



MINNESOTA DEPARTMENT OF VETERANS AFFAIRS MINNESOTA VETERANS HOMES

Effective Date: November 8, 2012
Date(s) of Revision: September 23, 2013

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.

Minnesota Veterans Homes (MVH) respects the privacy of your personal health information and is committed to maintaining our Residents' confidentiality. This notice applies to all information and records related to your care that MVH has received or created. It extends to information received or created by our employees or related professionals such as attending physicians, nurse practitioners, payers, vendors, or other specialists. This notice informs you about the possible uses and disclosures of your personal health information. It also describes your rights and our obligations regarding your personal health information. The protections on your personal health information extend even after you are discharged or deceased, except as required by law.

We are required by law to:

- maintain the privacy of your protected health information;
- provide to you this detailed notice of our legal duties and privacy practices relating to your personal health information;
- abide by the terms of the notice that are currently in effect; and
- notify you if we were unable to agree to a requested restriction.

This privacy notice extends to all Minnesota Veterans Homes facilities.

I. We May Use and Disclose Your Personal Health Information for Treatment, Payment and Health Care Operations

Upon admission to a MVH facility or program we require that you sign a Consent form described below. We ask you to do this because the uses and disclosures of your personal health information are essential to our ability to care for you. We have described these uses and disclosures below.

For Treatment: We will use and disclose your personal health information in providing you with treatment and services. We may disclose your personal health information to facility and non-facility personnel who may be involved in your care, such as physicians, nurses, nursing assistants, therapists, and other specialists. For example, a nurse caring for you will report any change in your condition to your physician. We may also disclose personal health information to individuals who will be involved in your care after you leave MVH.

For Payment: We may use and disclose your personal health information so that we

can bill and receive payment for the treatment and services you receive at MVH. For billing and payment purposes, we may disclose your personal health information to your representative, an insurance or managed care company, Medicare, Medicaid, or another third party payer. For example, we may contact Medicare or your health plan to confirm your coverage or to request prior approval for a proposed treatment or service.

For Health Care Operations: We may use or disclose your personal health information for operations. These uses and disclosures are necessary to manage our program and to monitor our quality of care. For example, we may use your personal health information to evaluate our facility's or program's services, including the performance of our staff.

II. We May Use and Disclose Personal Health Information About You For Other Specific Purposes

Resident Listing: Unless you object, we will include certain limited information about you in our resident listing. This information may include your name or your location and phone number in the facility. Our listing does not include specific medical information about you. We may release information in our listing to people who ask for you by name. We may provide information, including your religious affiliation, to any member of the clergy. Unless you object, we may also use your name next to or on your door in order to identify your room, and use limited information about you in our newsletters.

Individuals Involved in Your Care or Payment for Your Care: Unless you object, we may disclose your personal health information to family members or close personal friends, including clergy, who are involved in your care.

Business Associates: There are some services provided at MVH through contacts with business associates. Examples include our accountants, consultants, and attorneys. When these services are contracted, we may disclose your health information to our business associates so that they can perform the job we've asked them to do. To protect your health information, however, we require the business associates to appropriately safeguard your information.

Disaster Relief: We may disclose your personal health information to an organization assisting in a disaster relief effort.

Public Health Activities: We may disclose your personal health information for public health activities. These activities may include, for example:

- reporting to a public health or other governmental authority for preventing or controlling disease, injury or disability, or reporting child abuse or neglect;
- reporting to the federal Food and Drug Administration (FDA) concerning adverse events or problems with products, for tracking products in certain circumstances, to enable product recalls or to comply with other FDA requirements;
- to notify a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition; or
- for certain purposes involving workplace illness or injuries.

Reporting Victims of Abuse, Neglect, or Domestic Violence: If we believe that you have been a victim of abuse, neglect or domestic violence, we may use and disclose your personal health information to notify a government authority if required or authorized by law, or if you agree to the report.

Health Oversight Activities: We may disclose your personal health information to a health oversight agency for oversight activities authorized by law, including the Federal Department of Veterans Affairs and the Minnesota Department of Health. These may include, for example, surveys, audits, investigations, inspections and licensure actions or other legal proceedings.

