

**Madlyn and Leonard Abramson Center for Jewish Life
1425 Horsham Road
North Wales, Pa. 19454**

Notice Of Privacy Information 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.

A. PURPOSE OF THE NOTICE

Madlyn and Leonard Abramson Center for Jewish Life (“Center”) is committed to preserving the privacy and the confidentiality of your health information that is created and/or maintained at our Center. State and Federal laws and regulations require us to have policies and procedures to safeguard the privacy of your health information. This Notice will give you information regarding our privacy practices and applies to all of your health information created and/or maintained at the Center, including any information that we receive from other health care providers or facilities. This Notice describes the ways in which we may use or disclose your health information and also describes your rights and our duties concerning their use or disclosure. It is being delivered in connection with the privacy rules (“Privacy Regulations”) under the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”).

We will agree to the terms of this Notice, including any future changes that we may make to this Notice. We maintain the right to change this Notice and to make the changed Notice effective for health information we already have about you as well as any information that we receive in the future. Privacy rules that apply to health information are posted on the information board in Town Square.

The privacy practices described in this Notice will be followed by:

1. Any health care provider allowed to enter information into your medical record created and/or maintained at our Center;
2. All employees, student, residents, and other service providers engaged by us who have access to your health information at our Center; and
3. Any member of a volunteer group that is allowed to help you while receiving services at our Center.

The individuals identified may share your health information with each other for treatment, payment, and our health care operations as described in the Notice. For the purpose of this Notice, the term “resident” includes any person who resides in the Center or others to whom the Center provides health care services.

B. USES AND DISCLOSURES OF HEALTH INFORMATION FOR TREATMENT, PAYMENT, AND HEALTH CARE OPERATIONS

1. **Treatment, Payment and Health Care Options.** The following section describes different ways that we may use and disclose your health information for purposes of treatment, payment, and health care operations. We explain each of these purposes below and include examples of the types of uses or disclosures that may be made for each purpose. For these purposes, we may also disclose information to a business associate that we engage to provide services to us as permitted by the Privacy Regulations. We have not listed every type of use or disclosure, but the ways in which we use or disclose your information will fall under one of these purposes.

a. **Treatment.** We may use your health information to provide you with health care treatment and services. We may disclose your health information to doctors, nurses, nurse practitioners, or other personnel who are involved in your health care.

For example, we may need to talk with the therapist or nurse so that we can coordinate services and develop a plan of care. We also may need to refer you to another health care provider in order to coordinate your care and services.

b. **Payment.** We may use or disclose your health information so that we may bill and receive payment from you, an insurance company, Medicare or another third party for the health care services you receive from us. We also may disclose health information about you to your health plan in order to obtain approval for the services we provide to you, or to decide that your health plan will pay for the treatment.

For example, we may need to give health information to your health plan in order to obtain prior approval to perform a diagnostic test or study or to obtain pre-certification prior to services.

Also, we will be mailing your bills in envelopes containing our Center's name and return address.

c. **Health Care Operations.** We may use or disclose your health information in order to perform required administrative, educational, quality assurance, and business functions of our Center.

For example, we may use your health information to measure the care we are providing to you or the performance of our staff in caring for you. We also may use your health information to measure certain services offered by our Center to be sure they are effective. We also may share your health information with other physicians, nurses, technicians, or health profession students for teaching purposes.

C. USES AND DISCLOSURES OF HEALTH INFORMATION IN SPECIAL SITUATIONS

We may use or disclose your health information in certain special situations as described below.

1. **Appointment Reminders.** We may use or share your health information for the purposes of contacting you to remind you of a health care appointment. You may receive appointment reminders in envelopes containing our Center's name and address. Also, message reminders confirming appointments for health care services may be left on your or your personal representative's answering machine. These messages may at times contain important instructions regarding diagnostic procedures.
2. **Treatment Alternatives & Health-Related Products and Services.** We may use or share your health information for contacting you to tell you of treatment alternatives or health-related products or services that may be of interest to you. For example, if you have a particular condition, we may tell you of classes offered or arranged by us.
3. **Family Members and Friends.** We may share your health information with family members and people who identify themselves as close personal friends, who are interested in your care or who help pay for your care. We may share it when:
(1) we have your verbal agreement to do so; (2) when you are also present and do not object; or (3) we can infer from the circumstances that you would not object to such disclosures. For example, if your spouse comes into the Center with you, we will assume that you agree to our sharing your information while your spouse is present in the Center. Also, we may make disclosure when called by a spouse or close family member or friend, to review your condition, status, laboratory results or medications.

