

This notice describes how medical and health information may be used and disclosed and how you can access this information. Please review it carefully.

We are required by law to maintain the privacy of your health information; to provide you this detailed Notice of our legal duties and privacy practices relating to your health information; and to abide by the terms of the Notice that are currently in effect.

### Use & disclosures for treatment, payment, & health care operations:

The following categories describe various ways that we may use and disclose your health information for purposes of treatment, payment, and health care operations:

**For treatment:** We will use and disclose your health information in providing you with treatment and services coordinating your care and may disclose information to other providers involved in your care. Your health information may be used by doctors involved in your care and by nurses and home health aides, as well as by physical therapists, pharmacists, suppliers of medical equipment, or other persons involved in your care. For example, we will contact your physician to discuss your plan of care.

**For Payment:** We may use and disclose your health information for billing and payment purposes. We may disclose your health information to insurance or a managed care company, Medicare, Medicaid or another third-party payer. For example, we may contact Medicare or your health plan to confirm your coverage or to request prior approval for services that will be provided to you.

**For Health Care Operations:** We may use and disclose your health information as necessary for health care operations, such as management, personnel evaluation, education and training and to monitor our quality of care. We may disclose your health information to another entity with which you have or had a relationship if that entity requests your information for certain of its health care operations or health care fraud and abuse detection or compliance activities. For example, health information of many patients may be combined and analyzed for purposes such as evaluating and improving quality of care and planning for services.

### Specific uses and disclosure of your health information

The following lists various ways in which we may use or disclose your health information:

#### Facility Directory

Unless you object, we may include certain limited information about you in our facility directory. This information may include your name, location in the facility, general conditions, and your religious affiliation. Our directory does not include specific medical information about you. We may release information in our directory, except for your religious affiliation, to people who ask for you by name. We may provide the directory information, including your religious affiliation, to any member of the clergy.

#### Individuals Involved In Your Care or Payment For Your Care

Unless you object, we may disclose health information about you to a family member, close friend, or other person you identify, including clergy, who is involved in your care.

## Research

We may use or disclose your health information for research purposes if the privacy aspects of the research have been reviewed and approved, if the researcher is collecting information in preparing a research proposal, if the research occurs after your death, or if you authorize the use of disclosure.

## As Required by Law

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

## Emergencies/To Avert a Serious Threat to Health or Safety

We may use or disclose your health information as necessary in emergency treatment situations. We may use and disclose medical information about you 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.

## Appointment Reminders

We may use or disclose personal health information to remind you about appointments.

## Military, Veterans, and Other Specific Governmental Functions

If you are a member of the armed forces, we may use and disclose your health information as required by military command authorities. We may disclose health information for national security purposes or as needed to protect the President of the United States or certain other officials or to conduct certain special investigations.

## Workers' Compensation.

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

## Public Health Activities

We may disclose your health information for public health activities. These activities may include the following:

- Reporting to a public health authority for preventing or controlling disease, injury, or disability
- Reporting deaths
- Reporting elder abuse or neglect

## Health Oversight Activities

We may disclose your health information to a health oversight agency for activities authorized by law, such as audits, investigations, inspections, and licensure actions or for activities involving government oversight of the health care system.

## Judicial and Administrative Proceedings

We may disclose your health information in response to a court or administrative order. We may also 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.

## Law Enforcement

We may disclose your health information for certain law enforcement purposes, including for example, to comply with reporting requirements, to comply with a court order, warrant or similar legal process, or to answer certain requests for information concerning crimes. If you are under the custody of a law enforcement official or a correctional institution, we may disclose your health information to the institution or official for certain purposes including the health and safety of you and others.

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

We may release your 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 tissues.

## Fundraising Activities

We may use certain limited contact information for fundraising purposes or may provide contact information to a foundation related to the Episcopal Homes.

## Treatment Alternatives and Health-Related Benefits and Services

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

## Disaster Relief

We may disclose your health information to a disaster relief organization

## Uses and Disclosures with Your Authorization

Except as described in this Notice, we will use and disclose your health information only with your written authorization. You may revoke an authorization in writing at any time. If you revoke an authorization, we will no longer use or disclose your health information for the purposes covered by that authorization, except where we have already relied on the authorization.