Legal, Judicial, Administrative Proceedings: We may disclose your personal health information in response to a court or administrative order or when otherwise required by law to do so. We also may disclose information in response to a subpoena, discovery request, or other lawful process; efforts must be made to contact you about the request or to obtain an order or agreement protecting the information.

Law Enforcement: We may disclose your personal health information for certain law enforcement purposes, including

- to comply with a court order, warrant, subpoena, summons, investigative demand or similar legal process;
- to identify or locate a suspect, fugitive, material witness, or missing person;
- when information is requested about the victim of a crime if the individual agrees or under other limited circumstances;
- to report information about a suspicious death;
- to provide information about criminal conduct occurring at the facility;
- to report information in emergency circumstances about a crime; or
- where necessary to identify or apprehend an individual in relation to a violent crime or an escape from lawful custody.

Research: We may allow personal health information of residents from MVH to be used or disclosed for research purposes, provided that the researcher adheres to certain privacy protections. Your personal health information may be used for research purposes only if the privacy aspects of the research have been reviewed and approved by a special Privacy Board or Institutional Review Board, if the researcher is collecting information in preparing a research proposal, if the research occurs after your death, or if you authorize the use of disclosure.

Coroners, Medical Examiners, Funeral Directors, Organ Procurement Organizations: We may release your personal health information to a coroner, medical examiner, funeral director or, if you are an organ donor, to an organization involved in the donation of organs and tissue.

To Avert a Serious Threat to Health or Safety: We may use and disclose your personal health information when necessary to prevent a serious threat to your health or safety or the health or safety of the public or another person. However, any disclosure would be made only to someone able to help prevent the threat.

Military and Veterans: If you are a member of the armed forces, we may use and disclose your personal health information as required by military command authorities. We may also use and disclose personal health information about foreign military personnel as required by the appropriate foreign military authority.

Workers' Compensation: We may use or disclose your personal health information to comply with laws relating to workers' compensation or similar programs.

National Security and Intelligence Activities: Protective Services for the President and Others: We may disclose personal health information to authorized federal officials conducting national security and intelligence activities or as needed to provide protection to the President of the United States, certain other persons or foreign heads of states or to conduct certain special investigations.

Fundraising Activities: We may use certain personal health information to contact you in an effort to raise money for MVH or organizations related to MVH through partnerships of owned facilities.

Health-Related Benefits and Services: We may use or disclose your personal health information to inform you about health-related benefits and services that may be of interest to you.

III. Your Authorization is Required for Other Uses of Personal Health Information

We will use and disclose your personal health information (other than as described in this notice or required by law) only with your written authorization. We will not disclose psychotherapy notes or sell or use your information for marketing purpose without your express written authorization. You may revoke your authorization to use or disclose personal health information in writing, at any time. If you revoke your authorization, we will no longer use or disclose your personal health information for the purposes covered by the authorization, except where we have already relied on the authorization, or if the authorization was given as a condition of obtaining insurance coverage.

IV. Your Rights Regarding Your Personal Health Information

You have the following rights regarding your personal health information at MVH:

Right to Request Restrictions: You have the right to request restrictions on our use or disclosure of your personal health information for treatment, payment, or health care operations. You also have the right to restrict the personal health information we disclose about you to a family member, friend or other person who is involved in your care or the payment for your care. If you pay for a service or health care item out-of-pocket in full you have the right to request that we not share that information with your health insurer for the purpose of payment or for our health care operations. We will honor your request unless otherwise required by law. MVH has developed a form for these purposes.

Right of Access to Personal Health Information, Electronic or Paper Copy: You have the right to inspect and obtain a copy of your medical or billing records or other written or electronic information that may be used to make decisions about your care, subject to some limited exceptions. MVH has developed a form for this purpose. We may charge a reasonable fee for our costs in copying and mailing your requested information. We may deny your request to inspect or receive copies in certain limited circumstances.

Right to Request Amendment: You have the right to request MVH to amend any personal health information maintained for as long as the information is kept by or for MVH. Your request must be made in writing and must state the reason for the requested amendment. MVH has developed a form for this purpose. If we deny your request for amendment, we will give you a written denial including the reasons for the denial and the right to submit a written statement disagreeing with the denial.

