



# VERNON HOMES

A COMMUNITY OF CARING. SEASONED WITH GRACE.

A CONTINUUM OF CARE FOR SENIOR LIVING

## **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.**

Generally, “protected health information” or “PHI” is information that relates to your past, present or future physical or mental health or condition, (including your genetic information, as defined by federal law), the provision of health care to you or the payment for that health care, and that identifies you or with respect to which there is a reasonable basis to believe that the information can be used to identify you.

This notice describes our privacy practices, which include how we may use and disclose your protected health information. We are required by certain federal and state laws to maintain the privacy of your PHI. We also are required by the Standards for Privacy of Individually Identifiable Health Information (the “Privacy Rule”) developed by the Department of Health and Human Services under the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) to give you this notice of our privacy practices and legal duties and your rights concerning your PHI.

## **USE AND DISCLOSURE OF YOUR PROTECTED HEALTH INFORMATION**

The following categories describe the different ways in which we may use and disclose your protected health information. Please note that every permitted use or disclosure of your PHI is not listed below. However, the different ways we will, or might, use or disclose your PHI do fall within one of the permitted categories described below.

- **TO PROVIDE TREATMENT.** We may use your protected health information to provide medical care and treatment to you. For example, we may share your PHI with nurses at the facility who are involved in taking care of you, and they may in turn use that information to provide such care. We may also disclose your PHI to others who provide medical care and treatment to you. For example, we may disclose specific information in our medical files about you, or all of that information, to your treating physician or to a hospital that is providing care to you, in order to coordinate your medical care and to ensure that these treatment providers have access to pertinent and necessary medical information about you.
- **TO OBTAIN PAYMENT.** We may use your protected health information and disclose it to others so that we may obtain payment for the health care services we provide to you. For example, we may be required by your health insurer to provide information and records regarding your health care status, and the treatment that we have provided, so that the

insurer will reimburse you or us. We also may need to disclose your PHI to an insurer in order to obtain prior approval for specific care you may need. We may also share your PHI with other health care providers and insurers for their payment activities.

- **TO CONDUCT HEALTH CARE OPERATIONS.** We may use or disclose your protected health information in order to conduct our business operations, to facilitate our administration, and as necessary to provide quality care and services to all of our residents. These activities may include:
  - quality assessment and improvement activities;
  - activities designed to improve health or reduce health care costs;
  - protocol development, case management and care coordination;
  - professional review and performance evaluation;
  - training programs including those in which students, trainees or practitioners in health care learn under supervision;
  - training of non-health care professionals;
  - accreditation, certification, licensing or credentialing activities;
  - review and auditing, including compliance reviews, medical reviews, legal services and compliance programs;
  - business planning and development including cost management and planning related analyses and formulary development;
  - business management and general administrative activities; and
  - fundraising activities.

For example, we may use your protected health information to evaluate staff performance, combine your PHI with the PHI of our other residents in evaluating how to more effectively serve all of our residents, or disclose your PHI to our staff and contracted personnel for training purposes.

We may also share your protected health information with other health care providers and insurers for certain of their business operations, if the PHI is related to a relationship the provider or insurer has or previously had with you, and if the provider or insurer is required by HIPAA to protect the privacy of your PHI.

- **FOR FUNDRAISING ACTIVITIES.** We may use and disclose (to a business associate or a foundation related to us) your protected health information, including your name, address, telephone number and the dates you received care from us in order to contact you or your family to raise money to help us operate. If you do not want us to contact you or your family, you must notify our Privacy Officer by mail at 61 Greenway Drive, Vernon, Vermont 05354, by telephone at (802) 254-6041 or by fax at (802) 257-5362 and indicate that you do not wish to be contacted.
- **FOR APPOINTMENT REMINDERS.** We may use and disclose your protected health information to contact you as a reminder that you have an appointment with us for treatment or medical care.
- **FOR TREATMENT ALTERNATIVES.** We may use and disclose your protected health information to tell you about or recommend possible treatment options or alternatives that may interest you.

