



ABC CORPORATION and its related entities including

**COLONIAL MANOR OF ELMA, INC.; WEBSTER CARE CORPORATION;
LONG TERM MEDICAL SUPPLY CORPORATION; GENERAL IOWA NURSING, INC.**

NOTICE OF PRIVACY INFORMATION PRACTICES

Revised Effective November 08, 2013

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.

Please contact **Alexa Mayner, ABCM Privacy Officer**, at 641-456-5636 or amayner@abcmcorp.com if you have any questions regarding this notice.

A. General description and purpose of notice.

This notice describes our information privacy practices and that of:

1. Any health care professional authorized to enter information into your medical record created and/or maintained by **ABC Corporation** and its related entities specifically identified as **Colonial Manor of Elma, Inc., Webster Care Corporation, Long Term Medical Supply Corporation, and General Iowa Nursing, Inc.**
2. Any member of a volunteer group which we allow to help you while receiving services from, and all employees, staff, and other personnel of ABCM Corporation and the above identified related entities.

All of the individuals or entities identified above will follow the terms of this notice. These individuals or entities may share your health information with each other as needed for purposes of treatment, payment, or health care operations, as further described in this notice.

B. Our policy regarding your health information.

We are committed to preserving the privacy and confidentiality of your health information created and/or maintained at our sites. Certain state and federal laws and regulations require us to implement policies and procedures to safeguard the privacy of your health information.

This notice will provide you with information regarding our privacy practices and applies to all of your health information created and/or maintained by ABCM Corporation, including any information that we receive from other health care providers or facilities. The notice describes the ways in which we may use or disclose your health information and describes your rights and our obligations regarding any such uses or disclosures. We will abide by the terms of this notice, including any future revisions that we may make to the notice as required or authorized by law.

We reserve the right to change this notice and to make the revised or changed notice effective for health information we already have about you as well as any information we receive in the future. We will post a copy of the current notice within our business locations. The first page of the notice contains the date of the most recent revision.

C. Uses or disclosures of your health information.

We may use or disclose your health information in the following ways:

1. For purposes of treatment, payment or health care operations as described below, we may use or disclose your information without your consent or authorization.
2. For use in our facility directory or to discuss your health condition with family or friends who are involved in your care, pursuant to your **verbal agreement**.
3. For purposes *other than* treatment, payment or health care operations, pursuant to your **written authorization**.
4. As permitted by law
5. As required by law

The following describes each of the different ways that we may use or disclose your health information. Where appropriate, we have included examples of the different types of uses or disclosures. While not every use or disclosure is listed, we have included all of the ways in which we may make such uses or disclosures.

I. Uses or disclosures for treatment, payment or health care operations.

We may use or disclose your health information without your consent or authorization for purposes of treatment, payment, or health care operations.

A. Treatment. We may use your health information to provide you with health care treatment and services.

1. **Admission inquiry.** We may use or disclose your health information obtained by us for purposes of evaluating your care needs and our ability to meet those needs in conjunction with an inquiry or application or referral for admission to an ABCM Corporation program or service.
2. **Ancillary treatment providers.** We may disclose your health information to doctors, nurses, nursing assistants, medication aides, technicians, medical and nursing students, rehabilitation therapy specialists, or other personnel who are involved in your health care. For example, your physician may order physical therapy services to improve your strength and walking abilities. Our nursing staff will need to talk with the physical therapist so that we can coordinate services and develop a plan of care.
3. **Business associates and outside treatment providers.** We also may disclose your health information to people outside of our facility who may be involved in your health care such as your pharmacy, diagnostic lab provider, durable medical equipment or prosthetic suppliers, case managers and/or social services providers, etc.
4. **Continuity of care.** We are required to disclose your health information to health service providers who will be assuming responsibility for your care at the time of your admission to or following transfer or discharge from our program, to allow for continuity in the care and services you receive.
5. **Appointment reminders.** We may use or disclose your health information for purposes of contacting your family members, other responsible parties, volunteers or public transportation providers regarding scheduling or arranging transportation to a health care appointment.
6. **Treatment alternatives, health-related benefits and services.** We may use or disclose your health information for purposes of investigating or collaborating on treatment alternatives or health-related benefits and services that may be of interest to you.

B. Payment. We may use or disclose your health information so that we may bill and collect payment from you, an insurance company, or another third party for the health care services you receive from us. For example:

1. We may need to give information to your health plan regarding the services you received from us so that your health plan will pay us or reimburse you for the services.
2. We also may tell your health plan about a treatment you are going to receive in order to obtain prior approval for the services or to determine whether your health plan will cover the treatment.

