

**WESTMINSTER-CANTERBURY ON  
CHESAPEAKE BAY**

**NOTICE OF PRIVACY PRACTICES**

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION.**

**PLEASE REVIEW IT CAREFULLY**

This Notice of Privacy Practices (the "Notice") describes the privacy practices of Westminster-Canterbury on Chesapeake Bay and its subsidiary home health agency, Westminster-Canterbury at Home. We are required by the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and the Health Information Technology for Economic and Clinical Health Act ("HITECH Act") to maintain the privacy of your protected health information ("PHI"). PHI includes any identifiable information that we create or receive about your past, present, or future physical or mental health or condition. PHI also includes information about the health care you have received, or payment for services provided to you.

This Notice informs you about the possible uses and disclosures of your PHI. It also describes your rights and our obligations regarding your PHI. This Notice applies to all PHI that our facility receives or creates, including information received or created by our staff, volunteers and independent health care providers.

Certain health care services that you receive here at Westminster-Canterbury are provided by independent health care providers, including, but not limited, to physicians, physical therapists and dentists. These providers are "Affiliates" for purposes of this Notice. Each Affiliate has agreed to abide by the terms of this Notice. This Notice applies to each Affiliate only to the extent such Affiliate provides services to you on-site at Westminster-Canterbury. If you receive services from an Affiliate outside of Westminster-Canterbury, the Affiliate must provide you with a separate notice of its privacy practices. Westminster-Canterbury and the Affiliates may

share PHI with each other as necessary to carry out treatment, payment or health care operations pertaining to the services provided to you by, or on behalf of, Westminster-Canterbury, or as you otherwise authorize.

We reserve the right to change the terms of this Notice from time to time and to make the revised Notice effective for all PHI we maintain. You can always request a copy of our most current Notice from Resident Services or Social Services.

Westminster-Canterbury respects the privacy of your PHI. We are required to adhere to the terms outlined in this Notice. If you have any questions about this Notice or our privacy practices, please contact our Privacy Officer at the address listed in Section VIII.

**SECTION I: PERMITTED USES AND  
DISCLOSURES**

Under the law, your PHI may be used or disclosed for purposes of *treatment, payment and health care operations* without your permission. The following categories describe the different ways we can use and disclose health information for *treatment, payment and health care operations*. 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 within one of the categories.

*Treatment:* We may use your PHI to provide, coordinate or manage our health care, including consultations and referrals between providers. Your PHI will be used by and disclosed to the facility and non-facility personnel who may be involved in your care, such as physicians, nurse aides, and physical therapists. For example, a nurse caring for you will report any change in your condition to your physician. We also may disclose PHI to individuals who will be involved in your care after you leave our facility.

*Payment:* We may use and disclose your PHI to bill you or your health insurance provider for treatment and services you receive at Westminster-Canterbury, including determinations of eligibility and coverage and other utilization review activities. For billing and payment purposes, we may disclose your PHI to your personal representative, an insurance

company, Medicare, Medicaid or another third party payor. For example, we may contact Medicare or your health plan to confirm your coverage or to request prior approval for a proposed treatment.

*Health Care Operations:* We may use and disclose your PHI to support the day-to-day functions of our facility related to *treatment* and *payment*, such as quality assurance activities, case management, responding to patient complaints, provider reviews, compliance programs, audits, business planning, development, management and administrative activities. These uses and disclosures are necessary to manage the facility and to monitor your quality of care. For example, we may use your PHI to evaluate the performance of our staff in caring for you.

## **SECTION II: OTHER PERMITTED OR REQUIRED USES AND DISCLOSURES**

*Business Associates:* We may contract with individuals or entities known as Business Associates to perform various functions on our behalf or to provide certain types of services. In order to perform these functions or provide these services, Business Associates will receive, create, maintain, transmit, use, and/or disclose your PHI, but only after they agree in writing with us to implement appropriate safeguards regarding your PHI.

*Appointment Reminders:* We may use or disclose PHI to remind you about appointments.

*Treatment Alternatives; Health-Related Benefits and Services:* We may use or disclose PHI to inform you about treatment alternatives and health-related benefits and services that may be of interest to you.

*Fundraising Activities:* We may use certain PHI to contact you in an effort to generate support for Westminster-Canterbury and its Foundation. If you do not wish to be contacted for these purposes, you may opt out by contacting our Vice-President of Development at (757) 496-1106 or by mail to: Westminster-Canterbury on Chesapeake Bay, 3100 Shore Drive, Virginia Beach, VA 23451.