We also may share your health information to family members or people who identify themselves as close personal friends in instances when you are unable to agree or object to such disclosures, provided that we feel it is in your best interest to share information and the disclosures relate to that family member or friend's involvement in your care. For example, if you are incapacitated, we may share information with the family member or friend who comes with you to our Center or who calls about your care.

4. **Facility Directory.** The Center may use certain of your health information in the Center to keep a directory of residents in the Center and share this information with members of the clergy and those who ask for you by name. You have a right to request us to restrict or prohibit such uses or disclosures by contacting us as required in Section G.
5. **Disaster Relief Agencies.** We may share your health information with disaster relief agencies, such as the Red Cross.
6. **Fundraising.** We may use or share your health information for certain fundraising purposes, including disclosures to a foundation, to raise money for the Center and its operations. Any fundraising material we send to you will include information on how you may opt out of receiving further fundraising materials.

7. **Incidental Disclosures**. We may share protected health information as a product of an otherwise permitted use or disclosure. For example: other residents may overhear your name being called or see your name on the sign in sheet.

D. OTHER PERMITTED OR REQUIRED USES AND DISCLOSURES OF HEALTH INFORMATION

There are certain instances in which we may be required or permitted by law to use or disclose your health information without your permission. We summarize these below. These are just a summary of the provisions for disclosure, most of which are subject to specific conditions or limitations set forth in the Privacy Regulations.

1. **As required by law**. We may share your health information when required by federal, state, or local law to do so. For example, we are required by state and federal laws to transmit MDS data about you or information to the Department of Health and Human Services (DHHS) to share your health information in order to allow DHHS to evaluate whether we are in line with the federal privacy regulations.
2. **Public Health Activities**. We may share your health information with 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; to report deaths, suspected abuse or neglect, and reactions to medications.
3. **Victims of Abuse, Neglect or Domestic Violence**. We may share your health information when we believe you are a victim of abuse, neglect or domestic violence, to a government authority.
4. **Health Oversight Activities**. We may share your health information with an agency such as the Department of Health that is authorized by law to conduct health oversight activities, including audits, investigations, inspections, or licensure and certification surveys. These activities permit 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.
5. **Judicial or Administrative Proceedings**. We may share your health information with courts or administrative agencies with the authority to hear lawsuits or disputes. We may share your health information because of a court or administrative order. If we receive a discovery request, or other lawful process issued by a judge or other person involved in the dispute that is not accompanied by an order, we may disclose your health information only if efforts have been made to (i) notify you of the request for disclosure or (ii) we receive “satisfactory assurance” from the person seeking disclosure as required in the Privacy Regulations.
6. **Law Enforcement Officials**. We may share your health information in response to certain requests received from a law enforcement official to report criminal activity or to respond to a subpoena, court order, warrant, summons, or similar process.

7. **Coroners, Medical Examiners, or Funeral Directors**. We may share your health information with a coroner or medical examiner for the purpose of identifying a deceased individual to determine the cause of death or other duties authorized by law. We also may share your health information with a funeral director for the purpose of carrying out his/her necessary activities.
8. **Organ Donor Organizations or Tissue Banks**. We may share your health information with organizations that handle organ donors, transplantation, or tissue banking for the purpose of facilitating organ or tissue donation or transplantation.
9. **Research**. We may use or share your health information for research purposes under certain limited circumstances.
10. **To Avert a Serious Threat to Health or Safety**. We may use or share your health information when necessary to prevent or lessen a serious or imminent threat to the health or safety of you or other people or that is necessary for law enforcement personnel to identify or apprehend an individual.
11. **Military and Veterans**. If you are a member of the armed forces, we may use or share your health information as required by military command authorities.
12. **National Security and Intelligence Activities**. We may use or share your health information to authorized federal officials for purposes of intelligence, counterintelligence, and other national security activities, as authorized by law.
13. **Worker's Compensation**. We may share your health information with worker's compensation and similar programs.
14. **All Other Purposes**. We may use or share your health information for all other purposes required or permitted under the Privacy Regulations.

