



## New Hampshire Veterans Home Notice of Privacy Practices

*Effective Date: 04/01/2014*

*This notice describes how your health information about you may be used and disclosed and how you can get access to this information. Please review it carefully.*

**I. Introduction.** The NH Veterans Home (NHVH) is required by law to maintain the privacy of your personal health information. We are now required by the Federal Health Insurance Portability and Accountability Act (HIPAA), Public Law 104-191, and HIPAA regulations, 45 CFR Part 160 and 164, to provide you with this Notice of Privacy Practices, our legal duties, and your rights concerning your health information. This Notice of Privacy Practices describes how the New Hampshire Veterans Home 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 (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 condition and related health care services.

**II. Your Health Information Rights.** While the actual records that we maintain about you belong to us, the information contained in our records belongs to you. Under the Federal Privacy Rules (45 CFR Part 160 and Part 164) you have the right to:

Request a restriction on certain uses and disclosures of your information as provided by 45 CFR Part 160.522

*Please note, however, that we are not required to agree to a restriction that you may request. If we believe it is in your best interest to permit use and disclosure of your health information, we will notify you that your request for restriction will not be honored. If we agree to the requested restriction, we may not use or disclose your health information in violation of that restriction unless it is need to provide emergency treatment.*

Obtain a paper copy of this Notice of Privacy Practices upon request.

Inspect and obtain a copy of your health record. We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Amend your health record.

Obtain an accounting of certain disclosures.

Receive confidential communications of your health information by alternative means or at alternative locations.

Revoke your authorization to use or disclose health information except to the extent that action has already been taken.

Choose someone to act for you through an agent listed in your durable power of attorney over Health Care or a legal guardian. We will make sure this person has this authority and can act for you before we take action.

File a complaint if you feel your rights have been violated by contacting us at the number listed at the end of this Notice. 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 [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/). We will not retaliate against you for filing a complaint.

### **III. Our Responsibilities. New Hampshire Veterans Home is required to:**

Maintain the privacy of your health information.

We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.

Provide you with this Notice of Privacy Practices outlining our legal responsibilities and privacy practices.

Abide by the terms of this notice.

We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

Notify you if we are unable to agree to a requested restriction.

For more information see:

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

### **IV. Examples of How We Will Use or Disclose Your Protected Health Information (PHI).**

The following are examples of the types and uses and disclosures of your PHI that we are permitted to make.

**Treatment:** We will use and disclose PHI to provide, coordinate or manage your health care and any related services. For example, we may disclose your PHI to your primary care physician and to other physicians who may be involved in your health care. In addition, we may disclose PHI to other health care facilities that are providing your care such as hospitals and ambulance services to coordinate continuing care, diagnostic testing, surgery, therapy and other services.

**Payment:** PHI will be used as needed to obtain payment for services that we provide to you. For example, we may disclose PHI to the Department of Veterans Affairs for benefits such as per diem payments, pharmacy and other medical benefits. We may disclose PHI to your health insurance company and its legal representatives.

**Healthcare Operations:** We may use or disclose your PHI as needed to support our own business activities. These activities may include quality assessment and improvement, training and supervision of staff members or other business activities. We may share your PHI with other departments with the Home activities such as preparing and serving of meals, housekeeping and participation of recreational activities. For example, we may share your PHI with third party business associates that perform various services that are essential to our Home such as Physicians, Pharmacy, Dental, Rehabilitative and Speech Services. We will limit the amount of PHI that we provide to the minimum necessary to accomplish the particular task. We will have a written contract with business associates that contain terms that will protect the privacy of your PHI. We will use your PHI to provide you with appointment reminders and to discuss treatment options or other health related benefits that may be of interest to you.

**V. Uses and Disclosures Not Requiring Your Authorization.** The federal privacy rules provide that we may use or disclose your PHI without your authorization in the following circumstances (in accordance with applicable state and federal law):

As required by law-to the extent that the use or disclosure is required by state or federal law

Health Oversight Activities-in the context of audits, investigations, inspections and licensing activities

Food and Drug Administration (FDA)- to report adverse events with respect to food, medications, products and product defects

Public Health-to public health authorities charged with preventing or controlling disease, injury or disability

Relating to Decedents-regarding an individual's death, to coroners, medical examiners or funeral directors

Organ/Tissue Donation-if you are an organ donor, to assist in procurement, banking or transportation of donated organs or tissue

Law Enforcement-as required by law or in response to a valid search warrant or court order

Legal Proceedings-in response to an order of a court, subpoena, discovery request or other lawful process

To Avert a Serious Threat to Health or Safety-to warn of a resident's violent behavior when a resident has communicated a serious threat of physical violence against a reasonably identifiable victim

Criminal Activity-to law enforcement authorities if evidence of criminal conduct on our premises, to report suspected child abuse or neglect, or abuse of incapacitated adults or an injury that we believe may have been a result of an illegal act

National Security and Intelligence Activities-to authorized federal officers for national security activities.

We can use or share your information for health research.

## **VI. Uses and Disclosures of Protected Health Information Based Upon Your Written Authorization**

Other uses and disclosures of your PHI will be made only with your written authorization unless otherwise permitted or required by law as described in this notice. You may revoke this authorization at any time in writing except to the extent that we have already relied upon your authorization in making a disclosure.

**For certain health information, you can tell us your choices about what we share.** If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions. In these cases, you have both the right and choice to tell us to:

Share information with your family, close friends, or others involved in your care.

Share information in a disaster relief situation.

Include your name in a resident directory at the Receptionist's Desk for location in the Veterans Home unless you tell us you do not want that information in the directory.

*If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

We never share or sell your information for marketing, or fundraising purposes.

## **VII. Changes to the Terms of this Notice**

We reserve the right to change our Notice of Privacy Practices and to make the new provisions effective for all protected health information we maintain. Should our Notice of Privacy Practices change, we will notify you. The most up to date copy of this Notice of Privacy Practices will be displayed in prominent locations throughout the home.

## **VIII. For More Information or to Report Complaints**

If you wish to exercise any of the rights outlined in this notice or if you have questions and would like additional information, you may contact:

Thomas Heald (**Privacy Officer**) at the New Hampshire Veterans Home, 139 Winter St., Tilton, NH 03276 (603) 527-4400.

If you believe that your privacy rights have been violated, you may file a complaint with our Privacy Officer. If you are not satisfied with the Home's response, you may file a complaint with the Regional Office for Civil Rights. All complaints must be submitted in writing. You will not be retaliated against for filing a complaint. To file a complaint with the government, contact:

Office for Civil Rights

Attn: Regional Manager

U.S. Department of Health and Human Services

JFK Federal Building Room 1875

Boston, MA 02203

(617) 565-1340

(617) 565-1343 (TDD)