C. Health care operations. We may use or disclose your health information to perform certain functions within our facilities. These uses or disclosures are necessary to operate our facilities and to make sure that our residents receive quality care. For example:

1. **Health oversight activities.** We may use or disclose your health information to a health oversight agency that is authorized by law to conduct health oversight activities. These oversight activities may include audits, investigations, inspections, level of care determinations, or licensure and certification surveys. These activities are necessary for the government to monitor the persons or organizations that provide health care to individuals and to ensure compliance with applicable state and federal laws and regulations. For example:
 - a. Iowa law requires the **Iowa Medicaid Enterprise** medical services unit to screen all persons seeking admission to a nursing facility to determine if mental illness, mental retardation, or a related condition is present.
 - b. Additionally, nursing facilities are required to complete **standardized, comprehensive assessments** of each resident and to transmit the assessment data to a national repository. The government uses the assessment data to set facility-specific reimbursement rates and to calculate facility Quality Measurements.
2. We may use your health information to review our treatment and services and to evaluate the performance of our staff in caring for you.
3. We may combine health information about many of our residents to determine whether certain services are effective or whether additional services should be provided.
4. We may disclose your health information to physicians, nurses, nursing assistants, medication aides, rehabilitation therapy specialists, technicians, medical and nursing students, and other personnel for review and learning purposes.
5. We also may combine health information with information from other health care providers or facilities to compare how we are doing and see where we can make improvements in the care and services offered to our residents.
6. We may remove information that identifies you from this set of health information so that others may use the information to study health care and health care delivery without learning the specific identities of our residents.

II. Uses or disclosures permitted by law

Certain state and federal laws and regulations either require or permit us to make certain uses or disclosures of your health information without your consent or permission. These uses or

disclosures are generally made to meet public health reporting obligations or to ensure the health and safety of the public at large. The uses or disclosures that we may make pursuant to these laws and regulations include the following:

- A. Public health activities.** We may use or disclose your health information to public health authorities that are authorized by law to receive and collect health information for the purpose of preventing or controlling disease, injury or disability. We may use or disclose your health information for the following purposes:
 - 1. To report suspected or actual abuse, neglect, or domestic violence
 - 2. To report adverse reactions to medications or problems with health care products
 - 3. To notify individuals of product recalls
 - 4. To notify an individual who may have been exposed to a disease or may be at risk for spreading or contracting a disease or condition
 - 5. To report deaths
- B. Consumer Protection activities.** We may use or disclose your health information to government agencies or their representatives when authorized by law to conduct consumer protection activities such as the Iowa Department on Aging Long-Term Care Ombudsman or, for persons with mental illness or disabilities, the Iowa Protection and Advocacy Agency. ***If you do not want your information disclosed to these agencies, you must notify in writing the Administrator or Manager where services are or were provided.***
- C. To avert a serious threat to health or safety.** We may use or disclose your health information when necessary to prevent a serious threat to the health or safety of you or other individuals. Any such use or disclosure is made solely to the individual(s) or organization(s) with the ability and/or authority to assist in preventing the threat.
- D. Judicial or administrative proceedings.** We may use or disclose your health information to courts or administrative agencies charged with the authority to hear and resolve lawsuits or disputes. We may disclose your health information pursuant to a court order, a subpoena, a discovery request, or other lawful process issued by a judge or other person involved in the dispute, but only if efforts have been made to (i) notify you of the request for disclosure or (ii) obtain an order protecting your health information.
- E. Law Enforcement official.** We may use or disclose your health information in response to a request received from a law enforcement official for the following purposes:
 - 1. In response to a court order, subpoena, warrant, summons or similar lawful process
 - 2. To identify or locate a suspect, fugitive, material witness, or missing person
 - 3. Regarding a victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement
 - 4. To report a death that we believe may be the result of criminal conduct
 - 5. To report criminal conduct at our facility
 - 6. In emergency situations, to report a crime—the location of the crime and possible victims; or the identity, description, or location of the individual who committed the crime
- F. Worker's compensation.** We may use or disclose your health information to worker's compensation programs when your health condition arises out of a work-related illness or injury.
- G. Military and veterans.** If you are a member of the armed forces, we may use or disclose your health information as required by military command authorities.
- H. Coroners, medical examiners, or funeral directors.** We may use or disclose your health information to a coroner or medical examiner for identifying a deceased individual or to

determine the cause of death. We also may use or disclose your health information to a funeral director for carrying out his/her necessary activities.

