

Organ procurement organizations:

Consistent with applicable law, we may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

Follow-up: We may contact you to provide appointment reminders.

Marketing: We may contact you to provide information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Food and Drug Administration (FDA): We may disclose to FDA information of adverse events with food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

Workers compensation: We may disclose health information to the extent authorized and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

Public health: As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability or other public health activities.

Correctional institution: Should you be an inmate of a correctional institution, we may disclose to the institution or agents thereof health information necessary for your health and the health and safety of others.

Law enforcement: We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena. Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force member or business associate believes that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering residents, workers or the public.

Changes to our Practices

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will inform you of the changes as they apply to you.

Charges for Requested Information

We are allowed to charge reasonable fees, based on the cost of copying and postage and the preparation of a summary, if applicable, if you agree to the fees in advance. Our fees are as follows: \$.15 per page for copying; the actual cost of shipping and handling; \$50 per hour for preparation of documents requested.

Your Acknowledgement

By reading this notice and signing the acknowledgement form, you are allowing ALCI to use, access and disclose your health Information for treatment, payment and health/medical purposes.

Effective Date: February 1, 2018



**Assisted Living Center-
Salisbury**

**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.**

**Assisted Living Center, Inc.
19 Beach Road, Salisbury, MA 01952
978 463-9809**

**Understanding Your Health
Record/Information**

Assisted Living Center, Inc. (ALCI) maintains a record of your Protected Health Information (PHI) including your name, address, phone number, insurance information, treatment plan, medical health history, and diagnosis.

This information, often referred to as your health or medical record, can be used by ALCI as a:

- basis for planning your care and treatment;
- means of communication among the health professionals who contribute to your care;
- legal document describing the care you received;
- means by which you or a third-party payer can verify that services billed were actually provided;
- tool with which we can assess and continually work to improve the services we render and the outcomes we achieve

Understanding your record and how your health information is used helps you to ensure its accuracy and better understand who, what, when, where, and why others may access your health information.

NOTICE OF PRIVACY PRACTICES

Your Health Information Rights

Although your health record is the physical property of Assisted Living Center, the information belongs to you.

You have the right to:

- Receive confidential communications of protected health information.
- Request a restriction on certain uses and disclosures of your information by completing a “Request of Restriction” form. (We are not required to agree to a restriction.)
- Obtain a paper copy of the *Notice of Information Practices* upon request.
- Request an addendum to your health record by submitting a request in writing, providing a reason to support the requested addendum, and identifying the relevant parties with whom the addendum needs to be disclosed, if accepted.

We will review the request and determine whether we may accept the requested addendum. We may deny your request under certain circumstances with a written denial. In response, you may file a statement in disagreement.

- Obtain an accounting of disclosures of your health information as provided by completing and submitting a *Request for Accounting of Disclosures* form.

- Request communications of health information by alternative means or at alternative locations by providing the request in writing and explaining how payment for services will be received.

- Revoke your authorization to use or disclose health information, except to the extent that action has already been taken, by submitting a written revocation to our office.

To inspect and obtain a copy of your health records, contact office of our executive director at 978 463 9809.

Receive notification of breach of Unsecured PHI.

There are forms that you will need to fill out to obtain this information. We will receive and process requests for access and determine—in a timely manner—if access can be granted.

.Our Responsibilities

- Maintain the privacy of your health information in accordance with the March 26, 2013 HIPPA Omnibus Rule Changes and the HITECH Act.

- Provide you a notice of our legal duties and privacy practices with respect to information we collect and maintain about you;

- Notify you if we are unable to agree to a requested restriction;

- Abide by the terms of this notice;
- Accommodate reasonable requests you may have to communicate health information by alternative means or alternative locations;
- We will not use or disclose your health information without your authorization, except as described in this notice.

Examples of Disclosures for Treatment, Payment and Health Operations

For Treatment Purposes

For example: Information obtained by your physician, or other member of your healthcare team will be recorded in your record and used to determine the course of treatment that should work best for you. Your physician will record the actions he/she took and his/her observations. In that way, the physician will know how you are responding to treatment. We will also provide your physician or subsequent healthcare provider with copies of various reports that should assist in treating you if applicable.

For Financial Payment of Services

For example: A bill may be sent to you or a third-party payer, such as your insurance. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used

For Regular Health Operations

For example: Members of our staff may use information in your health record to assess the care and subsequent outcomes in your case in order to improve the quality and effectiveness of the services we provide.

Other Permitted or Required Uses and Disclosures

Business associates: There are some services provided in our organization through contacts with business associates. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we’ve asked them to do and bill you or your third - party for the services. To protect your health information, we require the business associate to appropriately safeguard your information.

Notification: We may use or disclose information to notify a family member, personal representative, or other person responsible for your care, location, and condition.

Communication with family: Using our best judgment, we may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person’s involvement in your care or care payments.

Telephone policy: We will generally only disclose patient information to persons other than the resident if the resident has signed an authorization specifically authorizing the use or disclosure to the person(s).

Research: We may disclose 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 health information.