



Effective: 04-01-03

## Patient Information About Privacy Practices

# How is my medical information accessed and used?

### How to Use This Information

This notice of information describes Tabitha Health Care Services' practices and that of:

- Any health care professional authorized to enter or review information in your medical record.
- All departments and units of Tabitha Health Care Services and satellite offices.
- Any member of a volunteer group we allow to help you.
- All employees, staff and other Tabitha Health Care Services personnel.

**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.***

### Our Medical Information Pledge

Tabitha Health Care Services is committed to protecting your health information. We create a record of the care and services you receive in order to provide you

with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by Tabitha Health Care Services or your personal doctor. Your personal doctor may have different policies or notices regarding the doctor's use and disclosure of your medical information created in the doctor's office or clinic.

This notice will inform you of the ways in which we may use and disclose health information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

Tabitha is required by law to:

- make sure that protected health information that identifies you is kept private;
- give you this notice of our legal duties and privacy practices with respect to health information about you; and
- follow the terms of the notice that is currently in effect.

## **How Your Medical Information is Used and Disclosed**

The following categories describe different ways that we may use and disclose health information. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of these categories:

- treatment
- payment
- health care operations
- appointment reminders
- treatment alternatives
- health-related benefits and services
- fund raising activities
- facility directory
- individuals involved in your care or payment for your care
- research
- as required by law
- to avert a serious threat to health or safety

### *For Treatment*

We may use health information about you to provide you with medical treatment or services. We may disclose health information about you to doctors, nurses,

technicians, students, volunteers or other Tabitha Health Care Services personnel who are involved in taking care of you. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell the dietitian if you have diabetes so that we can arrange for appropriate teaching. Different departments of Tabitha Health Care Services also may share health information about you to coordinate the things you need, such as prescriptions, lab work and x-rays. We also may disclose information about you to people outside Tabitha Health Care Services who may be involved in your medical care, such as family members, clergy or others who provide services that are part of your care.

### *For Payment*

We may use and disclose health information about you so that the treatment and services you receive at Tabitha Health Care Services may be billed to and payment may be collected from you, an insurance company, or a third party. For example, we may tell your health plan representative about a treatment you are going to receive (such as therapy) to obtain prior approval or to determine whether your plan will cover the treatment.

### *For Health Care Operations*

We may use and disclose health information about you for Tabitha Health Care Services operations. These uses and disclosures are necessary to run Tabitha Health Care Services and make sure that all of our clients receive quality care. For example, we may use health information

to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine health information about many clients to decide what additional services should be offered, determine which services are not needed, and whether certain new treatments are effective. We may disclose information to doctors, nurses, technicians, medical students and other Tabitha Health Care Services personnel for review and learning purposes. We may combine the health information we have with health information from other providers to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning who the specific clients are.

#### *Appointment Reminders*

We may use and disclose health information to contact you and/or your family as a reminder that you have an appointment for treatment or medical care.

#### *Treatment Alternatives*

We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

#### *Health-Related Benefits and Services*

We may use and disclose health information to tell you about health-related benefits or services that may be of interest to you.

#### *Fund Raising Activities*

We may disclose general health information about you, such as your

name, address, phone number and the dates you received services, to the Tabitha Foundation so that the Foundation may contact you in an effort to raise money for Tabitha Health Care Services and its operations. **If you do not want the Foundation to contact you for fund raising efforts, you must notify the Foundation in writing at:**

**Tabitha Health Care Services  
4720 Randolph Street  
Lincoln, NE 68510**

#### *Facility Directory*

While you are a resident at Tabitha Nursing & Rehabilitation Center, we may include your name and room number about you in the facility directory so that your family, friends and clergy can visit you.

For all Tabitha clients, other information, such as your religious affiliation and general condition (fair, stable and so forth) may also be released to people who ask for you by name. Your religious affiliation may be given to a member of the clergy, such as a priest or rabbi, even if they don't ask for you by name. This is so your family, friends and clergy can generally know how you are doing.

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

We may release health information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care. We may tell your family or friends your condition and that you are receiving services. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort

so that your family can be notified about your condition, status and location.

### *Research*

Under limited circumstances, we may use and disclose health information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another for the same condition. All research projects are subject to administrative approval. This process evaluates a proposed research project and its use of health information, trying to balance the research need with the patient's need for privacy of their health information. Before we use or disclose health information for research, the project will have been approved, but we may disclose health information about you to people preparing to conduct a research project, for example, to help them look for patients with specific medical needs, so long as the documents they review do not leave the facility. We will ask for your specific permission if the researcher will have access to your name, address or other information that reveals who you are, or will be involved in your care.

### *As Required By Law*

We will disclose protected health information about you when required to do so by federal, state or local law.

