



GEER NURSING AND REHABILITATION CENTER

99 SOUTH CANAAN ROAD, CANAAN, CONNECTICUT 06018
(860) 824-5137 • FAX (860) 824-1474

Federal and State laws establish certain guidelines for health care providers to follow in using or disclosing your protected health information. We intend to comply with all of these guidelines. The following attachment contains a summary of the practices we have implemented in response to the guidelines, followed by a concise statement of your rights relating to your protected health information.

Please sign below to acknowledge receipt of the Privacy Policy and have had an opportunity to ask questions. Your signature also provides us with written consent to use and disclose protected health information for treatment, payment and our health care operations.

Signature

Date

The Use and Disclosure of Your Protected Health Information.

- Upon admission to our facility, we will provide you with our written Notice of Privacy Practices, which will explain your privacy rights and our practices relating to the use and disclosure of your protected health information. After reviewing this Notice, if you have any questions that have not been answered to your satisfaction, you may ask a representative from patient services for additional explanation or you may contact the Privacy Officer for our facility, at (860) 824-5137.
- After providing you with an opportunity to ask questions, we will ask you to acknowledge receipt of such Notice of Privacy Practices in writing.
- We will then ask for your written consent to use and disclose your protected health information for treatment, payment and our health care operations.

- We will also communicate limited protected health information to family or authorized representatives relevant to their involvement in your care.

- In the event of a disaster, we may also need to make certain disclosures required by law in connection with disaster relief efforts.

- We may at times disclose your protected health information if required to do so by law (e.g. reporting to public health officials an adverse event or communicable disease). All of these uses and disclosures of protected health information will be limited to the minimum necessary.

- Please know that we intend to comply with all applicable rules, which limit the disclosure of psychiatric, drug and alcohol and HIV-related confidential information.

Right to Request Amendment of Your Protected Health Information:

- You have the right to request an amendment in your protected health information that is contained in your medical records for as long as we maintain the information.

- We must respond to your written request for an amendment within 60 days after receipt of such request.

- We may or may not supplement your medical record with an addendum containing a correction or amendment based on your request.

- You have the option of filing a statement of disagreement if your request for amendment is denied. In addition, you may file a complaint with our facility or with the Secretary of the U.S. Department of Health and Human Services.

Your Rights Relating to Your Protected Health Information.

Right to Request Confidential Communications:

- We will accommodate reasonable requests to receive communications of protected health information at alternative locations and by alternative means (e.g. at work).
- You must make your request in writing and we will not require an explanation for such request. However, we may ask for alternative or backup methods of contacting you.

Right to Request Access to Your Protected Health Information:

- You have the right (in most instances) to review or copy the protected health information that we maintain in your medical record.
- If you wish to review or receive a copy of your medical record, you will need to make a request in writing. A patient services representative can help you do this.

- If there is a reason we cannot grant your request to review or copy your records, we will notify you of this in writing and what your options are if you disagree with our decision. Access will be limited for reasons permitted by law (e.g. access may cause harm to the patient or another person).

- In most cases we will respond to your request for medical record information within 30 days. We may charge you a reasonable fee for copying your medical record, unless the copy is to obtain social security benefits, or unless you tell us in writing that you cannot afford to pay the fee.

Right to Restrict Use and Disclosure:

- You have the right to request certain restrictions on our use of your protected health information to carry out treatment, payment and our health care operations.

- We are not required to agree to such restrictions and cannot if it relates to reporting suspected abuse or neglect or if law requires the disclosure.

- If we agree to the restriction, and an emergency occurs wherein it is necessary to use or disclose the restricted information, the restriction may not apply.

- You or we may terminate the restriction at any time, except to the extent that we have already relied upon such restriction.

Right to an Accounting

- You have the right to an accounting of the disclosures of your protected health information that we have made in the past six years (but not before April 14, 2003), except disclosures to you or to carry out treatment, payment or health care operations and certain other disclosures exempted by law.

- We will provide the accounting to you within 60 days of your request or notify you of the reasons why we are unable to comply within the 60 days. In any event, the accounting will be provided within 90 days of your request.

- The first accounting in any 12-month period will be furnished to you without charge. For each additional accounting in such period there will be a charge.

- Please submit any request for an accounting to our Privacy Officer by completing the forms available.

Right to Complain

If you believe that we may have violated your privacy rights; or if you have a complaint with respect to your request for access to your PHI; or if you have a complaint with respect to your request to amend your PHI:

- You may file a complaint with this facility and/or with the Secretary of the Department of Health and Human Services.

- Complaints to this facility should include a brief written statement of the nature of your complaint. We will provide you with a form for this purpose at your request. Please note that this is a complaint process and not an appeal or review process so you should not expect to hear of any specific disposition of the subject of your complaint. Your complaint should be directed to the following Contact Person at our Facility:

Lynnea McLane, Privacy Officer
Geer Nursing and Rehabilitation Center
99 South Canaan Road
Canaan, Connecticut 06018
(860) 824-5137

- Complaints to Secretary of Department of Health and Human Services should be filed in writing, on paper or in electronic form with the Office of Civil Rights ("OCR") [acting on behalf of the Secretary], setting forth the nature of your concerns. For specific information on how to file a complaint with the OCR, please see its website at www.hhs.gov/ocr/hipaa/.