

Southern California Presbyterian Homes

NOTICE OF PRIVACY PRACTICES
FOR PROTECTED HEALTH INFORMATION

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. INTRODUCTION

During the course of providing services and care to you, Southern California Presbyterian Homes (SCPH) gathers, creates, and retains certain personal information about you that identifies who you are and relates to your past, present, or future physical or mental condition, the provision of health care to you, and payment for your health care services. This personal information is characterized as your “protected health information.” This Notice of Privacy Practices describes how our organization maintains the confidentiality of your protected health information, and informs you about the possible uses and disclosures of such information. It also informs you about your rights with respect to your protected health information.

B. SOUTHERN CALIFORNIA PRESBYTERIAN HOMES’ RESPONSIBILITIES

SCPH is required by federal and state law to maintain the privacy of your protected health information. We are also required by law to provide you with this Notice of Privacy Practices that describes our legal duties and privacy practices with respect to your protected health information. We will abide by the terms of this Notice of Privacy Practices. We reserve the right to change this or any future Notice of Privacy Practices and to make the new notice provisions effective for all protected health information that we maintain, including protected health information already in our possession. If SCPH changes its Notice of Privacy Practices, it will personally deliver or mail a revised notice to you at your current address.

C. USE AND DISCLOSURE WITH YOUR AUTHORIZATION

SCPH will require a written authorization from you before it uses or discloses your protected health information, unless a particular use or disclosure is expressly permitted or required by law without your authorization. We have prepared an authorization form for you to use that authorizes SCPH to use or disclose your protected health information for the purposes set forth in the form. You are not required to sign the form as a condition to obtaining treatment or having your care paid for. If you sign an authorization, you may revoke it at any time by written notice. SCPH then will not use or disclose your protected health information, except where it has already relied on your authorization.

D. HOW SOUTHERN CALIFORNIA PRESBYTERIAN HOMES MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION WITHOUT YOUR AUTHORIZATION

1. Permissive Disclosures

SCPH may, in its discretion, use or disclose your protected health information without your written authorization in the following circumstances:

a. Your Care and Treatment

We may use or disclose your protected health information to provide you with or assist in your treatment, care and services. For example, we may disclose your health information to health care providers who are involved in your care to assist them in your diagnosis and treatment, as necessary. SCPH may also disclose your protected health information to individuals who will be involved in your care if you leave the Facility.

b. Billing and Payment

i. Medicare, Medi-Cal and Other Public or Private Health Insurers –

We may use or disclose your protected health information to public or private health insurers (including medical insurance carriers, HMOs, Medicare, and Medi-Cal) in order to bill and receive payment for your treatment and services that you receive at the facility. The information on or accompanying a bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.

ii. Health Care Providers – We may also disclose your protected health information to health care providers in order to allow them to determine if they are owed any reimbursement for care that they have furnished to you and, if so, how much is owed.

c. Health Care Operations

We may use your protected health information for health care operations at the facility. These uses and disclosures are necessary to manage the facility and to monitor our quality of services and care. For example, we may use your protected health information to review our services and to evaluate the performance of our staff in caring for you.

d. Licensing and Accreditation

We may disclose your protected health information to any government or private agency, such as to the California Department of Health Services and the California Department of Social Services, responsible for licensing or accrediting the facility so that the agency can carry out its oversight activities. These oversight activities include audits; civil, administrative, or criminal investigations; inspections; licensure or disciplinary actions; civil, administrative, or criminal proceedings or actions; or other activities necessary for appropriate oversight.

e. The Facility's Directory

We maintain a Directory of residents to allow staff to provide certain basic information to persons who ask for residents by name or to members of the clergy who serve the facility. Unless you notify the facility that you

object, the Directory will include certain limited information about you, such as your name and your location in the facility.

- f. Individuals Involved in Your Care or Payment for Your Care
Unless you specifically object, the facility may disclose to a family member, other relative, a close personal friend, or to any other person identified by you, all protected health information directly relevant to such person's involvement with your care or directly relevant to payment related to your care. The facility may also disclose your protected health information to these same individuals to assist in notifying them of your location, general condition, or death.
- g. Disaster Relief
We may disclose your protected health information to a public or private entity authorized to assist in disaster relief efforts.
- h. Business Associates
We may contract with certain individuals or entities to provide services on your behalf. Examples include data processing, quality assurance, legal, or accounting services. We may disclose your protected health information to a business associate, as necessary, to allow the business associate to perform its functions on the facility's behalf. The facility will have a contract with its business associates that obligate the business associates to maintain the confidentiality of your protected health information.
- i. Fundraising
SCPH and/or its Foundation may use certain protected health information to contact you in an effort to raise funds in support of our Mission and your facility. We may disclose the protected health information to business associates or to related foundations that we use to raise funds in support of our Mission and your facility. We will disclose only your name and address. You may notify the facility, SCPH or the SCPH Foundation in writing if you object to such disclosures.
- j. Research
We may disclose your protected health information for research purposes, provided that an outside Institutional Review Board overseeing the research approves the disclosure of the information without a written authorization.
- k. Hospital Peer Review
We may disclose your protected health information to hospital medical staffs to aid in the credentialing of applicants and in the peer review of members.
- l. Organ Procurement
We may disclose your protected health information following your death to an organ procurement agency or tissue bank in order to aid in using your organs or tissues in transplantation.
- m. Medical Examiner or Funeral Directors
We may disclose protected health information to a medical examiner or funeral director to allow them to carry out their duties.