- **FOR DISTRIBUTION OF HEALTH-RELATED BENEFITS AND SERVICES.** We may use and disclose your protected health information to provide you with information on health-related benefits and services that may interest you.
- **WHEN REQUIRED BY LAW.** We will disclose your protected health information when we are required to do so by any federal, state or local law. For example, we may be required to disclose your PHI if the U.S. Department of Health and Human Services investigates our HIPAA compliance efforts.
- **WHEN THERE ARE RISKS TO PUBLIC HEALTH.** We may disclose your protected health information to public health agencies for public health activities that are permitted or required by law, including:
  - prevent or control disease, injury or disability;
  - maintain vital records, such as births and deaths;
  - report child abuse and neglect;
  - notify a person about potential exposure to a communicable disease;
  - notify a person about a potential risk for spreading or contracting a disease or condition;
  - report reactions to drugs or problems with products or devices; and
  - notify individuals if a product or device they may be using has been recalled.
- **TO REPORT ABUSE, NEGLECT OR DOMESTIC VIOLENCE.** We may disclose your protected health information to notify government authorities if we believe you are the victim of abuse, neglect or domestic violence.
- **TO CONDUCT HEALTH OVERSIGHT ACTIVITIES.** We may disclose your protected health information to health oversight agencies for their authorized activities including: audits; civil, administrative or criminal investigations; inspections; and licensure or disciplinary actions.
- **IN CONNECTION WITH JUDICIAL AND ADMINISTRATIVE PROCEEDINGS.** As permitted or required by state or other law, we may disclose your protected health information in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal as expressly authorized by such order or in response to a subpoena, discovery request or other lawful process.
- **FOR LAW ENFORCEMENT PURPOSES.** As permitted or required by state or other law, we may disclose your protected health information to law enforcement officials for certain law enforcement purposes. For example, we may disclose your PHI to law enforcement officials for the following reasons:
  - to comply with court orders or laws that we are required to follow;
  - to assist law enforcement officers with identifying or locating a suspect, fugitive, witness, or missing person;
  - if you have been the victim of a crime and we determine that certain other conditions are met;
  - if we suspect that your death resulted from criminal conduct; or
  - if necessary to report a crime that occurred on our property.
- **TO CORONERS AND MEDICAL EXAMINERS.** As authorized by law, we may disclose your protected health information to coroners and medical examiners. This may be necessary to determine your cause of death or for other duties of coroners or medical examiners.

- **TO FUNERAL DIRECTORS.** Consistent with applicable law, we may disclose your protected health information to funeral directors, if necessary, to carry out their duties with respect to your funeral arrangements. If necessary to carry out their duties, we may disclose your PHI prior to, and in reasonable anticipation of, your death.
- **FOR ORGAN, EYE OR TISSUE DONATION.** We may use or disclose your protected health information to organ procurement organizations or other entities engaged in the procurement, banking or transplantation of organs, eyes or tissue for the purpose of facilitating donation and transplantation.
- **FOR RESEARCH.** We may use or disclose your protected health information for research purposes, subject to strict legal restrictions. In most cases, we will ask for your written authorization before using or disclosing your PHI in order to conduct research. However, under some circumstances, we may use and disclose your PHI without your written authorization, if we obtain approval through a special process to ensure that research without your written authorization poses minimal risk to your privacy, or as otherwise permitted by the Privacy Rule.
- **IN THE EVENT OF A SERIOUS THREAT TO HEALTH OR SAFETY.** We may use and disclose your protected health information when necessary to prevent or lessen a serious and imminent threat to your health or safety or to the health and safety of the public or another person.
- **FOR SPECIALIZED GOVERNMENT FUNCTIONS.** In certain circumstances, federal regulations require or authorize us to use or disclose your protected health information to facilitate specialized government functions related to the military, veterans' affairs, national security and intelligence activities, protective services for the President and other important officials, medical suitability determinations, inmates and law enforcement custody.
- **FOR WORKERS' COMPENSATION.** We may release your protected health information to the extent necessary to comply with laws related to workers' compensation or similar programs that provide benefits for work-related injuries or illnesses.
- **TO YOU.** Upon your request and in accordance with applicable provisions of the Privacy Rule, we may disclose to you your protected health information that is in a "designated record set." Generally, a designated record set contains medical records and billing records we may have about you, as well as other records that we use to make decisions about your health care. You can request the PHI from your designated record set as described below in the section titled "Your Rights with Respect to Your Protected Health Information."
- **TO OUR BUSINESS ASSOCIATES.** We may disclose your protected health information to contractors, agents and other business associates of ours who need the information to provide services to us, for us, or on our behalf. When we disclose your PHI in this manner, we obtain a written agreement that our business associate will protect the confidentiality of your PHI.
- **WHEN YOUR PROTECTED HEALTH INFORMATION HAS BEEN FULLY OR PARTIALLY DE-IDENTIFIED.** We may use and disclose your protected health information if we have removed any information that has the potential to identify you so that the health information is completely "de-identified." We may also use and disclose "partially de-identified" health

