

**2019 ADMISSION DOCUMENTS / PACKET  
BERKS HEIM NURSING AND REHABILITATION  
HEALTH INFORMATION DISCLOSURE/NOTICE OF PRIVACY PRACTICES**

***THIS NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.***

The Facility is required by law to provide you with this notice so that you will understand how we may use or share your medical information. We are required to adhere to the terms outlined in this notice. If you have any questions about this notice, please contact the Administration Office.

This notice describes the practices of the Facility and its affiliates (together “the affiliated covered entity” or “Facility”). The Facility is required by law to provide you with this notice regarding our legal obligations with respect to your protected health information and to adhere to the terms of the notice currently in effect.

**UNDERSTANDING YOUR HEALTH RECORD AND INFORMATION**

Each time you visit the Facility, a record of your visit is made. Typically, this record contains information about your condition and the treatment that we provide. We use and/or disclose this information to:

- plan your care and treatment;
- communicate with other health professionals involved in your care;
- document the care you receive;
- educate health professionals;
- provide information for medical research;
- provide information to public health officials; or
- evaluate and improve the care we provide;

Understanding what is in your record and how your health information is used helps you to:

- ensure it is accurate;
- better understand who may access your health information; and
- make more informed decisions when authorizing disclosure to others

**HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU**

The following categories describe the ways that we use and disclose medical information. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall into one of the categories.

- **For Treatment.** We may use medical information about you to provide you with medical treatment. We may disclose medical information about you to doctors, nurses, therapists or other Facility personnel who are involved in taking care of you at the Facility. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell the dietitian if you have diabetes so that we can plan your meals. Different departments of the Facility also may share medical information about you in order to coordinate your care and provide you medication, lab work and x-rays. We may also disclose medical information about you to people outside the Facility who may be involved in your medical care after you leave the Facility. This may include family members, or visiting nurses to provide care in your home.
- **For Payment.** We may use and disclose medical information about you so that the treatment and services you receive at the Facility may be billed to you, an insurance company or a third party. For example, in order to be paid, we may need to share information with your health plan about services the Facility provided to you. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.
- **For Health Care Operations.** We may use and disclose medical information about you for health care operations. This is necessary to ensure that all of our residents receive quality care. For example, we may use medical information to review our services and to evaluate the performance of our staff. We may also combine medical information about many Facility residents to decide what additional services the Facility should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, therapists, and other Facility personnel for review and learning purposes. We may remove information that identifies you so others may use it to study health care and health care delivery without learning the identities of residents.

OTHER ALLOWABLE USES OF YOUR MEDICAL INFORMATION

The following categories describe other ways that we may use your information.

- **Business Associates.** There are some services provided in our organization through contracts with business associates. Examples include medical directors, outside attorneys and a copy service we use when making copies of your health record. When these services are contracted, we may disclose your health information so that they can perform the job we've asked them to do and bill you or your third-party payer for services rendered. To protect your health information, however, we require the business associate to appropriately safeguard your information.
- **Providers.** Participants in one of our organized healthcare arrangements offer many services provided to you as part of your care at our Facility. These participants include a variety of providers such as physicians (e.g., MD, DO, Podiatrist, Dentist, Optometrist), therapists (e.g., Physical therapist, Occupational therapist, Speech therapist), portable radiology units, clinical labs, hospice caregivers, pharmacies, psychologists, LCSWs, and suppliers (e.g., prosthetic, orthotics).
- **Treatment Alternatives.** We may use and disclose medical information to tell you about possible treatment options or alternatives that may be of interest to you.
- **Health-Related Benefits and Services.** We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.
- **Fundraising Activities.** We may use medical information about you to contact you in an effort to raise money as part of a fundraising effort. We may disclose medical information to a foundation related to the Facility so that the foundation may contact you in raising money for the Facility. We will only release contact information, such as your name, address and phone number and the dates you received treatment or services at the Facility.  
*You may request that we do not contact you for these fundraising efforts. If you do not want the Facility to contact you for fundraising efforts, you must notify the Facility in writing.*
- **Facility Directory.** We may include information about you in the Facility directory while you are a resident so long as we provide you an opportunity to agree to, prohibit, or restrict the use of your information. This information may include your name, location in the Facility, your general condition (e.g., fair, stable, etc.) and your religion. The directory information, except for your religion, may be disclosed to people who ask for you by name. Your religion may be given to a member of the clergy, such as a priest or rabbi, even if they don't ask for you by name. This is so your family, friends and clergy can visit you in the Facility and generally know how you are doing.
- **Individuals Involved in Your Care or Payment for Your Care.** We may disclose medical information about you to a friend or family member who is involved in your care. We may also give information to someone who helps pay for your care. However, we can only give family and friends information that relates to their involvement or payment for your care. We may also tell your family or friends your condition and that you are in the Facility. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.
- **As Required By Law.** We will disclose medical information about you when required to do so by federal, state or local law.
- **To Avert a Serious Threat to Health or Safety.** We may use and disclose medical information about you to prevent a serious threat to your health and safety or the health and safety of the public or another person. We would do this only to help prevent the threat. For example, we may disclose medical information about you for public health purposes, including:
  - prevention or control of disease, injury or disability
  - reporting births and deaths;
  - reporting child abuse or neglect;
  - reporting reactions to medications or problems with products;
  - notifying people of recalls of products;
  - notifying a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease; and
  - notifying the appropriate government authority if we believe a resident has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.
- **Research.** We may disclose information to researchers when an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information has approved their research.
- **Funeral Directors, Coroners and Medical Examiners.** We may disclose health information to funeral directors, coroners and medical examiners to carry out their duties consistent with applicable law.
- **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.