- I. **Organ procurement organizations or tissue banks.** If you are an organ donor, we may use or disclose your health information to organizations that handle organ procurement, transplantation, or tissue banking for the purpose of facilitating organ or tissue donation or transplantation.
- J. **Research.** We may use or disclose your health information for research purposes under certain limited circumstances. Because all research projects are subject to a special approval process, we will not use or disclose your health information for research purposes until the particular research project for which your health information would be used or disclosed has been approved through this special approval process. However, we may use or disclose your health information to individuals preparing to conduct the research project in order to assist them in identifying residents with specific health care needs who may qualify to participate in the research project. Any use or disclosure of your health information done to identify qualified participants will be conducted onsite at our facility. In most instances, we will ask for your specific permission to use or disclose your health information if the researcher will have access to your name, address or other identifying information.
- K. **National security and intelligence activities.** We may use or disclose your health information to authorized federal officials for purposes of intelligence, counterintelligence, and other national security activities, as authorized by law.
- L. **Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may use or disclose your health information to the institution or to the official as may be necessary (i) for the institution to provide you with health care; (ii) to protect the health or safety of you or another person; or (iii) for the safety and security of the correctional institution.

III. **Uses or disclosures required by law**

We may use or disclose your information without your consent or permission where such uses or disclosures are required by federal, state or local law. These types of uses and disclosures include:

- A. **Iowa department of veterans' affairs.** Nursing facilities and assisted living programs that participate in the Medicaid program are required to ascertain if a patient is a veteran. If the facility determines that the resident is a potential veteran, the facility is required to report the resident's name along with the names of the resident's spouse and any dependent children to the Iowa department of veteran's affairs.
- B. **National census.** We are required to disclose your personal information to the US Census Bureau.

IV. **Uses or disclosures made pursuant to your written authorization.**

We may use or disclose your health information pursuant to your written authorization for purposes other than treatment, payment or health care operations and for purposes which are not otherwise expressly permitted or required by law. You have the right to revoke a written authorization at any time as long as your revocation is provided to us in writing. If you revoke your written authorization, we will no longer use or disclose your health information for the purposes identified in the authorization. You understand that we are unable to retrieve any disclosures that we may have made pursuant to your authorization prior to its revocation. Examples of uses or disclosures that may require your written authorization include the following:

- A. A request to provide certain personal information to a pharmaceutical or medical supply company that does not currently have a patient-provider relationship with you, for purposes of marketing
- B. A request to provide your health information to an attorney for use in a civil litigation claim
- C. A request to provide your personal information for purposes of including you on a mailing list
- D. A request for the use and disclosure of any psychotherapy notes

V. Uses or disclosures made pursuant to your verbal agreement.

We may use or disclose your health information, pursuant to your verbal agreement, for purposes of including you in our facility directory or for purposes of releasing information to persons involved in your care as described below.

- A. **Facility directory.** We may use or disclose certain limited health information about you in our facility directory when you are a resident at our facility. This information may include your name, your hall and room number, your religious affiliation, and a general description of your condition. Your religious affiliation may be given to a member of the clergy. The directory information, except for religious affiliation, may be given to people who ask for you by name.
- B. **Individuals involved in your care.** We may disclose your health information to individuals, such as family and friends, who are involved in your care or who help pay for your care. We also may disclose your health information to a person or organization assisting in disaster relief efforts for notifying your family or friends involved in your care about your condition, status and location.

D. Your rights regarding your health information

You have the following rights regarding your health information, which we create and/or maintain:

- 1. **Retention:** Medical records for patients are retained on-site at the location where services are provided for 6 years following last date of service.

Exception: Except as needed for purposes of health care operations, information obtained or developed during a pre-admission screening process will be promptly destroyed by shredding if the patient is not admitted and does not subsequently receive direct services from an ABCM-related program.

- a. The destruction will be logged by whomever oversees and performs it.
 - b. Logs are permanently retained at each location and the home office.
- 2. **Right to inspect and copy.** You have the right to inspect and copy health information that may be used to make decisions about your care. Generally, this includes medical and billing records.
 - a. To inspect and copy your health information, you must submit your request in writing to the Administrator or Manager of the facility where you are receiving or have received services. If you request a copy of the information, we may charge a fee for the costs of copying, mailing, or other supplies associated with your request.
 - b. We may deny your request to inspect and copy your health information in certain limited circumstances. If you are denied access to your health information, you may request that the denial be reviewed. Another licensed health care professional selected by our facility will review your request and the denial. The person conducting the review will not be the person who initially denied your request. We will comply with the outcome of this review.

