



## ***Benefits Program***

**Effective Date: April 14, 2003**

### **Notice of Privacy Practices**

**This Notice Describes How Protected Health Information About You May be Used and Disclosed and How You Can Get Access To This Information. Please Review It Carefully.**

If you have any questions about this notice, please contact Joanne Shumar-Jones, Director of Corporate Integrity Program at (740) 586-6712.

#### **Who Will Follow This Notice**

This notice describes the protected health information practices of the Genesis HealthCare System group health plan (the "Plan"), which is an organized health care arrangement including the Genesis HealthCare System and the Genesis HealthCare System-Affiliates (CareEquip Inc., Genesis Lifestyle and Fitness Center, Genesis CareGivers, CareServe, CareLife, Inc. and Genesis Medical Group). Any third party that assists in the administration of Plan claims also uses these practices.

#### **Our Pledge Regarding Protected Health Information**

The Plan understands that protected health information about you and your health is personal. The Plan is committed to protecting protected health information about you. The Plan creates a record of the health care claims reimbursed under the Plan for Plan administration purposes. This notice applies to all of the medical records the Plan maintains. Your personal doctor or health care provider may have different policies or notices regarding the doctor's use and disclosure of your protected health information created in the doctor's office or clinic.

This notice will tell you about the ways in which the Plan may use and disclose protected health information about you. It also describes our obligations and your rights regarding the use and disclosure of protected health information.

We are required by law to:

- make sure that protected health information that identifies you is kept private;
- give you this notice of our legal duties and privacy practices with respect to protected health information about you; and
- follow the terms of the notice that is currently in effect.
- notify you in the unlikely event of a breach or unauthorized disclosure of your protected health information.

We reserve the right to change the terms of this Notice of Privacy Practices as necessary and to make the new Notice effective for all protected health information maintained by us. You may receive a copy of a the most recent Employee Notice of Privacy Practices at Genesis HealthCare System Human Resources Office, or you may request such copy by e-mail or other electronic means. The Employee Notice of Privacy Practices is also located on iGenesis under Human Resources Forms.

### **How We May Use and Disclose Protected Health Information About You**

The following categories describe different ways that the Plan may use and disclose protected health information. For each category of uses or disclosures the Plan will explain what it means and present some examples. Not every use or disclosure in a category will be listed. However, all of the ways the Plan is permitted to use and disclose information will fall within one of the categories.

**For Authorization.** Except as outlined below, we will not use or disclose your protected health information for any purpose unless you have signed a form authorizing the use or disclosure. You have the right to revoke that authorization in writing unless we have taken any action in reliance on the authorization. There are certain uses and disclosures of your protected health information for which we will always obtain a prior authorization and these include:

**Marketing communications** unless the communication is made directly to you in person, is simply a promotional gift of nominal value, is a prescription refill reminder, general health or wellness information, or a communication about health related products or services that we offer or that are directly related to your treatment.

**Most sales** of your health information unless for treatment or payment purposes or as required by law.

**Psychotherapy notes** unless otherwise permitted or required by law.

**For Treatment.** The Plan may use or disclose protected health information to facilitate medical treatment or services by providers. The Plan may disclose protected health information about you to providers, including doctors, nurses, technicians, medical students, or other hospital personnel who are involved in taking care of you. For example, the Plan might disclose information about your prior prescriptions to a pharmacist to determine if a pending prescription is contradictory with prior prescriptions.

**For Payment.** The Plan may use and disclose protected health information about you to determine eligibility for Plan benefits, to facilitate payment for the treatment and services you receive from health care providers, to determine benefit responsibility under the Plan, or to coordinate Plan coverage. For example, the Plan may tell your health care provider about your medical history to determine whether a particular treatment is experimental, investigational, or medically necessary or to determine whether the Plan will cover the treatment. The Plan may also share protected health information with a utilization review or pre-certification service provider. Likewise, the Plan may share protected health information with another entity to assist with the adjudication or subrogation of health claims or to another health plan to coordinate benefit payments.

**For Health Care Operations.** The Plan may use and disclose protected health information about you for other Plan operations. These uses and disclosures are necessary to run the Plan. For example, the

Plan may use protected health information in connection with: conducting quality assessment and improvement activities; underwriting, premium rating, and other activities relating to Plan coverage; submitting claims for stop-loss (or excess loss) coverage; conducting or arranging for medical review, legal services, audit services and fraud and abuse detection programs; business planning and development such as cost management; and business management and general Plan administrative activities.