*As Required by Law:* We will disclose PHI when we are legally required to do so by federal, state or

local law. For example, we may use PHI to make mandatory reports to various government agencies about the following:

- you and your care needs;
- communicable diseases;
- residents we believe to be victims of abuse or neglect;
- problems with medical and other products;
- reactions to medication; or
- certain types of other incidents

We may be required to disclose your PHI to the Secretary of the United States Department of Health and Human Services when the Secretary is investigating or determining our compliance with the HIPAA Privacy Rule.

*Public Health Risks:* We may disclose your PHI for public health activities. These activities may include, for example, disclosure to:

- prevent or control disease, injury or disability;
- report births and deaths;
- report resident abuse or neglect;
- report reactions to medications or problems with products; or
- notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.

*Reporting Abuse or Neglect:* We may disclose your PHI to notify the appropriate government authority if we believe you have been a victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

*Health Oversight Activities:* We may disclose your PHI to federal or state agencies that oversee our activities. These activities are necessary for the government to monitor health care systems, government programs, and compliance with civil right laws. For example, for licensing purposes, we may report to the Department of Social Services incidents in which an individual has refused emergency medical attention, even though staff has recommended such attention. We may also disclose your PHI to persons under

the Food and Drug Administration's jurisdiction to track products or to conduct post-marketing surveillance.

*Lawsuits and Disputes:* We may disclose your PHI in response to a court or an administrative order, a subpoena, a discovery request, or other lawful process, 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 release your PHI for certain law enforcement purposes, including:

- in response to a court order, subpoena, warrant, summons or similar process;
- to identify or locate a suspect, fugitive, material witness, or missing person;
- when information is requested about the victim of a crime if under certain limited circumstances, we are unable to obtain the person's agreement;
- to report information about a suspicious death;
- to provide information about criminal conduct on our premises;
- in emergency circumstances to report a crime; and
- where necessary to identify or apprehend an individual in relation to a violent crime or an escape from lawful custody.

*Coroners, Medical Examiners and Funeral Directors:* We may release your PHI 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 your PHI to funeral directors as necessary to carry out their duties.

*Organ and Tissue Donation:* If you are an organ donor, we may release your PHI to organizations that handle organ procurement for organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation. This also pertains to anatomical donations.

*Research:* Under certain circumstances, we may use or disclose PHI for research purposes. For example, a research project may involve

comparing the health and recovery of residents who received different treatments for the same condition. PHI may be used for research purposes only if the privacy aspects of the research have been reviewed and approved by a special review board, if the researcher is collecting information in preparing a research proposal, if the research occurs after your death, or if you authorize the use or disclosure.

*Serious Threats:* As permitted by applicable law and standards of ethical conduct, we may use and disclose your PHI if we, in good faith, believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.

*Military and Veterans:* If you are a member of the armed forces, we may release your PHI as required by military command authorities. We may also release PHI about foreign military personnel to the appropriate foreign military authority.

*National Security and Intelligence Activities, Protective Services:* We may release your PHI to authorized federal officials for intelligence, counterintelligence, or other national security activities authorized by law, or as needed to provide protection to the President, other authorized persons or foreign heads of state or to conduct special investigations.

*Inmates:* If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release your PHI to the correctional institution or law enforcement official. This release would be necessary:

- for the institution to provide you with health care;
- to protect your health and safety of others; or
- for the safety and security of the correctional institution.

*Worker's Compensation:* We may release your PHI for programs that provide benefits for work-related injuries or illness.

*Other Uses or Disclosures:* The following uses and disclosures will be made only with your authorization:

- most uses and disclosures of psychotherapy notes;
- uses and disclosures of PHI for marketing purposes;
- disclosures that constitute a sale of PHI; or
- other uses and disclosures not describe in this Notice

We are prohibited from selling your PHI without your express written authorization. You may revoke an authorization by notifying the Privacy Officer in writing at the address in Section VIII. Beginning at the time we receive your revocation, we will no longer use or disclose your PHI for the purposes stated in your authorization provided your revocation does not conflict with any state or federal requirement for release of information.

**SECTION III: AUTHORIZATION  
REQUIRED FOR OTHER USES**

We will not use or disclose your PHI for purposes other than as permitted in Sections I and II above without your prior written authorization.

If you provide a written authorization for an otherwise impermissible use or disclosure, you may revoke your authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose your PHI for purposes covered by the authorization, except to the extent in which we have already relied on the authorization.

**SECTION IV: USES AND DISCLOSURES  
TO WHICH YOU MAY OBJECT**

*Facility Directory:* Unless you object, we may include certain limited information about you in our facility directory. This information may include your name and your location in the facility. Our directory does not include specific medical information about you. We may release information in our directory to people who ask for you by name. You may object to the inclusion of your information in our facility directory by contacting Resident Services or Social Services.

