

NOTICE OF PRIVACY PRACTICES

South Cove Manor Nursing and Rehabilitation, Inc.
288 Washington Street
Quincy, MA 02169

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.

This Notice of Privacy Practices (“Notice”) describes how South Cove Manor, Inc. (“South Cove” or “we”) may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. This Notice also describes the obligations we have to protect your privacy as well as your rights regarding health information we maintain about you.

I. PROTECTED HEALTH INFORMATION

“Protected Health Information” (“PHI”) is information about you that may identify you and that relates to your past, present or future physical or mental health condition and health care services.

I. OUR RESPONSIBILITIES

South Cove is committed to respecting your privacy and confidentiality. We are required by law to maintain the privacy of your PHI and to provide you with this notice of our legal duties and privacy practices with respect to your PHI. We are also required to comply with the terms of our current Notice. If we change our practices and this Notice, the updated Notice will be posted on South Cove’s website at www.southcovemanor.com. You also have a right to obtain a paper copy upon request.

We may use and disclose your PHI without your authorization as described in each category listed below. For some of these uses or disclosures, we need your written authorization. Below we describe the different categories of our uses and disclosures and give you some examples in each category. Except when disclosing PHI relating to your treatment, payment or health care operations, we must use or disclose only the minimum necessary PHI to accomplish the purpose of the use or disclosure.

A. Uses and Disclosures That May Be Made For Treatment, Payment and Operations

Except where prohibited by state or federal law, South Cove staff may legally use and share your PHI for treatment, payment and health care operations. We do not need to obtain your written authorization to take such actions, as explained below.

1. For Treatment. We may use and disclose your PHI to manage, coordinate and provide your health care treatment and any related services. For example, we may disclose information to all members of the South Cove’s team who are involved in managing and providing your care, including case managers, therapists, clinicians, and other health care personnel. We may also disclose your PHI to other non-South Cove health providers, including but not limited to your primary care physician or a laboratory.

2. For Payment. We may use and disclose your PHI for billing purposes and to obtain payment for your health care services. By way of example, we may disclose your PHI to your insurer in order for it to take certain actions before approving or paying for your services. These actions may include:

- making a determination of eligibility or coverage for health insurance;

- reviewing your services to determine if they were medically necessary, appropriately authorized or certified in advance of your care; and/or
- for purposes of utilization review (e.g., ensuring the appropriateness of your care or charges).

We may also disclose PHI to your insurer in some instances in order to determine if the insurer will approve future treatment.

3. For Health Care Operations. We may use and disclose PHI for our health care operations. These uses and disclosures are necessary to run our organization and make sure that our clients receive quality care. This includes information shared with outside parties who perform health care operations or other services on behalf of South Cove (“business associates”). Such health care operations may include quality assessment and improvement, reviewing the performance or qualifications of our clinicians, licensing, accreditation, business planning and development, and general administrative activities.

4. Health-Related Benefits and Services. We may use and disclose PHI to tell you about health-related benefits or services that may be of interest to you. For example, we may use and disclose your PHI to contact you to remind you of your appointment. We may also use and disclose your PHI to inform you about possible treatment options or alternatives that may interest you. If you do not want us to provide you with information about health-related benefits or services, you must notify the Privacy Officer in writing that you do not want to receive materials about health-related benefits or services.

A. Uses or Disclosures That In Some Cases Require Your Written Authorization

Fundraising Activities. We may use or disclose your contact information for fundraising purposes. For example, we may disclose your contact information to our fundraising department or South Cove Nursing Facilities Foundation (the “Foundation”) so that South Cove or the Foundation can contact you about raising money for our programs, services and operations. If we disclose such information to the fundraising department or the Foundation, we will only release basic contact information, such as your name and address and the dates you were provided service, but we will not provide information about your treatment. If you do not want us to contact you for fundraising purposes, you must notify the Privacy Officer in writing that you do not want to receive any fundraising solicitations from us. South Cove’s fundraising personnel may not use additional PHI for fundraising purposes, unless they obtain written authorization from you.

B. Other Uses and Disclosures That You May Ask to Limit, or Request Not To Be Made

1. Persons Involved in Your Care. We may provide your PHI to someone who you indicate is involved with your care or the payment of your care, unless you object in whole or in part. We may also use or disclose your PHI to an entity assisting in disaster relief efforts and to coordinate uses and disclosures for such purpose to family or other individuals involved in your health care. If you are physically present and have the capacity to make health care decisions, your PHI may only be disclosed with your agreement to persons you designate to be involved in your care. But, if you are in an emergency situation, we may disclose your PHI to a spouse, a family member, or a friend so that such person may assist in your care. In this case we will determine whether the disclosure is in your best interest and, if so, only disclose information that is directly relevant to participation in your care. If you are not in an emergency situation but are unable to make health care decisions, we may disclose your PHI, as authorized by law, to third parties, such as: your health care agent if we have received a valid health care proxy from you, your guardian or medication monitor if one has been appointed by a court, or if applicable, the state agency responsible for consenting to your care.

