

**NOTICE OF PRIVACY PRACTICES**  
**Ave Maria Convalescent Hospital**  
**1249 Josselyn Canyon Rd.**  
**Monterey, CA 93940**  
**Privacy Officer: Director of Nursing (831) 373-1216**  
**Effective Date: September 2012 (Revised March 2013)**

**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.**

Ave Maria Convalescent Hospital understands the importance of privacy and is committed to maintaining the confidentiality of your medical information. Ave Maria makes a record of the medical care it provides and may receive such records from others. Ave Maria uses these records to provide or enable other health care providers to provide quality medical care, to obtain payment for services provided to you, and to enable Ave Maria to meet its professional and legal obligations to operate properly. Ave Maria is required by law to maintain the privacy of protected health information and to provide individuals with notice of its legal duties and privacy practices with respect to protected health information. This notice describes how we may use and disclose your medical information. It also describes your rights and our legal obligations with respect to your medical information. If you have any questions about this Notice, please contact our Privacy Officer listed above.

**A. USES AND DISCLOSURES OF YOUR HEALTH INFORMATION**

Ave Maria collects health information about you and records it manually and/or on a computer. This is your medical record. The medical record is the property of Ave Maria, but the information in the medical record belongs to you. The law permits Ave Maria to use or disclose your health information without your authorization for the following purposes:

**1. Treatment.** Ave Maria uses medical information about you to provide your medical care. Ave Maria may disclose medical information to our employees and others who are involved in providing the care you need. For example, Ave Maria may share your medical information with other physicians or other health care providers who will provide services which Ave Maria does not provide. Or Ave Maria may share this information with a pharmacist who needs it to dispense a prescription to you, or a laboratory that performs a test. Ave Maria may also disclose medical information to members of your family or others who can help you when you are sick or injured.

**2. Payment.** Ave Maria uses and discloses medical information about you to obtain payment for the services it provides. For example, Ave Maria gives your health plan the information it requires before it will pay Ave Maria. Ave Maria may also disclose information to other health care providers to assist them in obtaining payment for services they have provided to you. Ave Maria may also disclose medical information about you for purposes of billing and collection activities.

**3. Operations.** Ave Maria may use and disclose medical information about you to operate the facility. For example, Ave Maria may use and disclose this information to

review and improve the quality of care it provides, or the competence and qualifications of its professional staff. Ave Maria may also use and disclose this information as necessary for medical reviews, legal services and audits, including fraud and abuse detection and compliance programs and business planning and management.

**4. Business Associates.** Ave Maria may also share your medical information with its “business associates,” such as a billing service, that perform administrative services for us. Ave Maria has a written contract with each of these business associates that contains terms requiring them to protect the confidentiality and security of your medical information.

**5. Appointment Reminders.** Ave Maria may use and disclose medical information to contact and remind you about appointments. If you are not home, we may leave this information on your answering machine or in a message left with the person answering the phone.

**6. Notification and Communication.** Ave Maria may disclose your health information to notify or assist in notifying a family member, your personal representative, or another person responsible for your care about your location, your general condition, or in the event of your death. In the event of a disaster, we may disclose information to a relief organization so that they may coordinate these notification efforts. We may also disclose information to someone who is involved with your care or helps pay for your care. If you are able and available to agree or object, we will give you the opportunity to object prior to making these disclosures, although we may disclose this information in a disaster even over your objection if we believe it is necessary to respond to the emergency. If you are unable or unavailable to agree or object, our health professionals will use their best judgment in communication with your family and others.

**7. Required by Law.** As required by law, Ave Maria will use and disclose your health information, but will limit its use or disclosure to the relevant requirements of the law. When the law requires Ave Maria to report abuse, neglect or domestic violence, or respond to judicial or administrative proceedings, or to law enforcement officials, Ave Maria will further comply with the requirement set forth below concerning those activities.