**Genetic Information.** We will not use or disclose any genetic information about you or your family members for underwriting or benefit eligibility determinations.

**To Business Associates.** The Plan is administered by a TPA with whom the Plan contracts to perform certain administrative services required to operate the plan. Certain other aspects and components of our services are also performed through contracts with outside persons or organizations, such as auditing, accreditation, actuarial services, legal services, etc. Your protected health information will be disclosed to the Plan's TPA, and at times it may be necessary for us to provide certain of your protected health information to one or more of the other outside persons or organizations who assist us with our health care operations. In all cases, we require these business associations to appropriately safeguard the privacy of your information.

**As Required By Law.** The Plan will disclose protected health information about you when required to do so by federal, state or local law. For example, the Plan may disclose protected health information when required by a court order in a litigation proceeding such as a malpractice action.

**To Avert a Serious Threat to Health or Safety.** The Plan may use or disclose protected health information about you when necessary to prevent a serious threat to your health or to the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat. For example, the Plan may disclose protected health information about you in a proceeding regarding the licensure of a physician.

**Research.** In limited circumstances, we may use and disclose your protected health information for research purposes. For example, a research organization may wish to compare outcomes of patients by payer source and will need to review a series of records that we hold. In all cases where your specific authorization has not been obtained, your privacy will be protected by strict confidentiality requirements applied by an Institutional Review Board or privacy board which oversees the research or by representations of the researchers that limit their use and disclosure of member information.

### **Special Situations**

**Disclosure to Health Plan Sponsor.** Protected health information may be disclosed to your plan sponsor for purposes of administering the Plan. However, your plan sponsor must certify that the information provided will be maintained in a confidential manner and will not be used for employment related decisions or for other employee benefit determinations, or in any other manner not permitted by law.

**Family and Friends Involved In Your Care.** With your approval, we may from time to time disclose your protected health information to designated family, friends, and others who are involved in your care or in payment for your care in order to facilitate that person's involvement in caring for you or paying for your care. If you are unavailable, incapacitated, or facing an emergency medical situation

and we determine that a limited disclosure may be in your best interest, we may share limited protected health information with such individuals without your approval. We may also disclose limited protected health information to a public or private entity that is authorized to assist in disaster relief efforts in order for that entity to locate a family member or other persons that may be involved in some aspect of caring for you.

**Other Health-Related Products or Services.** We may, from time to time, use your protected health information to determine whether you might be interested in or benefit from treatment alternatives or other health-related programs, products or services which may be available to you as a member of the Plan. For example, we may use your protected health information to identify whether you have a particular illness, and contact you to advise you that a disease management program to help you manage your illness better is available to you as a Plan member. We will not use your information to market products or services which are not health-related without your written permission.

**Organ and Tissue Donation.** If you are an organ donor, the Plan may release protected health information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

**Military and Veterans.** If you are a member of the armed forces, the Plan may release protected health information about you as required by military command authorities. The Plan may also release protected health information about foreign military personnel to the appropriate foreign military authority.

**Workers' Compensation.** The Plan may release protected health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

**Public Health Risks.** The Plan may disclose protected health information about you for public health activities. These activities generally include the following:

- to prevent or control disease, injury or disability;
- to report births and deaths;
- to report child abuse or neglect;
- to report reactions to medications or problems with products;
- to notify people of recalls of products they may be using;
- to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. The Plan will make this disclosure if you agree or when required or authorized by law.

**Health Oversight Activities.** The Plan may disclose Protected Health Information to a health oversight agency for activities authorized by law. These oversight activities include, for example, 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, the Plan may disclose protected health information about you in response to a court or administrative order. The Plan may also

disclose protected health 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.** The Plan may release protected health information if asked to do so by a law enforcement official:

- 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 the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- about a death we believe may be the result of criminal conduct;
- about criminal conduct at the hospital; 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.

**Coroners, Medical Examiners and Funeral Directors.** The Plan may release protected health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release protected health information about patients of the hospital to funeral directors as necessary to carry out their duties.

**National Security and Intelligence Activities.** The Plan may release protected health information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

**Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, the Plan may release protected health information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

### **Your Rights Regarding Protected Health Information About You**

**Complaints.** If you believe your privacy has been violated, you can file a complaint with our Corporate Integrity Department at Genesis HealthCare System. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services in Washington D.C. in writing within 180 days of a violation of your rights. There will be no retaliation for filing a complaint.