Right to an Accounting of Disclosures: You have the right to request an “accounting” of our disclosures of your personal health information. This is a listing of certain disclosures of your personal health information made by MVH or by others on our behalf, but does not include disclosures for treatment, payment and health care operations or certain other exceptions. To request an accounting of disclosures,

you must submit a request in writing, following specific guidelines. MVH has developed a form for this purpose. The first accounting provided within a 12-month period will be free; for further requests, we may charge you our costs.

Right to a Paper Copy of this Notice: You have the right to obtain a paper copy of this notice. You may request a copy of this notice at any time.

Right to Request Confidential Communications: You have the right to request that we communicate with you concerning personal health matters in a certain manner or at a certain location. For example, you can request that we contact you only at a certain phone number. MVH has developed a form for this purpose and we will accommodate your reasonable requests. If there are no special instructions, for personal health matters, we will communicate directly with you or your listed responsible party(ies). If there is no answer at the phone number of the responsible party(ies), a message may be left.

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

V. Complaints

If you believe that your privacy rights have been violated, you may file a complaint in writing to the Minnesota Department of Veterans Affairs; Minnesota Veterans Homes or with the Office of Civil Rights in the U.S. Department of Health and Human Services. To file a complaint with Minnesota Veterans Homes, contact Minnesota Department of Veterans Affairs Minnesota Veterans Homes, Central Office Building 10, 5101 Minnehaha Avenue South, Minneapolis, Minnesota 55417-1699; phone number: 612-548-5959. To file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights, send a letter to: 200 Independence Avenue, S.W., Washington, D.C. 20201, call 1-877-696-6775, or visit www.hhs.gov/ocr/privacy/hipaa/complaints/.

We will not retaliate against you if you file a complaint.

VI. Changes To This Notice

We will promptly revise and distribute this notice whenever there is a material change to the uses or disclosures, your individual rights, our legal duties, or other privacy practices stated in this notice. We reserve the right to change this notice and to make the revised or new notice provisions effective for all personal health information already received and maintained by MVH as well as for all personal health information we receive in the future. We will post a copy of the current notice in the facility. The first page of the notice contains the effective date and any dates of revision.

VII. For Further Information

If you have questions about this notice or would like further information concerning your privacy rights, please contact Minnesota Department of Veterans Affairs Minnesota Veterans Homes, Central Office Building 10, 5101 Minnehaha Avenue South, Minneapolis, Minnesota 55417-1699; phone number: 612-548-5959



**CONSENT TO USE AND DISCLOSE PROTECTED HEALTH
INFORMATION FOR TREATMENT, PAYMENT, OR HEALTH CARE
OPERATIONS**

Name of Resident: _____ Date of Birth: _____

I understand that Minnesota Veterans Homes (MVH) will maintain, use, and disclose personal health information in order to provide for my care and treatment, to arrange for billing and payment for my care and to carry out general management and health care operations.

I understand that these and other uses and disclosures of my personal health information are described more completely in the Minnesota Veterans Homes Notice of Privacy Practices.

I understand that MVH reserves the right to change its privacy practices described in the Notice of Privacy Practices and to make the new Notice provisions effective for all protected health information already received and maintained by MVH as well as for new information. I understand that prior to implementation MVH will mail or distribute a copy of the revised Notice of Privacy Practices to the address I have provided. In addition, I understand that I have the following rights:

- ◆ The right to receive and review MVH' Notice of Privacy Practices before signing this Consent.
- ◆ The right to request restrictions on how protected health information about me is used or disclosed for treatment, payment, or health care operations. MVH is not required to agree to my request, but if it does, it will be bound by its agreement.
- ◆ The right to revoke this Consent, in writing, except to the extent MVH has acted in reliance on the Consent.
- ◆ The right to receive a copy of this Consent form.

I consent to the use and disclosure by the Minnesota Veterans Homes. and its agents and representatives of all my personal health information for purposes of treatment, payment and health care operations.

By signing below, I acknowledge that I have received the Notice of Privacy Practices and that I have read and understand this Consent form.

Signature of Resident or Resident's
Authorized Representative

Date

If signed by Resident's Representative, please print name and describe relationship to resident:

Name

Relationship to Resident

Copied to Resident or responsible party _____