesses are also disabled as soon as possible when employees are separated from employment.
6. **Health Information Exchanges.** Resident data such as prescriptions, consultations, diagnostic reports and hospitalization records exist in other protected healthcare systems. Data exchanges are facilitated electronically by PointClickCare®. Some data exchanges are bi-directional such as with pharmacies, therapy companies and physicians; others are a data feed of a resident’s health information into the individual’s EHR and then some exist as required by law to send resident assessment instruments to CMS.

7. **Access to Your Electronic Health Information.** Resident's electronic health information can be accessed through PointClickCare® Connected Care Center (CCC). The CCC is a secure application programming interface (API) regulated by The Office of the National Coordinator for Health Information Technology and per security rules of the Health Insurance Portability and Accountability Act (HIPAA).

### ***Our Responsibilities***

Sunnyside Communities is committed to:

- protecting the privacy and security of resident health information
- providing notice of our legal duties and privacy practices with respect to information we collect and maintain about you
- abiding by the terms of this notice
- notifying you if we are unable to agree to a requested restriction
- accommodating reasonable requests that you may have to communicate health information by alternative means or at alternative locations
- adhering to special protections of psychotherapy notes. (see below for further clarification)
- monitoring for any breach of data, investigating who, what, when and how and report as required.
- providing a privacy officer for a resident, family member or staff member to clarify or question privacy practices or to report a concern.

### ***How We will Use or Disclose Your Health Information***

1. **Treatment.** We will use your health information for treatment. For example, information obtained by a nurse, physician, or other member of your healthcare team will be recorded in your record and used to determine the course of treatment that should work best for you. Your physician will document in your record his or her expectations of the members of your healthcare team. Members of your healthcare team will then record the actions they took and their observation. In that way, the physician will know how you are responding to treatment. We will also provide your physician or a subsequent healthcare provider with copies of various reports that should assist him or her in treating you once you're discharged from our nursing facility. We will also take a photograph for identification purposes/treatment.
2. **Payment.** We may use and disclose your PHI so that the treatment and services you receive from us may be billed to and payment collected from you, an insurance company, or a third party. For example, we may need to give your health plan information about treatment so your health plan will pay us or reimburse you for the treatment. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.
3. **Health Care operations.** We may use and disclose your PHI for operations of our facility. These uses and disclosures are necessary to run our facility and make sure that all of our residents receive quality care. For example, we may use health information to review our treatment and services to evaluate the performance of our staff caring for you. We may also combine health information about many residents to decide what additional services we should offer, what services are not needed, whether certain new treatments are effective, or to compare how we are doing and to see where we can make improvements. We may remove information that identifies you from this set of health information so others may use it to study health care delivery without learning who our specific residents are.

4. **For Quality Improvement.** We may use your PHI as a tool for quality assurance and continuous quality improvement.
5. **As Required by Law.** We may disclose your PHI when required to do so by federal, state, or local law.
6. **To Avert a Serious Threat to Health or Safety.** We may use and disclose your PHI when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.
7. **Military and Veterans.** If you are a member of the armed forces or separated/discharged from military services, we may release your PHI as required by military command authorities or the Department of Veterans Affairs as may be applicable. We may also release health information about foreign military personnel to the appropriate foreign military authorities.
8. **Workers' Compensation.** We may release your PHI as authorized by, and in compliance with, laws related to workers' compensation and similar programs established by law that provide benefits for work-related illnesses and injuries without regard to fault.
9. **Public Health Risks.** We may disclose your PHI for public health activities. These activities generally include the following to:
  - prevent or control disease, injury, or disability;
  - report births and deaths;
  - report abuse or neglect;
  - report reactions to medications or problems with products;
  - notify people of recalls of products they may be using;
  - notify person or organizations required to receive information on FDA-regulated products;
  - notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and
  - notify the appropriate government authority if we believe a resident has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.
10. **Health Oversight Activities:** We may disclose your PHI to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
11. **Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose your PHI in response to a court or administrative order. We may also disclose your PHI in response to a subpoena, discovery request, or other lawful process 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.

