

Notice of Privacy Practices

Living Branches is a not-for-profit system of retirement living communities dedicated to providing quality, life enriching services on three campuses in Bucks and Montgomery County in Southeastern Pennsylvania. Souderton Mennonite Homes and Dock Woods offer residential living, personal care and nursing care services as well as services for residents with memory impairment. The Willows of Living Branches provides personal care services with residents having access to nursing care services within the Living Branches system.

**The Willows
of Living Branches
2343 Bethlehem Pike
Hatfield PA 19440**

**Souderton
Mennonite Homes
207 West Summit Street
Souderton PA 18964**

**Dock Woods
275 Dock Drive
Lansdale PA 19446**

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.

A. Purpose of Notice

Living Branches is committed to safeguarding the privacy and confidentiality of your protected health information including all records and information created and/or maintained at our organization. This also includes any information that we receive from other providers or facilities.

We are required by law to protect the privacy of your personal health information and to provide you with this notice to tell you how we may use and disclose your personal medical information.

This Notice describes the ways in which we may use and disclose your protected health information, and describes your rights regarding your information, as well as our legal duties and privacy practices with respect to protected health information.

We reserve the right to change this Notice and to make the revised or new Notice changes effective for all protected health information that we already maintain about you, as well as information we may receive in the future. A current copy of the notice will be posted in our facility. The first page of the notice contains the effective date and any dates of revision.

We will abide by the terms of this notice, including any future revisions made to the notice as required or authorized by law.

B. Ways We May Use And Disclose Your Personal Health Information Without Needing To Obtain Your Consent Or Authorization

❖ For Purposes of Treatment:

We may use and disclose your protected health information to facility and non-facility personnel who may be involved in your care such as physicians, therapists, nurses, nurse aides, students in various health studies, family members or other persons. For example, a nurse will need to call the attending physician to report any changes in your condition or communicate with hospital staff when a transfer to a hospital is ordered. We may also need to communicate with individuals who will be involved in your care after you leave Living Branches such as home health agencies.

❖ For Purposes of Payment:

We may use and disclose your protected health information so that we may bill and receive payment from you, an insurance company, or other third party payor for the health care services that you received at Living Branches. For example, we may need to give information to Medicare or your health plan to obtain prior approval for services or treatments that are ordered for you to receive.

❖ For Health Care Operations:

We may use and disclose your protected health information in order to operate our facility. For example, we may use it to evaluate staff performance or our treatment and service procedures through various quality improvement methods. We may also combine our information with other health care providers' information to compare how we are doing and learn ways to improve our services to you. We may remove information from this data that may identify you.

C. We May Use And Disclose Personal Health Information About You For Other Specific Purposes

❖ Living Branches Uses

We may disclose your protected health information to perform certain functions within our organization unless you notify us that you object. We may use your name, your location, photo, and telephone number in our resident directory. Your name, your location, and a statement of general condition may be given to people who ask for you by name. We may disclose certain limited protected health information about you to a member of the clergy, such as your religious affiliation. We may also use your information in newsletters, daily announcements, notice of changes, hospitalization notices or postings, prayer lists, obituary notices, birth dates and anniversary dates. There may also be times when you may be photographed during community events and or when in group settings. These photos may be displayed throughout the community or used in marketing materials such as "Branching Out" or other printed materials where you may or may not be identified by name.

❖ Family and friends

We may disclose your protected health information to individuals, such as family, friends, or any other person you tell us that are involved in your care or who help pay for your care. Disclosures may be face to face, by telephone or by electronic mail.

❖ As permitted or required by law:

We may use and disclose your protected health information to you, someone who has the legal right to act for you (personal representative), or to the Secretary of the Department of Health and Human Services, if necessary to make sure your privacy is protected, and where required by law for:

- Oversight by state and federal agencies that may include audits and investigations, inspections or licensure and certification surveys.
- Public health activities and protective services agencies such as reporting fraud or suspected abuse or neglect; disease outbreaks, adverse reactions to medications, or problems with health care products.
- Workers compensation to the extent authorized by law related to workers compensation or other similar programs established by law.