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- **Food and Drug Administrations (FDA).** We may disclose to the FDA health information relative to adverse events with respect to 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 by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.
- **Military and Veterans.** If you are a member of the armed forces, we may disclose medical information about you as required by military authorities. We may also disclose medical information about foreign military personnel to the appropriate foreign military authority.
- **Health Oversight Activities.** We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities may include audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
- **Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.
- **Law Enforcement.** We may disclose medical information when requested by a law enforcement official as follows:
  - in response to a court order, subpoena, warrant, summons or similar process;
  - to identify or locate a suspect, fugitive, material witness, or missing person;
  - about you, the victim of a crime if, under certain limited circumstances, we are unable to obtain the your agreement;
  - about a death we believe may be the result of criminal conduct;
  - about criminal conduct at the Facility; and
  - in emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

**USES OF YOUR HEALTH INFORMATION THAT REQUIRE PRIOR AUTHORIZATION**

We must obtain prior authorization from your prior to disclosing or using your protected health information for certain purposes.

- **Psychotherapy Notes.** We must receive prior authorization from you prior to using to disclosing your psychotherapy notes, unless the disclosure is for treatment, payment or healthcare operations, or is used for other very limited purposes.
- **Marketing Purposes.** We must receive prior authorization from you before disclosing your medical information for marketing purposes except in very limited circumstances.
- **Sale of Protected Health Information.** We must receive prior authorization from you before selling your protected health information, except in limited situations.
- **State Restrictions.** Many states provide greater protection for certain types of health information. For example, in many states, drug and alcohol treatment information may only be released in limited circumstances. Additionally, HIV-related information may only be released in very limited situations. Where the state requirements are more stringent than federal requirements, we will comply with the state requirements.

**OUR RESPONSIBILITIES WITH RESPECT TO YOUR MEDICAL INFORMATION**

We are required to maintain the privacy and security of your protected health information. In order to fulfill these responsibilities we must:

- notify you promptly if the privacy or security of your health information has been compromised;
- follow the duties and privacy practices described in this notice and give you a copy of it; and
- only use or share your information as described in this Notice unless you authorize us in writing to use or share your information in another manner. You may change an authorization previously given, at any time, by informing the Facility in writing. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission and that we are required to retain our records of the care that we provided to you.

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YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU**

Although your health record is the property of the Facility, the information belongs to you. You have the following rights regarding your medical information:

- **Right to Inspect and Copy.** With some exceptions, you have the right to review and copy your medical information. *You must submit your request in writing to the Facility Administration Office. We may charge a fee for the costs of copying, mailing or other supplies associated with your request.*
- **Right to Amend.** If you feel that medical information in your record is incorrect or incomplete, you may ask us to amend the information. You have this right for as long as the information is kept by or for the Facility. *You must submit your request in writing to the Facility Administration Office. In addition, you must provide a reason for your request.*

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
  - is not part of the medical information kept by or for the Facility; or
  - is accurate and complete.
- **Right to an Accounting of Disclosures.** You have the right to request an "accounting of disclosures." This is a list of certain disclosures we made of your medical information, other than those made for purposes such as treatment, payment, or health care operations. *You must submit your request in writing to the Facility Administration Office. Your request must state a time period, which may not be longer than six (6) years from the date of the request is submitted and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper or electronically). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.*

- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the medical information we use or disclose about you. For example, you may request that we limit the medical information we disclose to someone who is involved in your care or the payment for your care. You could ask that we not use or disclose information about a surgery you had to a family member or friend.