3. **Right to request an amendment.** If you feel that the health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or our facility.
 - a. To request an amendment, your request must be made in writing and submitted to the Administrator or Manager of the facility where you are receiving or have received services. In addition, you must provide us with a reason that supports your request.
 - b. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:
 1. was not created by us, unless the person or entity that created the information is no longer available to make the amendment
 2. is not part of the health information kept by or for our facility
 3. is not part of the information which you would be permitted to inspect and copy
 4. is accurate and complete
4. **Right to notification of a breach.** You have the right to be notified if there has been a breach in confidentiality of your Protected Health Information.
5. **Right to an accounting of disclosures.** You have the right to request an accounting of the disclosures that we have made of your health information. This accounting will not include disclosures of health information that we made for purposes of treatment, payment, or health care operations.
 - a. To request an accounting of disclosures, you must submit your request in writing to the Administrator or Manager of the facility where you are receiving or have received services. Your request must state a period, which may not be longer than six (6) years prior to the date of your request. Your request should indicate in what form you want to receive the accounting (for example, on paper or via electronic means). The first accounting that you request within a twelve (12)-month period will be free. For additional accountings, we may charge you for the costs of providing the accounting. We will notify you of the cost involved, and you may choose to withdraw or modify your request at that time before any costs are incurred.
6. **Right to restrict disclosure to health plan.** You have the right to restrict the disclosure of information to your health plan if your expenses are paid out-of-pocket.
7. **Right to request restrictions.** You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a limit on the health information we disclose about you to someone, such as a family member or friend, who is involved in your care or in the payment of your care. For example, you could ask that we not use or disclose information regarding a particular treatment that you received.
 - a. *We are not required to agree to your request.* If we do agree, we will comply with your request unless the information is needed to provide emergency treatment to you.
 - b. To request restrictions, you must make your request in writing to the Administrator or Manager of the facility where you are receiving or have received services. In your request, you must tell us (a) what information you want to limit; (b) whether you want to limit our use, disclosure or both; and (c) to whom you want the limits to apply (for example, disclosures to a family member).

8. **Right to request confidential communications.** You have the right to request that we communicate with you about your health care in a certain way or at a certain location. For example, you can ask that we only contact you by mail.
 - a. To request confidential communications, you must make your request in writing to the Administrator or Manager of the facility where you are receiving or have received services. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.
9. **Right to opt out of fundraising.** ABCM will not disclose your personal information for purposes of fundraising.
10. **Right to a paper copy of this notice.** You have the right to receive a paper copy of this notice. You may ask us to give you a copy of this Notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. You may obtain a copy of this notice at our Web site, www.abcmcorp.com
 - a. To obtain a paper copy of this notice, contact the Administrator or Manager of the facility where you are receiving or have received services.

E. Complaints

If you believe your privacy rights have been violated, you may file a complaint with an ABCM-related facility or with the secretary of the Department of Health and Human Services.

- To file a complaint with the ABCM Corporation Privacy Officer, contact Alexa Mayner, email amayner@abcmcorp.com, or phone 641-456-5636.
- To file a complaint with our facility, contact the Administrator or Manager of the facility where you are receiving or have received services.

All complaints must be submitted in writing.

You will NOT be penalized for filing a complaint.



VERIFICATION OF RECEIPT MAY BE INDICATED BELOW, OR BY SIGNATURE ON THE MULTI-PURPOSE SIGNATURE PAGE AS PART OF THE ADMISSION PROCESS.



NOTICE OF PRIVACY INFORMATION PRACTICES

I HAVE READ AND I UNDERSTAND THE ABOVE INFORMATION. I HAVE RECEIVED A COPY OF THE NOTICE OF PRIVACY INFORMATION PRACTICES AND I AM THE PATIENT OR I AM AUTHORIZED TO ACT ON BEHALF OF THE PATIENT TO SIGN THIS DOCUMENT VERIFYING RECEIPT.

Date: _____ Time _____ AM /PM

Signature of patient

Print name

Person signing on behalf of patient*

Print name

Signature of witness

Print name

*Please explain Relationship to PATIENT

*Describe Authority to act on patient's behalf