information about you if the person who will receive the information signs an agreement to protect the privacy of the information as required by federal and state law.

- **FOR INCIDENTAL DISCLOSURES.** While we take reasonable steps to safeguard the privacy of your protected health information, certain disclosures of your PHI may occur during or as an unavoidable result of otherwise permissible uses or disclosures of your PHI. For example, during the course of a treatment session, other patients in the area may see, or overhear discussions that include your PHI.
- **TO MAINTAIN A DIRECTORY.** We may use certain elements of your protected health information to maintain a directory of residents in our facilities, including your name, location in the facility (e.g., room number), general medical condition and religious affiliation. We may disclose the directory information to members of the clergy, such as a priest or a rabbi, or, with the exception of your religious affiliation, to other persons who ask for you by name. Your religious affiliation may be given to a member of the clergy, even if he or she does not ask for you by name. If you would like to restrict or prohibit these uses or disclosures, please contact our Privacy Officer by mail at 61 Greenway Drive, Vernon, Vermont 05354, by telephone at (802) 254-6041 or by fax at (802) 257-5362.
- **TO INDIVIDUALS INVOLVED IN YOUR CARE.** We may disclose to a family member, other relative, or your close personal friend, or any other person identified by you, the protected health information directly relevant to that person's involvement with your care or the payment related to your health care. We may also use your PHI to notify, or assist in the notification of, your family, your personal representative, or another person responsible for your care of your location, general condition or about the unfortunate event of your death. In addition, we may disclose PHI about you to an entity assisting in a disaster relief effort so that appropriate persons can be notified about your condition, status, and location. If you would like to restrict or prohibit these uses or disclosures, please contact our Privacy Officer by mail at 61 Greenway Drive, Vernon, Vermont 05354, by telephone at (802) 254-6041 or by fax at (802) 257-5362.

#### AUTHORIZATION TO USE OR DISCLOSE YOUR PROTECTED HEALTH INFORMATION

Other than as stated above, and as otherwise permitted by applicable law, we will not use or disclose your protected health information, including any psychotherapy notes, other than with your written authorization. You may give us a written authorization permitting us to use or disclose your PHI for any purpose including any marketing or sale of PHI that is permitted by law. We will not sell your PHI, or use or disclose it for marketing purposes, without your written authorization.

You may revoke an authorization that you provide to us at any time. Your revocation must be in writing. After you revoke an authorization, we will no longer use or disclose your protected health information for the reasons described in that authorization, except to the extent that we have already relied on the authorization to make a use or disclosure.