**8. Public Health.** Ave Maria may, and is sometimes required by law to disclose your health information to public health authorities for purposes related to: preventing or controlling disease, injury or disability; reporting child, elder or dependent adult abuse or neglect; reporting domestic violence; reporting to the Food and Drug Administration problems with products and reactions to medications; and reporting disease or infection exposure. When Ave Maria reports suspected elder or dependent adult abuse or domestic violence, we will inform you or your personal representative promptly unless in our best professional judgment, we believe the notification would place you at risk of serious harm or would require informing a personal representative we believe is responsible for the abuse or harm.

**9. Health Oversight Activities.** Ave Maria may, and is sometimes required by law to disclose your health information to health oversight agencies during the course of audits, investigations, inspections, licensure and other proceedings, subject to the limitations imposed by federal and California law.

**10. Judicial and Administrative Proceedings.** Ave Maria may, and is sometimes required by law, to disclose your health information in the course of any administrative or judicial proceeding to the extent expressly authorized by a court or administrative order. Ave Maria may also disclose information about you in response to a subpoena, discovery request, or other lawful process if reasonable efforts have been made to notify you of the request and you have not objected, or if your objections have been resolved by a court or administrative order.

**11. Law Enforcement.** Ave Maria may, and is sometimes required by law, to disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness, or missing person, complying with a court order, warrant, grand jury subpoena, and other law enforcement purposes.

**12. Coroners.** Ave Maria may, and is often required by law, to disclose your health information to coroners in connection with their investigations of deaths.

**13. Organ or Tissue Donation.** Ave Maria may disclose your health information to organizations involved in procuring, banking or transplanting organs and tissues.

**14. Public Safety.** Ave Maria may, and is sometimes required by law, to disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.

**15. Specialized Government Functions.** Ave Maria may disclose your health information for military or national security purposes or to correctional institutions or law enforcement officers that have you in their lawful custody.

**16. Worker's Compensation.** Ave Maria may disclose your health information as necessary to comply with worker's compensation laws. For example, to the extent your care is covered by workers' compensation, Ave Maria will make periodic reports to your employer about your condition. Ave Maria is also required by law to report cases of occupational injury or occupational illness to the employer or workers' compensation insurer.

**17. Change of Ownership.** In the event that Ave Maria is sold or merged with another organization, your health information/record will become the property of the new owner, although you will maintain the right to request that copies of your health information be transferred to another provider.

**18. Research.** Ave Maria may disclose your health information to researchers conducting research with respect to which your written authorization is not required as approved by an Institutional Review Board or privacy board, in compliance with governing law.

**19. Fundraising.** Ave Maria may use or disclose your demographic information and the dates that you received treatment in order to contact you for fundraising activities. If you do not want to receive these materials, notify the Privacy Officer listed at the top of this Notice of Privacy Practices and we will stop any further fundraising communications.

**20. Written Authorization.** Except as described in this Notice, Ave Maria will not use or disclose your health information without your written authorization unless otherwise permitted by law. If you do authorize Ave Maria to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time.

## **B. YOUR RIGHTS**

**1. Right to Request Special Privacy Protections.** You have the right to request restrictions on certain uses and disclosures of your health information by a written request specifying what information you want to limit, and what limitations on our use or disclosure of that information you wish to have imposed. If you tell Ave Maria not to disclose information to your commercial health plan concerning health care items or services for which you paid for in full out-of-pocket, we will abide by your request, unless we must disclose the information for treatment or legal reasons. Ave Maria reserves the right to accept or reject any other request, and will notify you of that decision.

**2. Right to Request Confidential Communications.** You have the right to request that you receive your health information in a specific way or at a specific location. For example, you may ask that we send information to a particular e-mail account. We will comply with all reasonable requests submitted in writing which specify how or where you wish to receive these communications.