### *To Avert a Serious Threat to Health or Safety*

We may use and disclose protected health information about you when necessary to prevent a serious threat to your health and safety or that of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

## **Special Situations for Which Your Medical Information Is Used and Disclosed**

- organ and tissue donation
- military and veterans
- workers' compensation
- public health risks
- health oversight activities
- lawsuits and disputes
- law enforcement
- coroners, medical examiners and funeral directors

### *Organ and Tissue Donation*

If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye, or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

### *Military and Veterans*

If you are a member of the armed forces, we may release health information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

### *Workers' Compensation*

We may release health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

### *Public Health Risks*

We may disclose health information about you for public health activities. These activities generally include the following:

- to prevent or control disease, injury or disability;

- to report births and deaths;
- to report child abuse or neglect;
- to report reactions to medications or problems with products; to notify people of recalls of products they may be using;
- to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence as required or authorized by law.

### *Health Oversight Activities*

We may disclose protected health information 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.

### *Lawsuits and Disputes*

If you are involved in a lawsuit or a dispute, we may disclose protected health information about you in response to a court or administrative order. We may also disclose health information about you 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.

### *Law Enforcement*

We may release health information if

asked to do so by a law enforcement official, examples include:

- in response to a court order, subpoena, warrant, summons or similar process;
- to identify or locate a suspect, fugitive, material witness or missing person;
- about the victim of a crime if, under certain limited circumstances, we are unable to obtain your agreement;
- about a death we believe may be the result of criminal conduct;
- about criminal conduct; and
- in an emergency circumstance to report a crime, the location for the crime or victims or the identity, description or location of the person who committed the crime.

### *Coroners, Medical Examiners and Funeral Directors*

We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about clients to funeral directors as necessary to carry out their duties.

## **Your Protected Health Information Rights**

You have the following rights regarding the protected health information Tabitha maintains about you:

- right to inspect and copy
- right to amend (or change)
- right to an accounting of disclosures
- right to request restrictions

- right to request confidential communications
- right to a paper copy of this notice

### *Right to Inspect and Copy*

You have the right to inspect and copy health information that may be used to make decisions about your care. To inspect your medical and billing records, you may contact the appropriate Tabitha Health Care Services personnel. To obtain copies of medical information, you must submit your request in writing to the Privacy Officer. If you request a copy of the information, 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 copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed by the Compliance Officer. We will comply with the outcome of the review.

### *Right to Amend (or Change)*

If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend or change the information. You have the right to request an amendment for as long as the information is kept by or for Tabitha Health Care Services.

To request an amendment, your request must be made in writing and submitted to the Privacy Officer. In addition, you must 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. We may also deny your request if you ask us to amend information that:

- 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 or for Tabitha Health Care Services;
- is not part of the information which you would be permitted to inspect and copy; or
- is accurate and complete.

### *Right to an Accounting of Disclosures*

You have the right to request a list of the disclosures we made of protected health information about you except: for treatment, payment, and health care operations, or as described in this Notice.

To request this list or accounting of disclosures, you must submit your request in writing to the Privacy Officer. Your request must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper or electronically). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

### *Right to Request Restrictions*

You have the right to request a restriction or limitation on the protected health information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the health information

we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had. We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions, you must make a request in writing to the Privacy Officer. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

### *Right to Request Confidential Communications*

You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you must make your request known at the time of admission or to the social worker or supervising nurse. You may be requested to make your request in writing to be filed in the medical record. We will not ask you the reason for your request. We will accommodate 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 a paper copy of this notice. Please contact Client Services to obtain this. You may also obtain a copy of this notice on our Web site at **[www.tabitha.org](http://www.tabitha.org)**.

## **Changes to This Notice**

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information 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 all Tabitha Health Care Services local and regional offices. The notice will contain the effective date on the first page, in the top right-hand corner. In addition, each time you are admitted to receive services from Tabitha Health Care Services, we will offer you a copy of the current notice in effect.

## **Complaints**

If you believe your privacy rights have been violated, you may file a complaint with Tabitha Health Care Services or with the Secretary of the Department of Health and Human Services. To file a complaint with Tabitha, contact the Privacy Officer at:

**Tabitha Health Care Services**  
**4720 Randolph Street**  
**Lincoln, NE 68510**

All complaints must be submitted in writing. You will not be penalized for filing a complaint.

## **Other Uses of Medical Information**

Other uses and disclosures of medical information 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 medical 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 medical 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.

## **Who Do I Contact If I Have Questions?**

If you have any questions about this notice, please contact the Privacy Officer at:

**Tabitha Health Care Services**  
**4720 Randolph Street**  
**Lincoln, NE 68510**

or call **(402) 486-8517**  
or toll free **(800) 267-2986, ext. 517.**