12. **Law Enforcement.** We may disclose your PHI to law enforcement officials for law enforcement purposes including the following:
- reporting certain injuries, as required by law, including gunshot wounds, burns or injuries to perpetrators of crime;
  - in response to a court order, subpoena, warrant, summons or similar process;
  - to identify or locate a suspect, fugitive, material witness, or missing person which will include:
    - name and address
    - date of birth or place of birth;
    - Social Security number;
    - blood type or Rh factor;
    - type of injury;
    - date and time of treatment and/or death, if applicable; and
    - a description of distinguishing physical characteristics.
  - the victim of a crime, if the victim agrees to disclose or 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 our facility; and
  - in emergency circumstances, to report a crime; the location of the crime or victims; or the identity, description, or location of the person who committed the crime.
13. **Organ and Tissue Donation.** We may disclose your PHI to organizations involved in the procurement, banking, or transplantation of cadaveric organs, eyes, or tissue, for the purpose of facilitating organ, eye, and tissue donation where applicable.
14. **Abuse, Neglect and Domestic Violence.** We may disclose your PHI to an appropriate governmental authority if we reasonably believe that you may be a victim of abuse, neglect, or domestic violence.
15. **Coroners, Health Examiners, and Funeral Directors.** We may disclose your PHI to a coroner or health examiner. This may be necessary to identify a deceased person or determine the cause of death. We may also disclose your PHI to funeral directors as necessary to carry out their duties.
16. **National Security and Intelligence Activities.** We may disclose your PHI to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law, or for the purpose of providing protective services to the president or foreign heads of state.
17. **Protective Services for the President and Others.** We may disclose your PHI to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.
18. **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.
19. **Food and Drug Administration (FDA).** We may disclose to the FDA 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 replacements.

20. **Regulatory.** Skilled nursing facilities have many state and federal requirements from the Virginia Department of Medical Assistance Services and Centers for Medicare (CMS) and Medicaid Services in which resident's health documents are transmitted electronically (MDS or Minimum Data Set Assessments).

#### **EXAMPLES OF OTHER PERMISSIBLE OR REQUIRED DISCLOSURES OF HEALTH INFORMATION ABOUT YOU WITHOUT YOUR AUTHORIZATION:**

1. **Business Associates:** Some activities of Sunnyside Communities are provided on our behalf through contracts with business associates. Examples of when we may use a business associate include coding and claims submission performed by a third-party billing company, consulting and quality assurance activities provided by an outside consultant, billing and coding audits performed by an outside auditor, and other legal and consulting services provided in response to billing and reimbursement issues which may arise from time to time. When we enter into contracts to obtain these services, we may need to disclose your PHI to our business associate so that the associate may perform the job which we have requested. To protect your PHI, however, we require our business associate to appropriately safeguard your information.
2. **Notification.** We may use or disclose your PHI to notify or assist in notifying a family member, personal representative, close personal friend, or other person responsible for your care, your location and general condition. *Sunnyside Communities will not disclose your PHI to your family members, personal representative or close personal friends as described in this paragraph if you object to such disclosure. Please notify the privacy officer or a designee at the number listed on the first page of this notice if you object to such disclosures.*
3. **Communication with family members.** Health professionals, including those employed by or under contract with ABC FACILITY may disclose to a family member, other relative, close personal friend or any other person you identify, health information relative to that person's involvement in your care or payment related to your care, unless you object to the disclosure.

Federal law allows for the release of your PHI to appropriate health oversight agencies, public health authorities, or attorneys, provided that a workforce member or business associate believes in good faith that we have engaged in unlawful conduct or otherwise violated professional or clinical standards and are potentially endangering one or more residents, workers, or the public.

4. **Directory.** Unless you notify us that you object, we may use your name, location in the facility, general condition, and religious affiliation for directory purposes. This information may be provided to members of the clergy and, except for religious affiliation, to other people who ask for you by name. We may also use your name on a nameplate next to or on your door in order to identify your room, unless you notify us that you object.

#### **WE MAY NOT USE OR DISCLOSE YOUR HEALTH INFORMATION FOR THE FOLLOWING PURPOSES WITHOUT YOUR AUTHORIZATION:**

1. **Psychotherapy Notes:** Psychotherapy notes are granted extra protections. Psychotherapy notes are treated differently from other mental health information because they contain particularly sensitive information and because they are the personal notes of the therapist that typically are not required or useful for treatment, payment, or health care operations purposes, other than by the mental health professional who created the notes. We must obtain an authorization from you to use or disclose psychotherapy notes unless it is for

treatment, payment or health care operations or is required by law, permitted by health oversight activities, to a coroner or medical examiner, or to prevent a serious threat to health or safety.