- Judicial and administrative proceedings as response to court orders, summons, warrants, or subpoenas.
- Law enforcement officials request for the purpose to locate a missing person, a suspect, or material witness, to report criminal conduct on our premises or in an emergency to report the commission of a crime or imminent threat to health or safety of staff or residents.
- Coroners, medical examiners, funeral directors or organ procurement organizations for the purpose of identifying a deceased individual, to determine the cause of death, or facilitate organ or tissue donation. Also to provide funeral directors with information in order to carry out their duties.
- National security, military, and veterans for purposes of intelligence, counterintelligence, and other national security activities.
- Fund raising activities: you may be contacted for fund raising activities for the organization. If you do not wish to receive fundraising communications from us, we must provide you the option to “opt out” of receipt of such communications.
 To opt out of receiving fund raising communications contact:
 Director of Fund Development
 275 Dock Drive
 Lansdale, PA 19446
 215-368-4438
- Research for the purpose of identifying residents/clients with specific health care needs who may qualify to participate in the research project. Specific permission will be obtained to use or disclose your protected health information if the researcher will have access to your name, address or other identifying information.

D. Your Written Authorization Is Required For All Other Uses of Protected Health Information

We may use and disclose your protected health information (other than as described in this notice or if not permitted or required by law) **ONLY** with your written Authorization. You may revoke your authorization at any time as long as it is in writing. If you revoke your authorization, we will no longer use or disclose your information as you had specified, except where we have already acted upon your authorization. You understand that we are unable to retrieve any disclosures which we may have made pursuant to your authorization prior to its revocation.

In the following circumstances we will always require a written authorization from you:

- a. In most circumstances when we use or disclose psychotherapy notes made by a mental health professional to document or analyze a conversation in a counseling session.
- b. Any marketing communication that is paid for by a third party about a product or service to encourage you to purchase or use the product or service.
- c. Except for limited transactions permitted by the Privacy Rule, a sale of protected health information for which we directly or indirectly receive remuneration or payment.
- d. Except for incidental disclosures of your protected health information to electronic audio/video/recording devices in your residence. We will make best efforts to

implement proper controls to maintain privacy and security. Living Branches utilizes cameras with recording capabilities at the entrances/exits to their buildings. The cameras are used for safety and security purposes. Resident images may be captured by the video cameras.

- e. Other uses or disclosures of protected health information that are not described in this notice.

E. Your rights regarding your protected health information

- ❖ Right to request restrictions
- ❖ You have a right to request that we not disclose information about treatment we provide to you to your health plan so long as you have separately paid us for the service or treatment involved. We must agree with your request.
- ❖ You have the right to request a restriction on other protected health information that we use for treatment, payment or health care operations for which your health plan does make payment. We are not required to agree to your request.
- ❖ You also have the right to request a restriction on the protected health information to be disclosed about you to someone, such as a family member or friend who is involved in your care or in payment for your care. We are not required to agree to your request.

In all situations where we have agreed to comply with a restrict for restriction, we will not release the information unless the information is needed to provide emergency treatment for you.

You must make your request for restrictions in writing to the Living Branches Compliance Official. You must tell us what information you want to restrict, whether you want us to restrict our use, disclosure, or both, and to whom the restrictions apply (for example disclosures to a family member).

- ❖ Right of access to protected health information. You have the right to inspect and obtain a copy of your medical information and billing records. This does not include psychotherapy notes.
 - If you want to inspect or obtain copies of your protected health information or billing records, you must submit your request in writing to the Living Branches Compliance Official. Residents of Health Care Centers (Nursing Care) may also make their request orally to the Director of Health Care Services or the Living Branches Compliance Official. If you request a copy of this information you will be charged a fee for the costs of copying, mailing, or other supplies associated with your request.
 - We may deny your request to inspect or obtain copies in certain limited circumstances. If you are denied access, you may request a review of the denial. Another licensed professional at Living Branches will review your request and the denial. This will be a different person than the one who initially denied your request. We will comply with the outcome of this review.

- ❖ Right to request an amendment. You have the right to request to amend your protected health information if you think it is wrong or incomplete, as long as the information is kept by or for Living Branches.

Your request for an amendment must be requested in writing and submitted to the Living Branches Compliance Official. We may deny your request if it is not in writing or does not include a reason to support the request. Also your request to amend may be denied if the information:

- Was not created by us, unless you can show that the originator of the information is no longer available to act on your request,
 - Is not part of the protected health information kept by or for Living Branches,
 - Is accurate and complete.
 - Is not part of the information that you have a right to inspect or copy,
 - If your request is denied, a written reason for the denial will be given to you and instructions on how you can give us a statement of disagreement. Your statement of disagreement may be added to your protected health information.
- ❖ Right to an accounting of disclosures. You have the right to request a listing (accounting) of the disclosures of your protected health information that we made except for:
 - Those that we made to carry out treatment, payment or health care operations,
 - Those that were given to you or your personal representative,
 - Those that were given in accordance with an authorization signed by you or your representative, or
 - Those that were given out for law enforcement purposes.
 - To request a listing of disclosures you must submit your request in writing to the Living Branches Compliance Official and state a time period (it cannot be longer than six (6) years prior to the date of your request). You need to tell us in what form you want to receive the listing; for example, on paper or via electronic means.
 - You will not be charged for the disclosure for the first time in a twelve (12) month period. You may be charged for any additional requests you make within that time frame and will be told the cost of each. You can then decide whether to withdraw or modify your request before any costs are incurred.
 - ❖ Right to request confidential communications by alternate means. You have the right to request that we communicate with you about your health care in a certain way or at a certain location. We will accommodate all reasonable requests. For example, you can ask that we contact you by mail.
 - To request alternate communications, please contact the social worker or director of the facility in which you reside. Please tell us how or where you wish to be contacted. You do not need to give us a reason for your request.
 - ❖ Right to be notified of a breach. If we improperly permit acquisition, access, use or disclose protected health information about you in a harmful manner (a breach), you have the right to receive and we are required to send you a notice informing you of the circumstances involved.
 - ❖ Right to receive a paper copy of this notice. You may ask us for a copy of this Notice at any time. If you have agreed to receive this notice electronically, you may also have a paper copy of this Notice.
 - To receive a copy of the Notice, contact the front desk at your respective campus. You may also access this notice on our website: www.livingbranches.org

F. Complaints

If you believe that your privacy rights have been violated, you may file a complaint in writing to the individual listed below at Living Branches, or by calling the Compliance Line or with the Secretary of the Department of Health and Human Services. **You will not be penalized in any way for filing a complaint.** The complaint form may be obtained from the Living Branches Compliance Official.

To file a complaint or if you have any questions about this Notice, contact:

Lori Borglum, Compliance Official
Living Branches
242 West Reliance Road
Souderton, PA 18964
(215) 368-4438

or

Compliance Line
1-800-211-2713

or

The U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201
(202) 619-0257
Toll Free: 1-877-696-6775

Frequently Asked Questions about Privacy of Resident Information

1. **What is HIPAA?** HIPAA stands for Health Insurance Portability and Accountability Act. HIPAA is a federal law requiring changes in the way health care organizations handle health information. The intent of the law is to protect resident/consumer privacy and maintain confidentiality of health information.
2. **Why am I receiving a Privacy Notice?** Living Branches, as a health care organization, is required to distribute to residents a notice of privacy practice. The notice of privacy practice will tell you how we will use and disclose your health information, and how you can access this information. When you receive the Notice of Privacy Practice, you will be asked to sign a form acknowledging receipt of Notice of Privacy Practice.
3. **What is protected health information?** Protected health information is any information created or received by Living Branches that relates to the past, present or future physical or mental health or condition of a resident; the provisions of health care to a resident; payment for the provision of health care to a resident; and any information that can be used to identify a resident. Resident information is considered private or “confidential” whether written on paper, faxed, saved on a computer, or spoken. This includes name, address, age, Social Security number and any other personal information, such as the reason the resident is living at our facility, receiving treatments and medications, and/or caregivers’ notes and information about current, past or future health conditions.
4. **Can you share my health information with my doctor or hospital?** Living Branches may share your protected health information with your health care providers without your verbal or written permission. Examples include any of your physicians, hospital, or another health care facility.
5. **Will you give protected health information to my family?** Living Branches will provide information to anyone that you designate to receive information on your behalf. This information may be given face-to-face, by telephone, or electronic mail. As specified in our Notice of Privacy Practice, we may give your location and a statement of general condition to those who ask for you by name. To release other information you would need to complete an authorization form.
6. **Will you announce to other residents when I am in the hospital?** On the Souderton Campus of Living Branches, public announcements about your hospitalization or temporary outplacement in another care facility are included in the morning announcements. On all campuses, you may give verbal permission to a member of our staff, such as Chaplain or Social Worker, to let others know in general how you are doing. If someone asks for you by name we may tell him or her where you are, but not give details about your condition.
7. **Can I talk to my neighbors about my health condition? Can I ask for prayer for my health conditions?** Yes. Remember, HIPAA regulations are required for health care employees. You as an individual are free to speak to whomever you choose about your health, or ask for prayer. Just remember, staff may not tell you about another residents protected health information.
8. **I am a good friend with my neighbor, who has been hospitalized. What is the best way to find out how he/she is doing?** Since Living Branches cannot give detailed information about a resident, you may call your neighbor or their family.
9. **What do I do if I overhear staff discussing another resident’s protected health information?** Staff are trained and instructed to keep conversations private. However, conversations may be overheard. This information is called “incidental disclosure.” You may overhear private health information, but as long as you keep it to yourself, you have nothing to worry about. If you believe staff has violated a resident’s privacy, please report your concerns to the Compliance Official.