



## 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.

Revised: **September 15, 2013**

If you have questions about this Notice, please contact our Privacy Officer:

Roland Park Place  
Attention: Privacy Officer  
830 W. 40<sup>th</sup> Street  
Baltimore, MD 21211-2134

### 1. OUR PLEDGE REGARDING MEDICAL INFORMATION

We understand that medical information about you and your health is personal, and are committed to protecting your medical information. We create a record of the care and services you receive to provide you with quality care and to comply with certain legal requirements. This Notice applies to all of the records of your care generated or received by us.

We are required by law to:

- Make sure that medical information that identifies you is kept private, and will be used or disclosed only as described by this Notice or applicable law;
- Make this Notice available to you; and
- Follow the terms of the Notice that is currently in effect.

### 2. 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 our facility and on our website: [www.rolandparkplace.org](http://www.rolandparkplace.org).

3. HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU:

- a. For Treatment. We will use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students, or other facility personnel who are involved in taking care of you. For example, we would disclose your health information, as necessary, to a home health agency that provides care to you. We also may disclose medical information about you to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you.
- b. For Payment. We will use and disclose medical information about you so that the treatment and services we provide may be billed to and payment may be collected from you, an insurance company, a governmental entity such as Medicare or Medicaid, or a third party. For example, we may need to give your health plan information about treatment we provide so your health plan will pay us or reimburse you for the treatment. 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 or hospital admission. We may also need to send your information to more than one health plan in circumstances where it is not clear which health plan has the responsibility to pay for your care.
- c. For Healthcare Operations. We will use and disclose medical information about you for our operations. These uses and disclosures are necessary to appropriately operate our community and make sure that all of our residents receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine medical information about many residents to decide what additional services we should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, medical students, and other facility personnel for review and learning purposes. In addition, we may use a sign-in sheet at the registration desk where you will be asked to sign your name and indicate your physician. We may also call you by name in the waiting room when your physician is ready to see you.
- d. Treatment Alternatives. We may use and disclose your medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

- e. Fundraising Activities. We may use certain information demographic and medical information to contact you for the purpose of raising money for us, and you will have the right to opt out of receiving such communications with each solicitation. The money raised will be used to expand and improve the services and programs that we provide to residents and the community. Your decision to receive or decline solicitations has no effect on your treatment or payment for the services we provide.
- f. Health-Related Benefits and Services. We may use and disclose your medical information to tell you about health-related benefits or services that may be of interest to you.
- g. Reminders. We may use and disclose medical information about you to contact you in an effort to provide appointment reminders for medical care.
- h. Research. Under certain circumstances, we will use and disclose medical information about you for research purposes. For example, a research project may involve comparing the health and recovery of all residents who received one medication to those who received another for the same condition. All research projects, however, are subject to a special approval process that takes into account residents need for privacy.
- i. Business Associates. We contract with business associates to provide some services. Examples may include medical billing and transcription services. We may disclose your health information to our business associate so that they may perform the job we have asked them to do. To protect your health information however, we require the business associate to appropriately safeguard your information.
- j. As Required By Law. We will disclose medical information about you when required to do so by federal, state or local law.
- k. To Avert a Serious Threat to Health or Safety. We will use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.
- l. Individuals Involved in Your Care or Payment for Your Care. We may release medical information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care. *Except in emergency situations, you may object to the uses and disclosure described in this Section l, either in general or to any specific person or persons to whom your medical information might otherwise be disclosed.*
- m. Special Situations. We will use and disclose medical information about you:
  - To facilitate organ and tissue donation.
  - For specialized governmental functions, including the military and veterans, national security, correctional institutions and public benefit purposes.
  - For Workers' Compensation or similar programs, as permitted by law.

- For public health activities.
  - To notify the appropriate government authority if we believe a resident has been the victim of abuse, neglect, or domestic violence.
  - For health oversight activities including, for example, audits, investigations, inspections, and licensure.
  - For lawsuits and disputes, we will disclose medical information about you in response to a valid court or administrative order, subpoena, or other lawful process.
  - For law enforcement purposes when asked to do so by a law enforcement official.
  - To coroners, medical examiners, and funeral directors as necessary to assist them to carry out their duties.
  - To correctional institutions or law enforcement officials with respect to inmates.
- n. Directory Information. Upon reasonable and appropriate inquiry, we may disclose certain limited “directory information” about you to third parties including your name, address at Roland Park Place, general health condition, and (upon inquiry from a member of the clergy) religious affiliation. You may request that we not disclose directory information by contacting our Privacy Officer.
- o. Written Authorization. Except as described above or as permitted by law, we will disclose your medical information only with your prior written authorization. Most uses of psychotherapy notes, certain uses and disclosures of your health information for marketing purposes, and any sale of your written medical information require your written authorization. You may revoke that authorization, in writing, at any time, unless we have taken action relying on your prior authorization or if you signed the authorization as a condition of obtaining insurance coverage.

