

**HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT
NOTICE OF PRIVACY PRACTICES**

Effective: April 14, 2003

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.

Covered Entities: BAPTIST VILLAGE, INC.

Service Delivery Sites: J. OLAN JONES HEALTHCARE CENTER
(Skilled Nursing Facility, Waycross, Ga.)

USES AND DISCLOSURES OF HEALTH INFORMATION

1. **Treatment.** Unless you notify us that you object, we will use or disclose your health information for treatment purposes, including for the treatment activities of other health care providers. A nurse, physician, or other member of your healthcare team may use this information to determine the course of treatment best for you. Unless you object, we may also post health information in your resident's room, such as at the head of the bed or other area, to notify staff of specific care needs. We also utilize dietary tray cards, which contain health information and name cards during meal times.
2. **Payment.** Unless you notify us that you object, we will use or disclose your health information for payment, including for the payment activities of other health care providers or payers. For example, a bill may be sent to you or other third party payers such as health plans, Medicaid, or Medicare. The information sent may contain your health information.
3. **Health care operations.** Unless you notify us that you object, we will use or disclose your health information for our regular health care operations. For example, Members of the medical staff, risk or quality improvement, may use your health information to assess the care and outcomes in you and others alike. The health information is used in an effort to continually improve the quality and effectiveness of the health care and service we provide.
4. Unless you notify us that you object, we may also disclose your health information for certain health care operations of other entities. We will only disclose your information under the following conditions:
 - ?? The other entity must have, or have had a relationship with you.
 - ?? The health information used or disclosed must relate to the other entity's relationship with you.
 - ?? The disclosure must be for either quality assessment and improvement activities, or population based activities relating to improving health or reducing health care costs, or case management and care coordination, or conducting training programs, or accreditation, licensing, credentialing activities, or for health care fraud and abuse detection or compliance.

5. **Business Associates.** There are services provided in our organization through the use of outside people and entities. For example, these “Business Associates” include our accountants, consultants, and attorneys. Unless you notify us that you object, we may disclose your health information to our Business Associates so that they can perform the job we’ve asked them to do. We require the Business Associates to appropriately safeguard your information.
6. **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.
7. **Name/Photograph Placement.** Unless you notify us that you object, we may use your name on a nameplate near or on your door in order to identify your room. We also place your photograph in your clinical chart. Photographs displayed in areas such as bulletin boards or newspapers will require an additional release from you.
8. **Notification.** Unless you notify us that you object, we may use or disclose information to notify or assist in notifying a family member, personal representative, or other person responsible for your care, of your location, and general condition. If we are unable to reach your family member or personal representative, we may leave a message requesting a return phone call on an answering machine.
9. **Communication with family.** Unless you notify us that you object, we may disclose to a family member, other relative, close personal friend or any other person involved in your health care, health information relevant to that person’s involvement in your care or payment related to your care.
10. **Research.** Unless you notify us that you object, we may disclose information to researchers without your consent when one of the following are obtained:
 - a. Documented Institutional Review Board or Privacy Board approval.
 - b. Documentation that the information is preparatory to research.
 - c. Documentation that research is solely for research on the Protected Health Information of decedents and is necessary for the research.
 - d. Limited data sets with a data use agreement between the facility and the researcher.
11. **Transfer of information at death.** Unless you notify us that you object, we may disclose health information to funeral directors, medical examiners, and coroners to carry out their duties consistent with applicable law.
12. **Organ procurement organizations.** Consistent with applicable law, unless you notify us that you object, we may disclose health information to organ procurement organization or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.
13. **Marketing.** Unless you notify us that you object, we may contact you regarding your treatment, to coordinate your care, or to direct or recommend alternative treatments, therapies, health care providers or settings. We may contact you to describe a health related product or service that may be of interest to you, and the payment for such product.
14. **Fund raising.** Unless you notify us that you object, we may contact you as a part of a fund-raising effort.

15. **Food and Drug Administration (FDA).** Unless you notify us that you object, we may disclose to the FDA, or to a person or entity subject to the jurisdiction of 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 replacement.
16. **Workers compensation.** Unless you notify us that you object, we may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.
17. **Public health.** As required by law, we may disclose your health information to public health or legal authorities charged with preventing, or controlling disease, injury, or disability.
18. **Correctional institution.** Should you be an inmate of a correctional institution, we may disclose to the institution or agents thereof health information necessary for your health and the health and safety of others.
19. **Law enforcement.** We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.
20. **Reports.** Federal law makes provisions for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force member or Business Associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public.

In any other situation, we will ask for your consent or written authorization before using or disclosing any identifiable health information about you. If you choose to sign an authorization to disclose information, you can later revoke that authorization in writing to stop any future disclosures.

INDIVIDUAL RIGHTS

You may request that we not use or disclose your information for treatment, payment, or administrative purposes or to persons involved in your care, except when specifically authorized by you, when required by law, in emergency circumstances, or if you are being transferred to another institution. Although we will consider your request with regard to the use of your health information, please be aware that we are not legally required to accept it. We will abide by your requests with regard to the disclosure of your health information. We ask that such requests be made in writing on a form provided by our facility.

You have the right to inspect or get a copy of your health information, which will be provided to you in the time frames established by law. If you request to have copies made, we will charge you a reasonable fee. We ask that such request be made in writing on a form provided by our facility.

You have the right to request a list of instances where we have disclosed health information about you for reasons other than treatment, payment, health care operations, disclosures made to you or your legal representative, or any other individual involved with your care, correctional institutions or law enforcement officials, or disclosures made for national security purposes. You will not be charged for the first request in any 12-month period, otherwise there will be a reasonable, cost based fee. We ask that such request be made in writing on a form provided by our facility.

If you believe that information in your record is incorrect or if important information is missing, you have the right to request that we correct the existing information or add the missing information. We ask that such request be made in writing on a form provided by our facility.

If you are dissatisfied with the manner in which or the location where 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. We ask that such request be made in writing on a form provided by our facility. We will attempt to accommodate all reasonable requests.

You have the right to obtain a paper copy of our Notice of Privacy Practices upon request. You may also access and print a copy of our notice from our website:

www.baptistvillage.com

COMPLAINTS

If you are concerned that we have violated your privacy rights related to your health information we would like the opportunity to address your concerns. You may contact the person listed below. Complaints must also be filed in writing on a form provided by our facility. If after we have addressed your concerns you are not satisfied, you may also send a written complaint to the following address: Region IV, Office for Civil Rights, U.S. Department of Health and Human Services, Atlanta Federal Center-Suite 3B70, 61 Forsyth Street SW, Atlanta, Georgia 30303-8909, or electronically to OCRCComplaint@hhs.gov, and it must be within 180 days of the violation.

OUR LEGAL DUTY

We are required by law to protect the privacy of your information, provide this notice about our information practices, and follow the information practices that are described in this notice.

We may change our policies at any time. Before we make a significant change in our policies, we will change our notice and post the new notice in the front lobby area, in each nurse's station, and on our Web site. You can also request a copy of our notice at any time. For more information about our privacy practices, contact the person listed below.

If you have any questions, complaints, or need to request any of the above said forms, please contact:

Becky Bolden
Compliance Contact
P.O. Drawer 179
Waycross, Georgia 31502
912-283-7050, ext. 107
bbolden@baptistvillage.com

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