*Individuals Involved in Your Care or Payment for*

*Your Care:* Unless you object, we may disclose your PHI to a family member or close friend, including clergy, who is involved in your care. The information shared will be limited to your location, general condition, death and/or information directly relevant to that person's involvement in your care. You may object to such disclosure at the time the disclosure is to be made. If you are available to object, we will determine whether such disclosure is in your best interest.

*Disaster Relief:* We may disclose your PHI to an organization assisting in a disaster relief effort. You may object to such disclosure at the time the disclosure is to be made. If you are available to object, we will determine whether such disclosure is in your best interest.

**SECTION V: YOUR RIGHTS  
REGARDING YOUR PHI**

*Right to Access:* You have the right to inspect and copy your PHI, subject to limited exceptions. If you are denied access, you may request the denial be reviewed. The person conducting the review will not be the person who denied your request. To inspect and copy your PHI, you must submit your request in writing to our Privacy Officer. We may charge a reasonable fee for the cost of copying and delivering the requested information.

*Right to Request Restrictions:* You have the right to request a restriction or limitation on PHI we use and disclose for treatment, payment, or health care operations. You also have the right to request a restriction or limitation on the PHI that we disclose to someone who is involved in your care or the payment of your care, such as a family member or friend.

Except as provided in the next paragraph, we are not required to agree to your request. However, if we do agree to the request, we will honor the restriction until you revoke it or we notify you.

We will comply with a request to restrict certain disclosures of PHI to the extent the disclosures satisfy the following three conditions:

- the disclosures are for the purposes of carrying

out payment or healthcare operations;

- the disclosures are not otherwise required by law or regulations (including Medicare, Medicaid, or other requirements); and
- the PHI subject to the request pertains solely to a health care item or service that has been paid in full by you or any other person other than the health plan.

*Right to Request Confidential Communications:* You have the right to reasonably request to receive communications of PHI by alternative means or at alternative locations. For example, you can request that we contact you only at a certain phone number. We will accommodate your reasonable request as long as we can easily communicate the PHI in the manner you request.

*Right to Request Amendment:* You have the right to request a correction to your PHI; however, we may deny this request if we determine that the PHI or record that is the subject of the request:

- was not created by us, unless the originator of PHI is no longer available to act on this requested amendment;
- is not part of your medical or billing records,
- is restricted by law; or
- is accurate and complete, as determined by Westminster-Canterbury.

If we deny your request for amendment, we will give you a written denial including the reasons for the denial and the right to submit a written statement disagreeing with the denial.

*Right to an Accounting of Disclosure:* You have the right to request an "accounting" of certain disclosures of your PHI. This is a listing of certain disclosures of your PHI made by the facility or by others on our behalf, but does not include disclosures for treatment, payment and health care operations or certain other exceptions as required or permitted by law.

To request an accounting of disclosures, you must submit a request in writing to our Privacy Officer. Your request must state the time period you want the accounting to cover, which may not be longer than six (6) years from the date of

your request. Your request should indicate what form you want the accounting (for example, paper or electronic). An accounting will include if requested: the disclosure date; the name of the person or entity that received the information and address, if known; a brief description of the information disclosed; a brief statement of the purpose of the disclosure or a copy of the authorization or request; or certain summary information concerning multiple similar disclosures. The first accounting provided within a twelve (12) month period will be free. For additional requests, we may charge you our costs. 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 Be Notified of a Breach:* We will notify you in the event that we (or a Business Associate) discover a breach of unsecured PHI.

*Right to a Paper Copy of This Notice:* You have the right to request and receive a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time. To obtain a paper copy of this notice, contact our Privacy Officer.

## **SECTION VI: COMPLAINTS**

If you believe that your privacy rights have been violated, you may file a complaint in writing with Westminster-Canterbury or the Office of Civil Rights in the U.S. Department of Health and Human Services. To file a complaint with Westminster-Canterbury, contact our Privacy Officer. We will not retaliate against you if you file a complaint.

## **SECTION VII: CHANGES TO THIS NOTICE**

We reserve the right to change this Notice and to make the revised Notice provisions effective for all PHI already received and maintained by the facility as well as for all PHI we receive in the future. We will post a copy of the current Notice in the facility. In addition, we will offer you a copy of the current Notice in effect each time you receive health services in our Health Care Center.

**SECTION VIII: FOR FURTHER  
INFORMATION**

If you have any questions about this Notice or would like further information concerning your privacy rights, please contact our Privacy Officer, Westminster-Canterbury on Chesapeake Bay, 3100 Shore Drive, Virginia Beach, VA 23451

For additional information, you may visit [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

*This Notice is effective as of September 23, 2013 and supersedes any and all prior versions of this notice.*