#### 4. YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

You have the following rights regarding medical information we maintain about you:

- a. Right to Inspect and Copy. You have the right to inspect and copy medical information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes and other mental health records under certain circumstances. To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to our Privacy Officer. You may request an

electronic copy of your health information that is maintained by us in electronic designated record sets, and we will provide you access in the electronic form and format requested if it is readily reproducible in the requested format. If not, we will discuss the issue with you and provide a copy in a readable electronic form and format upon which we mutually agree, such as MS Word or Excel, text, HTML or text-based PDF format depending on the information and our capabilities at the time of the request. You may also request that we send your health information directly to a person you designate if your written request is signed, in writing, and clearly identifies both the person designated and an address to send the requested information. If you request a copy of the information, we may charge a fee for the costs of copying the information (whether in paper or electronic form), mailing the copy when requested, supplies for creating the paper copy (or electronic media if the request is to provide the information on portable electronic media), and preparing an explanation or summary of the information, if appropriate. We may deny your request to inspect and copy medical information in certain very limited circumstances, including requests by an inmate at a correctional institution, requests for information we obtained from someone else subject to certain confidentiality agreements, and some requests concerning ongoing research projects. If you are denied access to medical information for any other reason, you may request that the denial be reviewed. Another licensed healthcare professional chosen by us will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

b. **Request to Amend.** If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. To request an amendment, please submit a written request to our Privacy Officer with a reason that supports 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 us;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

If we deny your request, you may submit a written statement disagreeing with the denial. We will keep your statement on file and distribute it with all future disclosures of the information to which it relates.

- c. **Right to an Accounting of Disclosures.** You have the right to request an “accounting of disclosures.” This is a list of the disclosures of medical information about you, with exceptions. We do not need to account for disclosures made: (i) to you; (ii) pursuant to your written authorization; (iii) for the purpose of carrying out treatment, payment or operations; (iv) to persons involved in your care, or to notify your family or friends about your whereabouts; (v) that are incidental to another permissible use or disclosure; (vi) for national security or intelligence purposes; (vii) to correctional institutions or law enforcement officers who had you in custody at the time of the disclosure; (viii) as part of a limited data set; or (ix) to a health oversight agency or law enforcement official if they so request. The accounting will include the date of each disclosure, the name of the entity or person to whom the disclosure was made and that person’s address (if known), and a brief description of the information disclosed together with the purpose of the disclosure. To request this list or accounting of disclosures, you must submit your request in writing to our Privacy Officer. Your request must state a time period that may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example: on paper, electronically). The first list you request within a 12-month period will be free. For additional lists, we may charge you. 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.
- d. **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 treatment, payment or healthcare operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. Except as expressly stated below, we are not required to agree to your request. If we agree, we will comply with your request unless the information is needed to provide you emergency treatment. We are required to agree to your request to restrict certain disclosures of your health information to a health plan, but only if you pay (or someone other than the health plan pays on your behalf) out of pocket in full for the health care item or service about which the restriction is requested. To request restrictions, you must make your request in writing to our Privacy Officer. In your request, you must tell us (i) what information you want to limit; (ii) whether you want to limit our use, disclosure, or both; and (iii) to whom you want the limits to apply, for example, disclosure to your spouse.
- e. **Right to Confidential Communications.** You have the right to request to receive communications from us on a confidential basis by using alternative means for receipt of information or by receiving the information at an alternate location.

All reasonable requests will be granted. Contact our Privacy Officer if you require such confidential communications.

- f. Right to a Paper Copy of This Notice. You have the right to a paper copy of this notice by requesting a paper copy from our Privacy Officer in writing.
- g. Right to Notification of a Breach Concerning Your Health Information. You have the right to receive notice of breaches of your health information. We will send this notice to your last known address that we have in our records.

## 5. Complaints

If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the U.S. Department of Health and Human Services. To file a complaint with us, contact our Privacy Officer:

Roland Park Place  
Attention: Privacy Officer  
830 W. 40<sup>th</sup> Street  
Baltimore, MD 21211-2134

All complaints must be submitted in writing. *Roland Park Place will not retaliate against you for filing a complaint.*



**ACKNOWLEDGMENT OF RECEIPT OF  
NOTICE OF PRIVACY PRACTICES**

I hereby acknowledge receipt of the Notice of Privacy Practices for Roland Park Place.

I acknowledge that the full description of the uses and disclosures of Protected Health Information that may be made with consent, authorization or opportunity to object has been offered to me as outlined in the Notice of Privacy Practices.

I understand that I have the right to object to disclosure of some or all of my Protected Health Information as outlined in the full Notice of Privacy Practices and the circumstances that allow RPP to disclose my Protected Health Information.

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*Resident's Name – **Print***

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*Date*

**-OR-**

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*Authorized Personal Representative – **Print***

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*Date*

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*Signature of Resident or Authorized Personal Representative*

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*Description of Personal Representative's Authority for Resident*