**3. Right to Inspect and Copy.** You have the right to inspect and copy your health information, with limited exceptions. To access your medical information, you must submit a written request detailing what information you want access to and whether you want to inspect it or get a copy of it. Ave Maria will charge a reasonable fee, as allowed by California and federal law. Ave Maria may deny your request under limited circumstances. If we deny your request to access your child's records or the records of an incapacitated adult you are representing because we believe allowing access would be reasonably likely to cause substantial harm to the patient, you will have a right to appeal our decision. If we deny your request to access your psychotherapy notes, you will have the right to have them transferred to another mental health professional. If your written request clearly, conspicuously and specifically asks us to send you or some other person or entity an electronic copy of your medical record, and we do not deny the request as discussed above, we will send a copy of the electronic health record as you requested, and will charge you no more than what it cost us to respond to your request.

**4. Right to Amend or Supplement.** You have a right to request that we amend your health information that you believe is incorrect or incomplete. You must make a request to amend in writing, and include the reasons you believe the information is inaccurate or incomplete. We are not required to change your health information, and will provide you with information about Ave Marias denial and how you can disagree with the denial. We may deny your request if we do not have the information, if we did not create the information (unless the person or entity that created the information is no longer available to make the amendment), if you would not be permitted to inspect or copy the information at issue, or if the information is accurate and complete as is. You

also have the right to request that we add to your record a statement of up to 250 words concerning any statement or item you believe to be incomplete or incorrect.

**5. Right to an Accounting of Disclosures.** You have a right to receive an accounting of disclosures of your health information made by Ave Maria, except that Ave Maria does not have to account for the disclosures provided to you or pursuant to your written authorization, or as described in paragraphs 1 (treatment), 2 (payment), 3 (health care operations), 6 (notification and communication with family) and 15 (specialized government functions) of Section A of this Notice or disclosures for purposes of research or public health which exclude direct patient identifiers, or which are incident to a use or disclosure otherwise permitted or authorized by law, or the disclosures to a health oversight agency or law enforcement official to the extent Ave Maria has received notice from that agency or official that providing this accounting would be reasonably likely to impede their activities.

**6. Right to a Paper Copy of this Notice.** You have a right to a paper copy of this Notice of Privacy Practices, even if you have previously requested its receipt by e-mail.

### **C. CHANGES TO THIS NOTICE OF PRIVACY PRACTICES**

Ave Maria reserves the right to amend this Notice of Privacy Practices at any time in the future. Until such amendment is made, Ave Maria is required by law to comply with this Notice. After an amendment is made, the revised Notice of Privacy Protections will apply to all protected health information that we maintain, regardless of when it was created or received. We will keep a copy of the current notice posted in our reception area, and a copy will be available upon request. We will also post the current notice on our website.

### **E. COMPLAINTS**

Complaints about this Notice of Privacy Practices or how Ave Maria handles your health information should be directed to Ave Maria's Director of Nursing at (831) 373-1216. If you are not satisfied with the manner in which this office handles a complaint, you may submit a formal complaint to:

Secretary of Health and Human Services  
Office for Civil Rights  
U.S. Department of Health & Human Services  
90 7th Street, Suite 4-100  
San Francisco, CA 94103  
(415) 437-8310; (415) 437-8311 (TDD)  
(415) 437-8329 FAX  
OCRMail@hhs.gov

The complaint form may be found at:

[www.hhs.gov/ocr/privacy/hipaa/complaints/hipcomplaint.pdf](http://www.hhs.gov/ocr/privacy/hipaa/complaints/hipcomplaint.pdf).

You will not be penalized for filing a complaint.

**NOTICE OF PRIVACY PRACTICES - ACKNOWLEDGEMENT OF RECEIPT**

**Ave Maria Convalescent Hospital  
1249 Josselyn Canyon Rd.  
Monterey, CA 93940  
Privacy Officer: Director of Nursing (831) 37301216**

I hereby acknowledge that I received a copy of Ave Maria Convalescent Hospital's Notice of Privacy Practices. I further acknowledge that a copy of the current notice will be posted in the reception area, and that a copy of any amended Notice of Privacy Practices will be provided to me.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

\_\_\_\_\_

If not signed by the resident, please indicate relationship:

- Parent or guardian of minor resident
- Guardian or conservator of an incompetent resident
- Resident's responsible party

Name and Address of Resident:

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