**We typically are not required to agree to your request.** However, we must comply with your request if you request that we do not disclose information to a health plan or other third party payer about services which you or some other person (other than the third party payer) has paid for in full, unless a law requires us to share the information. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

*You must submit your request in writing to the Facility Administration Office. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.*

- **Right to Request Alternate and Confidential Communications.** You have the right to request that we communicate with you about medical matters in a confidential manner or at a specific location. For example, you may ask that we only contact you via mail to a post office box. You must submit your request in writing to the Facility Administration Office. We will not ask you the reason for your request. Your request must specify how or where you wish to be contacted. We will accommodate all reasonable requests.
- **Right to a Paper Copy of This Notice.** You have the right to a paper copy of this notice even if you have agreed to receive the notice electronically. You may request a paper copy of this Notice at any time by contacting the Facility Administration office. You may also obtain a copy of this Notice at our website.

## **CHANGES TO THIS NOTICE**

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in the Facility or on the website **www.co.berks.pa.us**. The notice will specify the effective date on the first page, in the top left-hand corner. In addition, if material changes are made to this notice, the notice will contain an effective date for the revisions and copies can be obtained by contacting the Facility Administrator.

## **COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with the Facility or with the Secretary of the Department of Health and Human Services. To file a complaint with the Facility, contact **the Administrator at (610) 376-4841**. This should be the same person or department listed on the first page as the contact for more information about this notice. All complaints must be submitted in writing. **You will not be penalized for filing a complaint.**

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**BERKS HEIM NURSING AND REHABILITATION**  
**PRIVACY ACT STATEMENT – HEALTH CARE RECORDS**  
**Long Term Care-Minimum Data Set (MDS) System of Records revised 04/28/2007**

**(Issued: 9-6-12, Implementation/Effective Date: 6-17-13)**

THIS FORM PROVIDES YOU THE ADVICE REQUIRED BY THE PRIVACY ACT OF 1974 (5 USC 552a). THIS FORM IS NOT A CONSENT FORM TO RELEASE OR USE HEALTH CARE INFORMATION PERTAINING TO YOU.

**1. AUTHORITY FOR COLLECTION OF INFORMATION, INCLUDING SOCIAL SECURITY NUMBER AND WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY.** Authority for maintenance of the system is given under Sections 1102(a), 1819(b)(3)(A), 1819(f), 1919(b)(3)(A), 1919(f) and 1864 of the Social Security Act.

The system contains information on all residents of long-term care (LTC) facilities that are Medicare and/or Medicaid certified, including private pay individuals and not limited to Medicare enrollment and entitlement, and Medicare Secondary Payer data containing other party liability insurance information necessary for appropriate Medicare claim payment.

Medicare and Medicaid participating LTC facilities are required to conduct comprehensive, accurate, standardized and reproducible assessments of each resident's functional capacity and health status. To implement this requirement, the Facility must obtain information from every resident. This information is also used by the Centers for Medicare & Medicaid Services (CMS) to ensure that the Facility meets quality standards and provides appropriate care to all residents. 42 CFR §483.20, requires LTC facilities to establish a database, the Minimum Data Set (MDS), of resident assessment information. The MDS data are required to be electronically transmitted to the CMS National Repository.

Because the law requires disclosure of this information to Federal and State sources as discussed above, a resident does not have the right to refuse consent to these disclosures. These data are protected under the requirements of the Federal Privacy Act of 1974 and the MDS LTC System of Records.

**2. PRINCIPAL PURPOSES OF THE SYSTEM FOR WHICH INFORMATION IS INTENDED TO BE USED.** The primary purpose of the system is to aid in the administration of the survey and certification, and payment of Medicare/Medicaid LTC services which include skilled nursing facilities (SNFs), nursing facilities (NFs) and noncritical access hospitals with a swing bed agreement.

Information in this system is also used to study and improve the effectiveness and quality of care given in these facilities. This system will only collect the minimum amount of personal data necessary to achieve the purposes of the MDS, reimbursement, policy and research functions.