You have the following rights regarding protected health information the Plan maintains about you:

**Right to Inspect and Copy.** You have the right to inspect and copy your protected health information that the Plan or the Plan's TPA maintains in their records. To inspect and copy your protected health information that is maintained by the Plan or the Plan's TPA, you must submit your request in writing to: Human Resources, Genesis HealthCare System, 2951 Maple Ave., Zanesville, Ohio 43701. If you request a copy of the information, the Plan may charge a fee for the costs of copying, mailing or other supplies associated with your request.

The Plan may deny your request to inspect and copy your protected health information in certain very limited circumstances. If you are denied access to your protected health information, you may request that the denial be reviewed.

**Right to Amend.** If you feel that protected health information the Plan has about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the Plan.

To request an amendment, your request must be made in writing and submitted to: Human Resources, Genesis HealthCare System, 2951 Maple Ave, Zanesville, Ohio 43701. In addition, you must provide a reason that supports your request.

The Plan 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, the Plan may deny your request if you ask us to amend information that:

- is not part of the protected health information kept by or for the Plan;
- 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 information which you would be permitted to inspect and copy; or
- is accurate and complete.

**Right to an Accounting of Disclosures.** You have the right to request an “accounting of disclosures” where such disclosure was made by us after April 14, 2003, for any purpose other than treatment, payment or health care operations.

To request this list or accounting disclosures, you must submit your request in writing to: Human Resources, Genesis HealthCare System, 2951 Maple Ave., Zanesville, Ohio 43701. Your request must state a time period which may not be longer than six years and may not include dates before April, 2003. Your request should indicate in what form you want the list (for example, paper or electronic). The first list you request within a 12 month period will be free. For additional lists, the Plan 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 protected health information the Plan uses or discloses about you for treatment, payment or health care operations. You also have the right to request a limit on the protected health information the Plan discloses about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that the Plan no longer use or disclose information about a surgery you had. You also have the right to request a restriction for your out-of-pocket payment for items or services paid in full, the health care provider may not share this information with The Plan.

The Plan is not required to agree to your request.

To request restrictions, you must make your request in writing to: Human Resources, Genesis HealthCare System, 2951 Maple Ave., Zanesville, Ohio 43701. In your request, you must indicate (1) what information you want to limit; (2) whether you want to limit use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

**Right to Request Confidential Communications.** You have the right to request that the Plan communicate with you about medical matters, in a certain way or at a certain location. For example, you can ask that you only be contacted at work or by mail.

To request confidential communication, you must make your request in writing to: Genesis HealthCare System Human Resources Department, 2951 Maple Ave., Zanesville, Ohio 43701. The Plan will not ask you the reason for your request. The Plan will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

**Breach Notification.** In the unlikely event that there is a breach, or unauthorized release of your protected health information, you will receive notice and information on steps you may take to protect yourself from harm.

**Right to a Paper or Electronic Copy of This Notice.** You have the right to a copy of this notice. You may ask to receive a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. You may receive a copy of the most recent Employee Notice of Privacy Practices at Genesis HealthCare System Human Resources Office, or you may request such copy by e-mail or other electronic means. The Employee Notice of Privacy is also located on iGenesis under Human Resources Forms. You may also obtain a copy of this notice at our website, [www.genesishcs.org](http://www.genesishcs.org). To obtain a paper copy of this notice, please contact Genesis Healthcare System Human Resources Department at (740) 454-4601.

### **Changes to This Notice**

**The Plan reserves the right to change this notice.** The Plan reserves the right to make the revised or changed notice effective for protected health information the Plan has about you as well as any information received in the future. The Plan will post a copy of the current notice on the Plan website and intranet (iGenesis). The notice will contain on the first page, in the top right-hand corner, the effective date. If this notice is materially changed, the Plan will provide you with a copy of the revised notice within 60 days of the revision, in the same manner as the original notice was provided.

### **Other Uses of Protected Health Information**

Other uses and disclosures of protected health information not covered by this notice or the laws that apply to the Plan will be made only with your written permission. If you provide the Plan permission to use or disclose protected health information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, the Plan will no longer use or disclose protected health information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures the Plan already made with your permission, and that the Plan is required to retain our records of the care that the Plan provided to you.