E. MORE STRINGENT LAW

1. **Highly Confidential Information**. Federal and applicable state laws may require special privacy protections for highly confidential information about you. "Highly confidential information" may include confidential information under Federal law governing alcohol and drug abuse information as well as state laws that often protect the following types of information:
 1. HIV/AIDS
 2. Mental health or
 3. Alcohol and drug abuse
2. **Release of Records**. Written consent of the resident, or of a designated responsible person acting on the resident's behalf, is required for the release of information, except in limited circumstances.

- 3. Access.** Other Federal law gives you the right to relate access to and right to review your clinical records.

F. USES AND DISCLOSURES PURSUANT TO YOUR WRITTEN AUTHORIZATION

Except for the purposes identified in Sections B through D, we will not use or share your health information for any other purposes unless we have your written authorization at any time as long as you do so in writing. If you revoke your authorization, we will no longer use or share your information for the purposes identified in the authorization, except to the extent that we have already shared information as you had first directed.

G. YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

You have the following right to your health information: You may exercise each of these rights, in writing, by giving us a completed form that you can obtain from Valerie Palmieri, the Privacy Officer, who can be reached by calling: 215-371-3601 or the Director of Health Information at: 215-371-1848. However, you are permitted to request access to your clinical records either orally or in writing. In some instances, we may charge you for the cost(s) associated with providing you with the requested information. Additional information regarding how to exercise your rights, and the associated cost, can be obtained from the Privacy Officer.

- 1. Right to Inspect and Copy.** You have the right to inspect and get a copy of clinical records, billing records or other health information maintained by our Center that may be used to make decisions about your care. We may deny your request to inspect or copy your health information if it is not properly submitted or in certain limited circumstances. If you are denied access to your health information, you may ask that the denial be reviewed. For certain records or circumstances, you have a right to have the denial of access reviewed.
- 2. Right to Amend.** You have the right to ask for an amendment of your medical records, billing records or other health information that is kept by or for our Center and is used to make health care decisions about you. We may deny your request if it is not properly submitted or does not include a reason to support your request. We may also deny your request if the information sought to be amended: (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 clinical records, billing records and /or other information used to make decisions about you that is kept by our Center; (3) is not part of the information which you are permitted to inspect and copy; or (4) is accurate and complete.
- 3. Right to an Accounting of Disclosures.** You have the right to request an accounting of certain disclosures of your health information made by us. We may charge a reasonable cost or fee for the second request made by you within the same 12 months. This accounting will not include certain disclosures of health information including those that we made to you or to a written permission that you have signed.

4. **Right to Request Restrictions.** You have the right to ask for a restriction or limitation on the health information we use or share about you for treatment, payment, or health care operations. You also have the right to ask for a limit on the health information we share 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 share information regarding a particular treatment that you received. We are not required to agree to your request. If we do agree, that agreement must be in writing and signed by you and us.
5. **Right to Request Confidential Communications.** You have the right to ask that we communicate with you about your health care in certain ways or at certain locations. For example, you can ask that we only contact you at work or by mail. While we cannot require an explanation from you for the reason, we may condition our accommodation on assurances as to payment and a specification of an alternative address or method of contact. You must make this request in writing.
6. **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.
7. **Website.** If the Center maintains a Web site, it will post a copy of this Notice on its Web site.

H. QUESTIONS OR COMPLAINTS

If you have any questions regarding this Notice or wish to receive additional information about our privacy practices, please contact our Privacy Officer who can be reached by calling: 215-371-3601. If you believe your privacy rights have been violated, you may file a complaint with our Center or with the Secretary of the DHHS (1-800-368-1019). To file a complaint with our Center, contact our Privacy Officer at The Madlyn and Leonard Abramson Center for Jewish Life, 1425 Horsham Road, North Wales, Pa. 19454. All of your complaints must be submitted in writing. You will not be penalized or retaliated against for filing a complaint.