#### YOUR RIGHTS WITH RESPECT TO YOUR PROTECTED HEALTH INFORMATION

You have the following rights regarding your protected health information that we maintain:

- **RIGHT TO REQUEST RESTRICTIONS.** You have the right to request that we restrict certain uses and disclosures of your protected health information. For example, you have

the right to request a limit on our use or disclosure of your PHI in connection with your treatment, payment for your care and our health care operations. You may also request that we limit how we disclose information about you to family and friends involved in your care. We are not required to agree to your request in most instances, although we are required to honor any request you make that we not disclose to a health plan relating to any services for which you have made full, out-of-pocket payment. If we do agree to your request, we will be bound by our agreement except as we need the restricted information to respond to emergency situations or to comply with the law. If we do not agree to a request, we are required to give you notice. An agreed to restriction continues until you terminate the restriction (either orally or in writing) or until we inform you that we are terminating the restriction. If you wish to request a restriction, please contact our Privacy Officer by mail at 61 Greenway Drive, Vernon, Vermont 05354, by telephone at (802) 254-6041 or by fax at (802) 257-5362.

- **RIGHT TO RECEIVE CONFIDENTIAL COMMUNICATIONS.** You have the right to request that we communicate with you in a certain way. For example, you may ask that we only communicate with you by mail, rather than by telephone, or at work, rather than at home. If you wish to receive confidential communications, please make your request in writing to our Privacy Officer by mail at 61 Greenway Drive, Vernon, Vermont 05354, or by fax at (802) 257-5362. We do not require you to provide any reasons for your request. We will accommodate your reasonable requests for confidential communications.
- **RIGHT TO INSPECT AND COPY YOUR PROTECTED HEALTH INFORMATION.** Subject to certain exceptions, you have the right to inspect and copy your protected health information, other than psychotherapy notes and certain other information, contained in a “designated record set.” Generally, a designated record set contains medical records and billing records we may have about you, as well as other records that we use to make decisions about your health care. The request to inspect and copy PHI may be made as long as we maintain the information. A request to inspect and copy records containing your PHI must be made in writing to our Privacy Officer by mail at 61 Greenway Drive, Vernon, Vermont 05354, or by fax at (802) 257-5362. If you request a copy of your PHI, we may charge a reasonable fee for copying, assembling costs and postage, if applicable, associated with your request.
- **RIGHT TO AMEND YOUR PROTECTED HEALTH INFORMATION.** If you believe that any of your protected health information contained in a “designated record set” is inaccurate or incomplete, you have the right to request that we amend the PHI. Generally, a designated record set contains medical records and billing records we may have about you, as well as other records that we use to make decisions about your health care. The request to amend may be made as long as we maintain the information. A request for an amendment of records must be made in writing to our Privacy Officer by mail at 61 Greenway Drive, Vernon, Vermont 05354, or by fax at (802) 257-5362. We may deny the request if the request does not include a reason to support the amendment. We may also deny the request for other reasons. For example, we may deny a request if we did not create the PHI you are requesting to amend, if the PHI you are requesting to amend is not part of the designated record set, if you are not permitted to inspect or copy the PHI you are requesting to amend, or if we determine the records containing your PHI are accurate and complete. If we deny your request, you have the right to submit a written statement of disagreement.

- **RIGHT TO AN ACCOUNTING.** You have the right to request an accounting of certain disclosures of your protected health information we have made or that were made on our behalf. Any accounting will not include certain disclosures, including, without limitation:
  - disclosures to carry out treatment, payment or health care operations;
  - disclosures we made to you;
  - disclosures that were incident to another use or disclosure; and
  - disclosures which you authorized.

Please make any request for an accounting of disclosures in writing to our Privacy Officer by mail at 61 Greenway Drive, Vernon, Vermont 05354, or by fax at (802) 257-5362. The request should specify the time period for which you are requesting the information, but may not start earlier than April 14, 2003. Accounting requests may not be made for periods of time going back more than six years. We will provide the first accounting you request during any 12-month period without charge. Subsequent accounting requests in a 12-month period may be subject to a reasonable cost-based fee. We will inform you in advance of the fee, if applicable.