- n. Appointment Reminders
We may use or disclose your protected health information to remind you about appointments.
- o. Treatment Alternatives or Health-Related Benefits and Services
We may use or disclose your protected health information to inform you about treatment alternatives or health-related benefits and services that may be of interest to you.
- p. Members of Workforce
It is SCPH's policy to allow members of its workforce to share residents' protected health information with one another to the extent necessary to permit them to perform their legitimate functions on your behalf. At the same time, SCPH will work with and train its workforce members to ensure that there are no unnecessary or extraneous communications that will violate the rights of its residents to have the confidentiality of their protected health information maintained.
- q. Veterans
We may use and disclose to components of the Department of Veterans Affairs medical information about you to determine whether you are eligible for certain benefits.
- r. Workers' Compensation
We may use or disclose your protected health information to comply with laws relating to workers' compensation or similar programs.

2. Mandatory Disclosures

SCPH will disclose protected health information to outside persons or entities without your written authorization as required by law in the following circumstances:

- a. Court Order; Order of Administrative Tribunal
We will disclose protected health information in accordance with an order of a court or of an administrative tribunal of a government agency.
- b. Subpoena
We will disclose protected health information in accordance with a valid subpoena issued by a party to adjudication before a court, an administrative tribunal, or a private arbitrator. Reasonable efforts will be made to notify you of the subpoena, or of efforts to obtain an order or agreement protecting your protected health information.
- c. Law Enforcement Agencies
We will disclose protected health information to law enforcement agencies in accordance with a search warrant, a court order or court-ordered subpoena, or an investigative subpoena or summons.
- d. Coroner
We will disclose protected health information to a coroner where the coroner requests the information to identify a decedent; to notify next of kin; or to investigate deaths that may involve public health concerns, suspicious circumstances, elder abuse, or organ or tissue donation.

- e. Elder Abuse Reporting
We will disclose protected health information about a resident who is suspected to be the victim of elder abuse to the extent necessary to complete any oral or written report mandated by law. Under certain circumstances, we may disclose further protected health information about the resident to aid the investigating agency in performing its duties. SCPH will promptly inform the resident about any disclosure unless it believes that informing the resident would place the resident in danger of serious harm, or would be informing the resident's personal representative, whom the Provider believes to be responsible for the abuse, and believes that informing such person would not be in the resident's best interest.
- f. National Security and Intelligence Activities, Protected Services for the President and Others
We will disclose protected health information about a resident to authorized federal officials conducting national security and intelligence activities or as needed to provide protection to the President of the United States, certain other persons or foreign heads of states, or to conduct certain special investigations.
- g. Other Disclosures Required by Law
We will disclose protected health information about a resident when otherwise required by law.

E. YOUR RIGHTS REGARDING PROTECTED HEALTH INFORMATION

You have the following rights with respect to your protected health information. To exercise these rights, contact Southern California Presbyterian Homes at 516 Burchett Street, Glendale, CA 91203, Attention: Privacy Officer.

- a. Right to Request Access
You have the right to inspect and copy your protected health information maintained by SCPH. In certain limited circumstances, we may deny your request as permitted by law. However, you may be given an opportunity to have such denial reviewed by an independent licensed health care professional.
- b. Right to Request Amendment
You have the right to request an amendment to your protected health information maintained by SCPH. If your request for an amendment is denied, you will receive a written denial, including the reasons for such denial, and an opportunity to submit a written statement disagreeing with the denial.
- c. Right to Request Restriction
You have the right to request restrictions on the use and disclosure of your protected health information for treatment, payment or health care operations, or providing notifications regarding your identity and status to persons inquiring about or involved in your care. SCPH is not required to grant your request, but if it does, it will comply with your request, except in an emergency situation or until the restriction is terminated by you or SCPH.

- d. Right to Request Confidential Communications
You have the right to request that SCPH communicate protected health information to the recipient by alternative means or at alternative locations.
- e. Right to an Accounting
You have the right to receive an accounting of disclosures of your protected health information created and maintained by SCPH over the six years prior to the date of your request or for a lesser period. SCPH is not required to provide an accounting of the following disclosures:
 - ? To carry out treatment, payment, and health care operations;
 - ? To respond to your requests for access to protected health information;
 - ? To include your information in the Facility's Directory;
 - ? To aid in the identification or care of a resident; or
 - ? To any recipient prior to April 14, 2003 or for protected health information created more than six years before the date of your request for an accounting.
- f. Right to Receive a Copy of the Notice of Privacy Practices
You have the right to request and receive a copy of the SCPH Notice of Privacy Practices for Protected Health Information in written or electronic form.

F. COMPLAINTS

If you believe that your privacy rights have been violated, you may file a complaint with Southern California Presbyterian Homes at 516 Burchett Street, Glendale, CA 91203, Attention: Privacy Officer. You also have the right to submit a complaint to the Secretary of the U.S. Department of Health and Human Services, 50 United Nations Plaza – Room 322, San Francisco, CA 94102, Attention OCR Regional Manager. **Southern California Presbyterian Homes will not retaliate against you if you file a complaint.**

G. FURTHER INFORMATION

If you have questions about this Notice of Privacy Practices or would like further information about your privacy rights, please contact in writing Southern California Presbyterian Homes at 516 Burchett Street, Glendale, CA 91203, Attention: Privacy Officer.