C. Uses and Disclosures That May be Made Without Your Authorization or Opportunity to Object

South Cove may also legally use and disclose your PHI to others for certain purposes that are not treatment, payment or health care operations, without your written authorization, such as: in an emergency treatment situation; when required by law; for research purposes; for public health

activities; for health oversight activities; to avoid harm; for disclosures in legal proceedings; for law enforcement activities; to medical examiners or funeral directors; or, if you are a member of the armed forces, as required by military command authorities.

III. Uses and Disclosures of Your PHI with Your Permission.

All other uses and disclosures of your PHI not otherwise contained in this Notice will require your written authorization. You have the right to revoke an authorization at any time. If you revoke your authorization we will not make any further uses or disclosures of your PHI under that authorization, unless we have already acted upon your previously provided consent.

III. YOUR RIGHTS:

A. Right to Inspect and Copy.

You have the right to request an opportunity to inspect or copy your PHI, subject to federal and state laws. You must submit your request in writing either to your health care provider or the Privacy Officer. If you request a copy of the information, we may charge a fee for the cost of copying, mailing and supplies associated with your request. We may deny your request to inspect or copy your PHI in certain limited circumstances.

B. Right to Amend.

For as long as we keep records about you, you have the right to request us to amend any PHI used to make decisions relating to your treatment or payment if you think there has been a mistake or that information is missing. Usually, this would include clinical and billing records, but may not include psychotherapy notes. To request an amendment, you must notify the Privacy Officer in writing explaining why you believe the information is incorrect or inaccurate. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. We may also deny your request if you ask us to amend PHI that: was not created by us; is not part of the PHI we maintain to make decisions about your care; is not part of the PHI that you would be permitted to inspect or copy; or is accurate and complete. If we deny your request to amend, we will send you a written notice of the denial stating the basis for the denial and offering you the opportunity to provide a written statement disagreeing with the denial. If you do not wish to prepare a written statement of disagreement, you may ask that the requested amendment and our denial be attached to all future disclosures of the PHI that is the subject of your request. If you choose to submit a written statement of disagreement, we have the right to prepare a written rebuttal to your statement of disagreement. In this case, we will attach the written request and the rebuttal (as well as the original request and denial) to all future disclosures of the PHI that are the subject of your request.

C. Right to an Accounting of Disclosures.

You have the right to request that we provide you with a list of instances when your PHI has been released. You may request an accounting as far back as six years, except requests for electronic disclosures relating to treatment, payment or operations disclosures which are limited to three years. The accounting will not include (i) non-electronic disclosures relating to treatment, payment or operations; (ii) disclosures if you gave your written authorization to share the information; (iii) disclosures shared with individuals involved in your care; (iv) disclosures to you about your health condition; (v) disclosures made for national security or intelligence purposes or to correctional institutions or law enforcement officials who have custody of you. We will respond to your request within 60 days of receiving it. The first accounting you request within a twelve month period will be free. For additional requests during the same 12 month period, we may charge you for the costs of providing the accounting. We will notify you of the amount we will charge and you may choose to withdraw or modify your request before we incur any costs.

D. Right to Request Restrictions.

You have the right to request a restriction on how we use or disclosure your PHI. You must request the restriction in writing to the Privacy Officer. The Privacy Officer or your health care provider will then ask you to fill out a Request for Restriction Form, which you should complete and return to the Privacy Officer or your health care provider. We are not required to agree to a restriction that you may request. If we do agree, we will honor your request, to the extent authorized by law, unless the restricted PHI is needed to provide you with emergency treatment.

E. Right to Request Confidential Communications.

You have the right to request that we communicate with you about your health care only in a certain location or through a certain method. For example, you may request that we contact you only at work or by e-mail. To request such a confidential communication, you must make your request to the Privacy Officer in writing. You do not need to give us a reason for the request; however, your request must specify how and where you wish to be contacted.

IV. COMPLAINTS:

If you believe your privacy rights have been violated, or you disagree with a decision we made about access to your PHI, you may file a complaint with our Privacy Officer or his/her designee at the address listed below. You may also contact the Privacy Officer with any questions about this Notice. Our Privacy Officer will assist you with writing your complaint if you request such assistance. We will not retaliate against you for filing a complaint.

SOUTH COVE'S PRIVACY OFFICER:

Privacy Officer
Li Chen, Administrator
617-423-0590 x613

You may also file a written complaint with the Secretary of the United States Department of Health and Human Services as follows:

Office of Civil Rights
U.S. Department of Health and Human Services
Government Center
J.F. Kennedy Federal Building-Room 1875
Boston, MA 02203
Phone: (617) 565-1340

NOTICE OF PRIVACY PRACTICES
South Cove Manor Nursing and Rehabilitation, Inc.

Signatures:

I have received a copy of South Cove Manor Nursing and Rehabilitation, Inc.'s Notice Of Privacy Practices.

Client's name: (please print legibly) _____

Signature: _____

Date of signature: _____

When client is a minor, or not competent to give consent, the signature of a parent, guardian, health care agent (proxy) or other representative is required:

Name of legal representative: (please print legibly) _____

Signature: _____

Date: _____

Relationship of representative to client: _____

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