- **RIGHT TO A PAPER COPY OF THIS NOTICE.** You have the right to request and receive a paper copy of this Notice at any time, even if you have received this Notice previously or agreed to receive this Notice electronically. To obtain a paper copy, please contact our Privacy Officer by mail at 61 Greenway Drive, Vernon, Vermont 05354, by telephone at (802) 254-6041 or by fax at (802) 257-5362. You may also obtain a copy of the current version of our Notice at our website, [www.vernonhome.com](http://www.vernonhome.com).
- **RIGHT TO FILE COMPLAINTS.** You have the right to file complaints with us if you believe that your privacy rights have been violated. Any complaints to us should be made in writing to our Privacy Officer by mail at 61 Greenway Drive, Vernon, Vermont 05354, or by fax at (802) 257-5362. We encourage you to express any concerns to us that you may have regarding the privacy of your information. You also may complain to the Secretary of the U.S. Department of Health and Human Services if you believe that your privacy rights have been violated. We will not retaliate against you in any way for filing a complaint with us or with the Secretary of the U.S. Department of Health and Human Services.

#### OUR DUTIES WITH RESPECT TO YOUR PROTECTED HEALTH INFORMATION

We are required by law to maintain the privacy of your protected health information as set forth in this Notice and to provide you this Notice of our legal duties and privacy practices with respect to your PHI. We are required to abide by the terms of this Notice, which we may amend from time to time (and we will be required to abide by the terms of any amended Notice). We are also required by law to notify you in the event of any breach of the privacy of your PHI, if the breach poses a significant risk of financial, reputational, or other harm to you and to accommodate reasonable requests by you to communicate health information to you by alternative means and/or at alternative locations.

We reserve the right to change the terms of this Notice and to make the new Notice provisions effective for all protected health information that we maintain, including PHI that we created or received prior to the effective date of any such change. If we change this Notice, we will make the revised Notice available in accordance with the requirements of the Privacy Rule (for example, we will post the revised Notice in a prominent location at our facility). You will also be able to obtain your own copy of the revised Notice by accessing our website at

www.vernonhome.com or calling our Privacy Officer at (802) 254-6041 or asking for one at the time of your next visit. The effective date of the Notice will always be noted at the bottom of the Notice.

#### POTENTIAL IMPACT OF STATE LAW

In some situations, we may be required to follow state privacy or other applicable laws that are more stringent in terms of the privacy protection they afford to you and your protected health information than the Privacy Rule. State laws that may govern our use and disclosure of your PHI and that may provide you with greater privacy protections than the Privacy Rule include:

- Vermont's nursing home residents' bill of rights statute which generally requires your consent or waiver before we may disclose your personal and medical records outside of our facility, with certain exceptions; and
- Vermont's patient privilege statute, which generally requires your consent or waiver before we may disclose to third parties certain information we acquired in attending to you, with certain exceptions.

These, and potentially other, state laws may be more protective of your privacy interests than applicable provisions of the Privacy Rule. For example, unlike the Privacy Rule, the Vermont nursing home residents' bill of rights statute may require that we obtain your consent before we disclose your protected health information to a consultant who assists us in quality assurance or improvement activities, and the patient privilege statute may require your consent before we disclose your PHI to another provider for its payment needs.

We will follow the requirements of any state or other law that obligates us to use or disclose your protected health information in a more private or confidential manner than the Privacy Rule.

#### CONTACT PERSON

We have designated our Privacy Officer as the contact person for all issues regarding resident privacy and your privacy rights, including any further information about this Notice. You may contact our Privacy Officer by mail at 61 Greenway Drive, Vernon, Vermont 05354, by telephone at (802) 254-6041 or by fax at (802) 257-5362.

#### EFFECTIVE DATE

This Notice is effective March 1, 2011.

IF YOU HAVE ANY QUESTIONS REGARDING THIS NOTICE, OR DESIRE MORE INFORMATION ABOUT THIS NOTICE, PLEASE CONTACT OUR PRIVACY OFFICER BY MAIL AT 61 GREENWAY DRIVE, VERNON, VERMONT 05354, BY TELEPHONE AT (802) 254-6041 OR BY FAX AT (802) 257-5362.