



Privacy Notice

Updated September 25, 2019

This notice describes how medical information about you (or an individual for whom you are guardian) may be used and disclosed and how you can get access to this information. Please review this carefully.

As part of providing services to you, we will collect information about your health care. Meaningful Day Services (MDS) needs this information to provide *you* with quality services and to comply with the legal requirements of Health Insurance Portability and Accountability Act (HIPAA). This notice applies to all of the records of your care generated at MDS. These laws require us to:

- Make sure that information that identifies you is kept private;
- Give you this notice of MDS's legal duties and privacy practices with respect to information about you; and
- Follow the terms of the Notice that is currently in effect.

Each time you receive services from MDS, a record of your services is made containing health and financial information. Typically, this record contains information about your treatment needs and diagnoses, the treatment we provide and payment for the treatment. We may use and/or disclose this information to:

- plan your care and treatment
- communicate with other health professionals involved in your care
- document the care you receive
- educate health professionals
- provide information for medical research
- provide information to public health officials
- evaluate and improve the care we provide
- obtain payment for the care we provide

Understanding what is in your record and how your health information is used helps you to:

- ensure it is accurate
- better understand who may access your health information
- make more informed decisions when authorizing disclosure to others

How We May Use and Disclose Information About Your Medical Records. Listed below are a number of reasons or ways in which information about you might be disclosed. In each category we will explain what we mean and give an example. NOT EVERY USE OR DISCLOSURE IN A CATEGORY WILL BE LISTED. The ways we might disclose information include:

- a) For Treatment. We may disclose information about you to any personnel at MDS or outside of MDS if that person is within your interdisciplinary team. For example, *your* behavior consultant may need to share information about your medications with your direct support staff or with your case manager.
- b) For Payment. We may use and disclose information about you so that services may be billed and payment may be collected from you, an insurance company, or a government health program. We may also tell your health plan about a service you may receive to obtain prior approval or to determine whether the health plan will cover the treatment.



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- c) For Health Care Operations. We may use information about you to run our program and to make sure you receive quality services or to decide if we should change or modify our services. For example, if the services you receive have been especially effective, we may share that information with other members of our administrative team so that methods developed for you can be considered for others.
- d) As Required by Law. We will disclose information about you when required by federal, state, or local law. For example, we may reveal information about you to the proper authorities to report suspected abuse or neglect.
- e) To Avoid a Serious Threat to Health or Safety. We may use or disclose information about you when necessary to prevent a serious threat to your health and safety or to the health and safety of the public or another person. For example, if you had a seizure and needed emergency care from paramedics, we would release information to them about your medical status.
- f) Military and Veterans. If you are a member of the armed forces, we may release information about you as required by military command authorities.
- g) Worker's Compensation. We may disclose information to a health oversight agency for activities authorized by law. Examples are government audits, investigations, inspections and licensure.
- h) Lawsuits Oversight Activities. If you are involved in a lawsuit or dispute, or if there is a lawsuit or dispute concerning your services, we may disclose information about you in response to a court or administrative order. We may also disclose information about you in response to a subpoena, discovery request, or other lawful process from 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.
- i) Law Enforcement. In certain situations, we may release information about you to law enforcement officials. For example, we might release information about you to identify or locate a missing person; about a death that might be a result of criminal conduct; or in emergency circumstances to report a crime, the location of the crime or victims, or the identity, description, or location of the person believed to have committed the crime.
- j) Coroners, Medical Examiners and Funeral Directors. We may release information to a coroner or medical examiner to identify a deceased person or determine a cause of death. We may release information to funeral directors as necessary to help them carry out their duties.
- k) National Security and Intelligence. Protective Services for the President and Others. We may release information about you to authorize federal officials for intelligence, counter intelligence, and other national security activities authorized by law.
- l) Correctional Programs. If you are an inmate or in the custody of a law enforcement officer, we may release information about you to the correctional institution or law enforcement official, for example, to provide you with health care, to protect your health and safety or the health and safety of others.
- m) Business Associates. There are some services provided at MDS through contracts with business associates. Examples include our accountant, shredding company and electronic health record provider. When these services are contracted, we may disclose your health information so that they can perform the job we've asked them to do and bill you or your third-party payer for services rendered. To protect your health information, however, we require the business associate to appropriately safeguard your information.