2. **Marketing.** We must obtain an authorization for any use or disclosure of your PHI for any marketing communications to you about a product or service that encourages you to use or purchase the product or service unless the communication is either: (1) a face-to-face communication or; (2) a promotional gift of nominal value. However, we do not need to obtain an authorization from you to provide refill reminders, information regarding your course of treatment, case management, or care coordination, to describe a health-related products or services that we provide, or to contact you in regard to treatment alternatives. If the marketing involves financial remuneration, we must notify you if such remuneration is involved.
3. **Purchase of Sunnyside Communities.** We must obtain an authorization for any disclosure of your PHI which constitutes a sale of such PHI.

### ***Your Health Information Rights***

Although your health record is the physical property of the Sunnyside Communities, the information in your health record belongs to you. You have the following rights:

- You may request that we not use or disclose your health information for a particular reason related to treatment, payment, the Facility's general health care operations, and/or to a particular family member, other relative or close personal friend. We ask that such requests be made in writing on a form provided by our facility. Although we will consider your request, please be aware that we are not obligated to accept it or to abide by it. For more information about this right see 45 Code of Federal Regulations (C.F.R.) §164.522(a).
- If you are dissatisfied with the manner in which or the location you are receiving communications from us that are related to your health information, you may request that we provide you with such information by alternative means or at alternative locations. Such a request must be made in writing and submitted to the executive director at your facility. We will attempt to accommodate all reasonable requests. For more information about this right see 45 C.F.R. §164.522(b).
- You may request electronic access to the Connected Care Center to see your health information. You may request to inspect and/or obtain copies of health information about you, which will be provided to you in the time frames established by law. If you request copies, we will charge you a reasonable fee. For more information about this right, see 45 C.F.R. § 164.524.
- If you believe that any health information in your record is incorrect or if you believe that important information is missing, you may request that we correct the existing information or add the missing information. Such requests must be made in writing and must provide a reason to support the amendment. We ask that you use the form provided by our facility to make such requests. For a request form, please contact the Privacy Officer. For more information about this right, see 45 C.F.R. § 164.526.
- You may request that we provide you with a written accounting of all disclosures made by us during the time period for which you request (not to exceed six (6) years). We ask that such requests be made in writing on a form provided by our facility. Please note that accounting will not apply to any of the following types of disclosures: disclosures made for reasons of treatment, payment or health care operations; disclosures made to you or your legal representative, or any other individual involved with your care; disclosures to correctional institutions or law enforcement officials; and disclosures for national security purposes. You will not be charged for

your first accounting request in any 12-month period. However, for requests made thereafter, you will be charged a reasonable, cost-based fee. For more information about this right, see 45 C.F.R. § 164.528.

- You have the right to obtain a paper copy of our Notice of Information Practices upon request.
- You may revoke an authorization to use or disclose health information, except to the extent that action has already been taken. Such request must be made in writing.

### **CHANGES TO THIS NOTICE**

We reserve the right to change our privacy practices for all PHI that we collect or maintain and any terms of this notice. If our privacy practices materially change, we will revise this notice and provide you with a copy of the revised notice. We reserve the right to make the revised or changed notice effective for PHI we already have about you as well as any information we receive in the future. We will post a copy of the current notice in our facility. The notice will contain the effective date at the top of the first page.

### **OTHER USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION:**

**Other uses and disclosures of your PHI not covered by this notice or the laws that apply to us will be made only with your written permission.** If you provide us permission to use or disclose health information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose protected health information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

### **BREACH**

"Breach in the security of the system" means unauthorized access and acquisition of unencrypted and unredacted computerized data which compromises the security, confidentiality, or integrity of medical information maintained by an entity. Sunnyside Communities will provide timely notice to the individual/s whose private health information was breached including details required by law and also report to the Virginia Attorney General for the Commonwealth, any licensing agency for a facility and to the Department of Health and Human Services via the "Breach Portal".

### **ACKNOWLEDGEMENT OF RECEIPT OF THIS NOTICE:**

We will request that you sign a separate form or notice acknowledging you have received a copy of this notice. If you choose, or are not able to sign, a staff member will sign their name and date. This acknowledgement will be filed with your records.

### ***Regulations***

Code of Federal Regulations 45 CFR §164.408 and 164.508(a)(2),  
The Health Insurance Portability and Accountability Act of 1996 on Privacy Rule  
Code of Virginia § 32.1-127.1:03. Health records privacy.  
Code of Virginia § 32.1-127.1:05. Breach of medical information notification