## Your Rights Regarding Your Health Information

You have the following rights regarding medical information we maintain about you. Each of these rights is subject to certain requirements, limitations, and exceptions. At your request, the Episcopal Homes will supply you with the appropriate form to complete. You have the right to:

### Request Amendment

You have the right to request an amendment of your health information maintained by Episcopal Homes for as long as the information is kept by or for Episcopal Homes. Your request must be made in writing and must state the reason for the requested amendment. We may deny your request for an amendment if the information:

- 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/health information kept at the Episcopal Homes.
- Is not part of the information to which you have a right of access; or
- Is already accurate and complete, determined by Episcopal Homes
- 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.

### Request an Accounting of Disclosures

You have the right to request an "accounting" of certain disclosures of your health information. This is a listing of the disclosure made by Episcopal Homes or by others on your behalf, but this does not include disclosures for treatment, payment, and health care operations or certain other exceptions. To request an accounting of disclosures, you must submit your request in writing, stating a time period beginning after April 13, 2003 that is within six years from that date of your request. A first accounting provided within a 12-month period will be free, but for further requests, we may charge you our costs.

### Request Restrictions

You have the right to request restrictions on our use or disclosure of your health information for treatment, payment, or health care operations. You also have the right to request restrictions on the health information we disclose about you to a family member, friend or other person who is involved in your care or the payment for your Care. We are required to agree to your requested restriction with respect to release of your health information to any individual outside the Episcopal Homes unless you are being transferred to another health care institution, the release of records is required by law, third party payment, or to provide you with emergency care.

### Request of Confidential Communications

You have the right to request that we communicate with you concerning your health matters in a certain manner. We will accommodate your reasonable requests.

### Requests of 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.

### Access Personal Health Information

You have the right to request, either orally or in writing, your medical records, billing records or other written information that may be used to make decisions about your care. We must allow you to inspect your records within 24 hours of your request (excluding weekends and holidays). If you request copies of the records, we must provide you with copies within two working days of that request. We may charge 0- reasonable fee consistent with state law for our costs in copying and mailing your requested information.

### How to Exercise Your Rights

In order to exercise any of your rights described above, including “opt out” rights, you must submit your request in writing to our Privacy & Compliance Officer. If you have questions about your rights, please speak with our Privacy & Compliance Officer, available in person or by phone, during normal office hours. See section below for contact information.

## Our Responsibilities

### Maintain Privacy & Security

We are required by law to maintain the privacy and security of your protected health information.

### Right to be Informed of a Breach

You have the right to be informed of any unauthorized disclosure of your health information when such disclosure is deemed to be a “breach” under applicable law. An unauthorized disclosure may not be a “breach” if we determine, in accordance with standards set forth in applicable law, rules, and interpretative legal guidance, that such disclosure has a low likelihood of resulting in use of such information by unauthorized persons.

### Changes to this Notice

We reserve the right to change this Notice and to make the revised or new Notice provisions effective for all health information already received and maintained by Episcopal Homes as well as for all health information we receive in the future. We will post a copy of the current Notice in the lobby of Episcopal Homes residences and care centers. We will also provide a copy of the revised Notice upon request.

## For Further Information or to File a Complaint

If you have any questions about this Notice or would like further information concerning your privacy rights, please contact the Episcopal Homes Administrator. If you believe that your privacy rights have been violated, you may file a complaint in writing with Episcopal Homes or with the Office for Civil Rights in the U.S. Department of Health and Human Services. We will not retaliate against you if you file a complaint. To file a complaint with the Episcopal Homes, contact the Administrator. To file a complaint with the Office for Civil Rights, send a written statement to:

**Episcopal Homes of Minnesota**

Privacy & Compliance Officer  
490 E. Lynnhurst Avenue  
St. Paul, MN 55104  
[compliance@episcopalhomes.org](mailto:compliance@episcopalhomes.org)  
651-272-4910

**U.S Department of Health & Human Services**

Office for Civil Rights - Region I  
U.S. Department of Health and Human Services  
JFK Federal Building, Room 1875  
Government Center  
Boston, MA 02203