**3. ROUTINE USES OF RECORDS MAINTAINED IN THE SYSTEM.** The information collected will be entered into the LTC MDS System of Records, System No. 09-70-0528. This system will only disclose the minimum amount of personal data necessary to accomplish the purposes of the disclosure. Information from this system may be disclosed to the following entities under specific circumstances (routine uses), which include:

- (1) To support Agency contractors, consultants, or grantees who have been contracted by the Agency to assist in accomplishment of a CMS function relating to the purposes for this system and who need to have access to the records in order to assist CMS;
- (2) To assist another Federal or state agency, agency of a state government, an agency established by state law, or its fiscal agent for purposes of contributing to the accuracy of CMS' proper payment of Medicare benefits and to enable such agencies to fulfill a requirement of a Federal statute or regulation that implements a health benefits program funded in whole or in part with Federal funds and for the purposes of determining, evaluating and/or assessing overall or aggregate cost, effectiveness, and/or quality of health care services provided in the State, and determine Medicare and/or Medicaid eligibility;
- (3) To assist Quality Improvement Organizations (QIOs) in connection with review of claims, or in connection with studies or other review activities, conducted pursuant to Title XI or Title XVIII of the Social Security Act and in performing affirmative outreach activities to individuals for the purpose of establishing and maintaining their entitlement to Medicare benefits or health insurance plans;

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- (4) To assist insurers and other entities or organizations that process individual insurance claims or oversees administration of health care services for coordination of benefits with the Medicare program and for evaluating and monitoring Medicare claims information of beneficiaries including proper reimbursement for services provided;
- (5) To support an individual or organization to facilitate research, evaluation, or epidemiological projects related to effectiveness, quality of care, prevention of disease or disability, the restoration or maintenance of health, or payment related projects;
- (6) To support litigation involving the agency, this information may be disclosed to The Department of Justice, courts or adjudicatory bodies;
- (7) To support a national accrediting organization whose accredited facilities meet certain Medicare requirements for inpatient hospital (including swing beds) services;
- (8) To assist a CMS contractor (including but not limited to fiscal intermediaries and carriers) that assists in the administration of a CMS-administered health benefits program, or to a grantee of a CMS-administered grant program to combat fraud, waste and abuse in certain health benefit programs; and
- (9) To assist another Federal agency or to an instrumentality of any governmental jurisdiction within or under the control of the United States (including any state or local government agency), that administers, or that has the authority to investigate potential fraud, waste and abuse in a health benefits program funded in whole or in part by Federal funds.

**NOTE:** Providers may request to have the Resident or his or her Representative sign a copy of this notice as a means to document that notice was provided. Signature is NOT required. If the Resident or his or her Representative agrees to sign the form it merely acknowledges that they have been advised of the foregoing information. Residents or their Representative must be supplied with a copy of the notice. This notice may be included in the admission packet for all new nursing home admissions.

**Legal Notice Regarding MDS 3.0** - Copyright 2011 United States of America and interRAI. This work may be freely used and distributed solely within the United States. Portions of the MDS 3.0 are under separate copyright protections; Pfizer Inc. holds the copyright for the PHQ-9 and the Annals of Internal Medicine holds the copyright for the CAM. Both Pfizer Inc. and the Annals of Internal Medicine have granted permission to freely use these instruments in association with the MDS 3.0. (9) To assist another Federal agency or to an instrumentality of any governmental jurisdiction within or under the control of the United States (including any state or local governmental agency), that administers, or that has the authority to investigate potential fraud, waste and abuse in a health benefits program funded in whole or in part by Federal funds.

**4. EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION.** The information contained in the LTC MDS System of Records is generally necessary for the Facility to provide appropriate and effective care to each resident.

If a resident fails to provide such information, e.g. thorough medical history, inappropriate and potentially harmful care may result. Moreover, payment for services by Medicare, Medicaid and third parties, may not be available unless the Facility has sufficient information to identify the individual and support a claim for payment.

**NOTE:** Residents or their representative must be supplied with a copy of the notice. This notice may be included in the admission packet for all new nursing home admissions, or distributed in other ways to residents or their representative(s). Although signature of receipt is NOT required, providers may request to have the Resident or his or her Representative sign a copy of this notice as a means to document that notice was provided and merely acknowledges that they have been provided with this information.

Your signature merely acknowledges that you have been advised of the foregoing. If requested, a copy of this form will be furnished to you. (signature is located on the acknowledgement page of the Admissions Document/Packet)

**Reference: 164.520**