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- n) Treatment Alternatives We may use and disclose health information to tell you about possible treatment options or alternatives that may be of interest to you.
- o) Health-Related Benefits and Services and Reminders. We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.
- p) Individuals Involved in Your Care or Payment for Your Care. Unless you object, we may disclose health information about you to a friend or family member who is involved in your care. We may also give information to someone who helps pay for your care. In addition, we may disclose health 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.
- q) Research. Under certain 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 residents who received one medication to those who received another, for the same condition. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of health information, trying to balance the research needs with residents' need for privacy of their health information. Before we use or disclose health information for research, the project will have been approved through this research approval process. We may, however, disclose health information about you to people preparing to conduct a research project so long as the health information they review does not leave a Facility.
- r) Reporting Federal and state laws may require or permit the Facility to disclose certain health information related to the following:
 - o *Public Health Risks*. We may disclose health information about you for public health purposes, including:
 - Prevention or control of disease, injury or disability
 - Reporting births and deaths;
 - Reporting child abuse or neglect;
 - Reporting reactions to medications or problems with products;
 - Notifying people of recalls of products;
 - Notifying a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease;
 - Notifying 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.
 - o *Health Oversight Activities*. We may disclose health information to a health oversight agency for activities authorized by law. These oversight activities may include 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.
 - o *Judicial and Administrative Proceedings*: If you are involved in a lawsuit or a dispute, we may disclose 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.

- *Reporting Abuse, Neglect or Domestic Violence:* Notifying the appropriate government agency if we believe a resident has been the victim of abuse, neglect or domestic violence.

OTHER USES OF HEALTH INFORMATION

Other uses and disclosures of health 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 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 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.

YOUR RIGHTS REGARDING INFORMATION ABOUT YOU

You have the following rights:

- a) To Inspect and Copy your Meaningful Day Services Service Records. Usually, this includes medical and billing records except psychotherapy notes. To inspect and copy information in your records, you may submit your request in writing to the HIPAA Privacy Officer or any MDS staff. We may charge a reasonable fee the cost of copying, mailing and other costs associated with providing the records. In very limited circumstances, we may deny your request. If we deny your request, you may ask that the denial be reviewed by submitting a request to the HIPAA compliance officer.
- b) To Amend Your Records. If the information we have about you is incorrect or incomplete, you may make a written request to the HIPAA Compliance Officer to amend the information. Meaningful Day Services' HIPAA Compliance officer is the Director of Quality Assurance. We may also deny your request if you ask us to amend information that:
 - i. Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
 - ii. Is not part of the information kept in our file;
 - iii. Is not part of the information you would be permitted to inspect and copy or we believe the information is accurate and complete.
 - iv. If you disagree with the denial, you may submit a statement of disagreement. If you request an amendment to your record, we will include your request in the record, whether the amendment is accepted or not.
- c) To Receive an Accounting of Disclosures. We will keep a log of disclosures made on or after April 13, 2002, other than disclosures for treatment, billing or health care operations. You have the right to request the list of disclosures. You must submit a written request to the HIPAA Compliance Officer. The request may not cover more than a six-year period.
- d) To Request Restrictions. You may request a restriction on the disclosure of information about you for a treatment, payment or health care operations. Your request must be in writing and made to the HIPAA Compliance Officer. The request must tell us 1.) what information you want to limit; 2.) whether you want to limit our use, our disclosure or both; and 3.) to whom you



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want the limit to apply. For example, you could ask that we not use or disclose information to a certain person about your services you have received.

- e) To Request Alternative Ways to Communicate. You may request that we communicate with you about your services in a certain way or at a certain location. For example, you can ask that we contact you only at work or only by mail. Your request must be in writing, and you must tell us how you would like us to communicate with you. This letter must be sent to the HIPAA Compliance Officer. We will accommodate all reasonable requests.
- f) To Receive a Paper Copy or Electronic Copy of the Notice. You have the right to receive a paper copy or an electronic copy of this notice. You may request either a paper or an electronic notice from the HIPAA Compliance Officer or any MDS staff.

ADDITIONAL RIGHTS UNDER STATE LAW. State privacy laws may provide additional privacy protections. Any such protections will be attached in a separate State addendum to this notice.

CHANGES TO THE NOTICE. We may change this notice in the future. We can make the revised or changed notice effect for information we already have about you as well as any information we have in the future. Changes will be available on the MDS website.

COMPLAINTS: If you believe your privacy rights have been violated, you may file a complaint with our HIPAA Compliance Officer or with the Secretary of Health and Human Services. All complaints must be in writing.

We will not retaliate against you for filing a complaint.