



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.

Uses and Disclosures

Wood-Lawn, Inc. will use your health information for the following reasons.

Treatment. Your health information will be used by staff members while providing care. Additional health information will be added to your record while providing that care. This information may be disclosed to other health care professionals for the purpose of evaluating your health, diagnosing medical conditions, and providing treatment. For example, results of laboratory tests, misc. procedures, ADL's (Activities of Daily Living), MAR's (Medication logs), nurses notes, and Care Plans will be available in your medical record to all health professionals who may provide treatment or who may be consulted by staff members.

Payment. Your health information may be used to seek payment from your health plan, Medicare, or Medicaid to pay for services. For example, your health plan may request and receive information on dates of service, the services provided, the medical condition being treated, and in some cases they may request copies of medical records for review. You have the right not to share PHI to your health plan when that service is paid for out-of-pocket.

Health care operations. Your health information may be used as necessary to support the day-to-day activities and management of Wood-Lawn, Inc. For example, information on the services you received may be used to support budgeting and financial reporting, and activities to evaluate and promote quality assurance. This may include members of the quality improvement team using information in your health record to assess the care and outcomes in your case and others like it to improve the quality and effectiveness of the care and service we provide.

Law enforcement. Your health information may be disclosed to law enforcement agencies, without your permission, to support government audits and inspections, to facilitate law-enforcement investigations, and to comply with government mandated reporting. Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public.

Public health reporting. Your health information may be disclosed to public health agencies as required by law. For example, we are required to report certain communicable diseases to the state's public health department.

Business Associates. There are some services provided for Wood-Lawn, Inc. through contacts with business associates. Examples include Physical, Speech, and Occupational therapy, certain laboratory tests, and computer billing software. 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 associate to appropriately safeguard your information.

Nursing Students. Occasionally we have nursing students in the facility who may have supervised access to your health information. Those students are being trained as future healthcare providers. That training includes the importance of protecting health information.



Directory. Unless we are notified in writing that you object, we will use your name, location in the facility, general condition, and religious affiliation for directory purposes. This information may be provided to members of the clergy, and to other people who ask for you by name.

Electronic Medical Records. Our facility uses electronic medical records. The information collected electronically is maintained as part of your medical record and will be available in your medical record to all health professionals who may provide treatment or who may be consulted by staff members. Our facility follows privacy and security policy and procedures in an effort to protect your electronic records and staff members receive training that includes the importance of protecting your health information.

Camera System. Our facility uses a camera system in hallways, employee work areas, outside areas, etc., to monitor the security and well-being of our staff and residents.

Activities. Unless we are notified in writing that you object, our activities department may use names, birthdates, pictures or other information on our activities bulletin board, web site, newspaper articles, or other activities function.

Notification. We may use our best judgment to disclose to a family member, other relative, close personal friend, or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care. We may also use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location and general condition.

Research. We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information. (Enumeration is limited to a reasonable, cost-based fee for the preparation and transmittal of the PHI.)

Funeral Directors. We may disclose health information to funeral directors consistent with applicable law to carry out their duties.

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.

Fund raising. We may contact you as part of a fund-raising effort. Any individual may opt out of fundraising communications.

Food and Drug Administration (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.

Correctional institution. Should you be an inmate of a correctional institution, we may disclose to the institution or agents thereof health information necessary for your health and the health and safety of other individuals.

Authorizations. An individual's authorization must be obtained for a) most uses and disclosures of psychotherapy notes, b) uses and disclosures of PHI for marketing purposes, and c) disclosures that constitute a sale of PHI. Other uses and disclosures not described will be made only with written authorization from the individual. Revocation of this authorization must be in writing and will not affect any previous uses or disclosures of PHI.

Individual Rights

You have certain rights under the federal privacy standards. These include:

- the right to request restrictions on the use and disclosure of your protected health information.
- the right to receive confidential communications concerning your medical condition and treatment.



- the right to inspect and/or receive an electronic copy of your protected health information (a fee may be charged).
- the right to have a copy of your PHI sent to a designated 3rd party (a fee may be charged).
- the right to amend or submit corrections to your protected health information.
- the right to receive an accounting of how and to whom your protected health information has been disclosed.
- the right to receive notifications of breaches of your unsecured PHI.
- the right to receive a printed copy of this notice.

Wood-Lawn, Inc. Duties

We are required by law to maintain the privacy of your protected health information and to provide you with this notice of privacy practices. We also are required to abide by the privacy policies and practices that are outlined in this notice.

Right to Revise Privacy Practices

As permitted by law, we reserve the right to amend or modify our privacy policies and practices. These changes in our policies and practices may be required by changes in federal and state laws and regulations. Whatever the reason for these revisions, we will provide you with a revised notice by mail or in person and a copy will be posted in the facility and on our website. The revised policies and practices will be applied to all protected health information that we maintain.

Requests to Inspect Protected Health Information

As permitted by federal regulation, we require that requests to inspect or copy protected health information be submitted in writing. You may obtain a form to request access to your records by contacting the Receptionist or the Compliance Officer. You may request a copy of your health record in an electronic format (a fee may be charged). Please allow 30 days for approval or denial of copies of records.

Complaints

If you would like to submit a comment or complaint about our privacy practices, you can do so by sending a letter outlining your concerns to:

Compliance Officer
Wood-Lawn, Inc.
2901 Neeley Street
Batesville, AR 72501

If you believe that your privacy rights have been violated, you should call the matter to our attention by sending a letter describing the cause of your concern to the same address. You will not be penalized or otherwise retaliated against for filing a complaint.

Contact Person

The name and address of the person you can contact for further information concerning our privacy practices is:

Compliance Officer
Wood-Lawn, Inc.
2901 Neeley Street
Batesville, AR 72501
870-793-7195

Effective Date

This Notice is effective on or after July 23, 2013.



Notice of Privacy Practice's Acknowledgement

I acknowledge, by my signature below, that I have received a copy of Wood-Lawn, Inc.'s Notice of Privacy Practices.

Patient

Personal Representative

Relationship to Patient

Date

Copy of Notice of Privacy Practices was given sent to:

Date sent/given: _____

Sent by: _____
(employee signature)

Written acknowledgement not obtained due to:
