Simpson Memorial Home & Wilton Retirement Community

NOTICE OF PRIVACY PRACTICES

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.

If you have any questions about this Notice please contact our Privacy Officers:
Simpson Memorial Home – Chad Thomas, Administrator, or Melissa Hazelwood, Director of Nursing.
Wilton Retirement Community – Tifany Rickey, Administrator, or Megan Gradwell, Director of Nursing.

This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment, or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. Protected Health Information (or PHI) is information about you, including demographic information, that may identify you and that relates to your past, present, or future physical or mental health of condition and related health care services.

We are required to abide by the terms of this Notice of Privacy Practices. We may change the terms of our notice, at any time. The new notice will be effective for all PHI that we maintain at that time. Upon request, we will provide you with any revised Notice of Privacy Practices.

Uses and Disclosures of Protected Health Information

Uses and Disclosures of Protected Health Information Based Upon Your Written Authorization: You will be asked to sign an "Authorization for Use and Disclosure of Protected Health Information." Once you have authorized use and disclosure of your protected health information for treatment, payment, and health care operations by signing the authorization, the facility will use or disclose your protected health information as described in this Section 1. Your protected health information may be used and disclosed by your physician and the facility that are involved in your care and treatment for the purpose of providing health care services to you. Your protected health information may also be used and disclosed to pay your health care bills and to support the operation of the facility.

The following are examples of the types of uses and disclosures of your protected health care information that the facility is permitted to make once you have signed our "Authorization for Use and Disclosure of Protected Health Information." These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by our facility once you have provided authorization.

Treatment: The facility will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party that has already obtained your permission to have access to your protected health information. For example, we would disclose your protected health information, as necessary, to a home health agency that provides care to you.

We will also disclose the protected health information to other physicians who may be treating you when we have the necessary permission from you to disclose your protected health information. For example, your protected health information may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you.

Payment: Your protected health information will be used, as needed, to obtain payment for your health care services. This may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services we recommend for you such as: making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities. For example, obtaining approval for a hospital stay may require that your relevant protected health information be disclosed to the health plan to obtain approval for the hospital admission.

Healthcare Operations: We may use or disclose, as needed, your protected health information to support the business activities of the facility. These activities include, but are not limited to, quality assurance and quality measures, training of health care students, licensing, marketing and fundraising activities, and conducting or arranging for other business activities.

For example, we may disclose your protected health information to nursing or social work students who have internships at our facility. In addition, we may use a sign out sheet at the nurse's station where you will be asked to sign out when you leave the facility for outings or appointments.

We will share your protected health information with third party "business associates" that perform various activities (e.g., billing, transcription services) for the facility. Whenever an arrangement between the facility and a business associate involves the use or disclosure of your protected health information, we will have a written contract with the business associate that contains terms that will protect the privacy of your protected health information.
We may use or disclose your protected health information, as necessary, to provide you with the information about treatment alternatives or other health-related benefits and services that may be of interest to you. We may also use and disclose your protected health information for other marketing activities (e.g., home health agencies).

Uses and Disclosures of Protected Health Information Based Upon Your Written Authorization: Other uses and disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke this authorization, at any time, in writing, except to the extent that your physician or the facility has taken an action in reliance on the use or disclosure indicated in the authorization.

Other Permitted and Required Uses and Disclosures That May Be Made with Your Authorization or Opportunity to Object: We may use and disclose your protected health information in the following instances. You have the opportunity to agree or object to the use or disclosure of all or part of your protected health information. If you are not present or able to agree or object to the use or disclosure of the protected health information, then your physician and/or the facility may, using professional judgment, determine whether the disclosure is in your best interest. In this case, only the protected health information that is relevant to your health

care will be disclosed.

Facility Directories: Unless you object, we will use and disclose in our facility directory your name and room location. We will also place your name on the wall outside of your door, unless you oppose this. This information will be disclosed to people that ask for you by name.

Photographs: Unless you object, we will use photographs of you for treatment purposes, in quarterly newsletters, and in public areas of the facility.

Facility Newsletter: Unless you object, we will use photographs of you and use your name for publication in our facility newsletter.

Chaplain/Minister: Unless you object, we will disclose protected health information to a chaplain or minister of your choice.

Please notify a privacy officer if you do not wish for your name to be used in the facility directory or by the door to your room, for your picture to be taken, or for name/picture to be used in the facility newsletter, or for protected health information to be disclosed to your chaplain or minister.

Others involved in Your Healthcare: Unless you object, we may disclose to your Power of Attorney for Healthcare or a person designated in writing by using the "Authorization for Care Conference Attendance" form. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose protected health information to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location, general condition, or death. Finally, we may use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosure to family or other individuals involved in your health care.

Emergencies: We may use or disclose your protected health information in an emergency treatment situation. If this happens, the facility shall try to obtain your consent as soon as reasonably practical after the delivery of treatment.

Communication Barriers: We may use and disclose your protected health information if the facility attempts to obtain authorization from you but is unable to do so due to substantial communication barriers and the facility determines, using professional judgment, that you intend to authorize to use or disclosure under the circumstances.

Other Permitted and Required Uses and Disclosures That May Be Made Without Your Authorization or Opportunity to Object: We may use or disclose your protected health information in the following situations without your consent or authorization. These situations include:

Required by Law: We may use or disclose your protected health information to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as

required by law, of any such uses or disclosures.

Public Health: We may disclose your protected health information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury, or disability. We may also disclose your protected health information, if directed by the public health authority, to a foreign government agency that is collaborating with the public health authority.

Communicable Diseases: We may disclose your protected health information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

Health Oversight: We will disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.

Abuse or Neglect: We will disclose your protected health information to a public health authority that is authorized by law to receive reports of adult abuse or neglect. In addition, we may disclose your protected health information if we believe that you have been a victim of abuse, neglect, or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

Food and Drug Administration: We will disclose your protected health information to a person or company required by the Food and Drug Administration to report adverse events, product defects or problems, biologic product deviations, track products; to enable product recalls; to make repairs or replacements.

Legal Proceedings: We will disclose protected health information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), in certain conditions in response to a subpoena, discovery request or other lawful process.

Law Enforcement: We will also disclose protected health information, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include (1) legal processes and otherwise required by law, (2) limited information requests for identification and location purposes, (3) pertaining to victims of a crime, (4) suspicion that death has occurred as a result of criminal conduct, (5) in the event that a crime occurs on the premises of the facility, and (6) medical emergency (not on the facility's premises) and it is likely that a crime has occurred.

Coroners, Funeral Directors, Crematorium, and Organ Donation: We may disclose protected health information to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose protected health information to a funeral director, as

authorized by law, in order to permit the funeral director to carry out their duties. We may disclose such information in reasonable anticipation of death. Protected health information may be used and disclosed for cadaveric organ, eye, or tissue donation purposes.

Research: We may disclose your protected health information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information.

Criminal Activity: Consistent with applicable federal and state laws, we may disclose your protected health information, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

Military Activity and National Security: When the appropriate conditions apply, we may use or disclose protected health information of individuals who are Armed Forces personnel (1) for activities deemed necessary by appropriate military command authorities; (2) for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits, or (3) to foreign military authority if you are a member of that foreign military service. We may also disclose your protected health information to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or others legally authorized.

Workers' Compensation: Your protected health information may be disclosed by us as authorized to comply with workers' compensation laws and other similar legally established programs.

Required Uses and Disclosures: Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500 et. seq.

Substance Use Disorder Exception: To the extent that we have your substance use disorder patient records, subject to 42 CFR part 2, we will not share that information for investigations or legal proceedings against you without (1) your written consent or (2) a court order and a subpoena. designated

Your Rights

You have the right to inspect and copy your protected health information. This means you may inspect and obtain a copy of protected health information about you that is contained in a record set for as long as we maintain the protected health information. A "designated record set" contains medical and billing records and any other records that your physician and the facility use for making decisions about you.

Under federal law, however, you may not inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and protected health information that is subject to law that prohibits access to protected health information. Depending on the circumstances, a decision to

deny access may be reviewable. In some circumstances, you may have a right to have this decision reviewed. Please contact a Privacy Officer if you have questions about access to your medical record.

You have the right to request a restriction of your protected health information. This means you may ask us not to use or disclose nay part of your protected health information for the purposes of treatment, payment, or health care operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply.

The facility is not required to agree to a restriction that you may request. If the facility believes it is in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted. If the facility does agree to the requested restriction, we may not use or disclose your protected health information in violation of the restriction unless it is needed to provide emergency treatment. With this in mind, please discuss any restriction you wish to request with the facility. You may request a restriction by contacting a privacy officer and documenting the specific restrictions that the facility and you agree to.

You have the right to request to receive confidential communications from us by alternative means or at an alternative location. We will accommodate *reasonable* requests. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not request an explanation from you as to the basis for this request. Please make this request in writing to a Privacy Officer.

You may have the right to have your physician/the facility amend your protected health information. This means you may request an amendment of protected health information about you in a designated record set for as long as we maintain this information. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Please contact a Privacy Officer to determine if you have questions about amending your medical record.

You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information. This right applies to disclosures for purposes other than treatment, payment, or health care operations as described in this Notice of Privacy Practices. It excludes disclosures we may have made to you, for a facility directory, or to your Power of Attorney for Healthcare or designee in writing, or for notification purposes. You have the right to receive specific information regarding these disclosures that occurred after April 14, 2003. You may request a shorter timeframe. The right to receive this information is subject to certain exceptions, restrictions, and limitations.

You have the right to obtain a paper copy of this notice from us, upon request, even if you have agreed to accept this notice electronically.

Complaints

You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying a Privacy Officer of your complaint. We will not retaliate against you for filing a complaint.

You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201; calling 1-877-696-6775; or visiting https://www.hhs.gov/hipaa/filing-a-complaint/index.html.

You may contact our Privacy Officers:

Simpson Memorial Home – Chad Thomas, Administrator, (cthomas@simpsonhome.org) or Melissa Hazelwood, Director of Nursing, (mhazelwood@simpsonhome.org) or by telephone at 319-627-4775;
Wilton Retirement Community – Tifany Rickey, Administrator, (trickey@simpsonhome.org) or Megan Gradwell, Director of Nursing (mgradwell@simpsonhome.org) or by telephone at 563-732-5067;

for further information about the complaint process.

This Notice was implemented and effective on **April 14, 2003.**
This Notice was updated on **10/10/2010; 04/30/2018; 02/16/2021; 02/02/2023; 08/14/2024; 10/06/2026.**