

VERMONT VETERANS' HOME
NOTICE OF PRIVACY PRACTICES
Effective April 1, 2022

THE NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW TO GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

We have summarized our responsibilities and your rights on the first two pages of this document. For a complete description of our privacy practices, please review this entire notice.

Our Responsibilities

Our facility is required to:

- Maintain the privacy of your health information.
- Provide you with this notice of our legal duties and privacy practices with respect to information we collect and maintain about you.
- Abide by the terms of this notice.
- Notify you following a breach of unsecured protected health information.

Your Rights

As a resident of our facility, you have several rights regarding your healthcare information including the following:

- The right to request that we not use or disclose your health information in certain ways.
- The right to request to receive communications in an alternative manner or location.
- The right to access and obtain a copy of your health information.
- The right to request an amendment to your health information.
- The right to an accounting or disclosures of your health information.

We reserve the right to change our privacy practices and make the new provisions effective for all health information we maintain. Should our privacy practices change, we will post the changes on the unit bulletin boards, as well as our website. A copy of the revised notice will be available after the effective date of the changes upon request.

We will not use or disclose your health information without your authorization, except as described in this notice. For example, we will require your authorization before we should use or disclose your protected health information for marketing purposes, and, if applicable, for most uses of psychotherapy notes. In addition, we will not sell your health information without a specific authorization from you.

If you have questions and would like additional information, you may contact our facility's Privacy Officer at 802-447-6510.

Understanding Your Health Record/Information

Each time you are admitted to this facility a record of your stay is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for your care and treatment. This information, often referred to as your health or medical record serves as a:

- Basis for planning your care and treatment.
- A means of communication among the many health professionals who contribute to your care.
- A legal document describing the care you received.
- A means by which you or a third-party payer can verify that services billed were provided.
- A toll in educating health professionals.
- A source of data for medical research.
- A source of information for public health officials who oversee the delivery of health care in the United States.
- A source of data for facility planning and marketing.
- A toll with which we can assess and continually work to improve the care we render and the outcomes we achieved.

Understanding what is in your record and how your health information is used helps you to: ensure its accuracy, better understand who, what, when, where, and why others may access your health information, and make informed decisions when authorizing disclosures to others.

How We Will Use or Disclose Your Health Information

1. **Treatment.** We will use or disclose your health information for treatment purposes, including for the treatment activities of other health care providers. For example, information obtained by a nurse, physician, or other member of your healthcare team will be recorded in your record and used to determine the course of treatment that should work best for you. Your physician will document in your record his or her expectations of the members of your healthcare team. Members of your healthcare team will then record the actions they took and their observations. We will also provide your physician or a subsequent healthcare provider with copies of the various reports that should assist him or her in treating you once you are discharged from our facility.
2. **Payment.** We will disclose your health information for payment, including for the payment activities of other health care providers or payers. For example, a bill may be sent to you or a third-party payer, including Medicare or Medicaid. The information on

or accompanying the bill may include information that identifies you as well as your diagnosis, procedures, and supplies used.

3. Health care operations. We will use or disclose your health information for our regular health operations. For example, members of the medical staff or the risk/quality improvement team may use information in your health record to access the care and outcomes in your case and others like it. This information will be used in an effort to continually improve the quality and effectiveness of the health care and services we provide.

In addition, we will disclose your health information for certain health care operations of other entities. However, we will only disclose your information under the following conditions (a) the other entity must have, or have had in the past, a relationship with you; (b) the health information used or disclosed must one be for one of the following purposes: (i) quality assessment and improvement activities; (ii) population-based activities relating to improving health or reducing health care costs; (iii) case management and care coordination; (iv) conducting training programs; (v) accreditation, licensing, or credentialing activities; or (vi) health care fraud and abuse detection or compliance.

4. Business Associates. There are some services provided in our organization through the use of outside businesspeople and entities. Examples of these “Business Associates” include our physicians, pharmacy, consultants, and attorneys. We may disclose your health information our Business Associates so that they can perform the job we have asked them to do. To protect your health information, however, we require the Business Associates to appropriately safeguard your information, and they are required to do so by law.
5. Directory. Unless you notify us that you object, we may disclose your name, location in the facility, general condition, and religious affiliation for directory purposes. This information may be provided to members of clergy, and, except for religious affiliation, to other people who ask for you by name. We may also use your name on nameplate next to or on your door to identify your room unless you notify us you object.
6. Notification. We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, of your location and general condition. If we are unable to reach your family member or personal representative, then we may leave a message for them at the phone number that they have provided us.
7. Communication with Family. We may disclose to a family member, other relative, close persona friend, or any other person involved in your health care, health information relevant to that person’s involvement with your care or payment related to your care. If appropriate, these communications may also be made after your death unless you instructed us not to make such communications.

8. Research. We may disclose information to researchers when certain conditions have been met.
9. Transfer of Information at Death. We may disclose health information to funeral directors, medical examiners, and coroners to carry out their duties consistent with applicable laws.
10. Organ Procurement Organizations. Consistent with applicable laws, 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.
11. Marketing. We may contact you regarding your treatment, to coordinate your care, to direct or recommend alternative treatments, therapies, health care providers or settings. In addition, we may contact you to describe a health-related product or service that may be of interest to you, and the payment for such product or service.
12. Fundraising. We may contact you as part of a fund-raising effort, but you will be provided with an opportunity to opt out of these communications.
13. Food and Drug Administration (FDA). We may disclose to the FDA, or a person or entity subject to the jurisdiction of the FDA, health information relative to adverse events with respect to food, supplements, produce, and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.
14. Workers Compensation. We may disclose health information to the extent authorized and to the extent necessary to comply with laws relating to workers compensation or similar programs established by law.
15. Public Health. As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.
16. Correctional Institutions. Should you be an inmate of a correctional institution, we may disclose to the institution or agent thereof health information necessary for your health and the health and safety of other individuals.
17. Law Enforcement. We may disclose health information for law enforcement purposes as required by law or in response to a subpoena.
18. Reports. Federal law makes provisions 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 residents, staff, or the public.

Your Health Information Rights

Although your health record is the physical property of this facility, the information in your health records belongs to you. You have the following rights.

- You may request that we not use or disclose your health information for a particular purpose related to treatment, payments, the facility's general health care operations and/or a particular family member, other relative or close personal friend. We ask that such requests be made in writing in full out of pocket. Although we will consider your request, please be aware that we are under no obligation to accept it or abide by it unless it is a request to prohibit disclosures to your health care plan relating to a service for which you have already paid in full out of pocket. We will abide by your requests regarding disclosure of your clinical and personal records to anyone outside of the facility, except in an emergency, if you are being transferred to another health care institution, of the discloser is requires by law. [42 C.F.R. 483.10\(e\)](#) Provides that this facility must abide by a resident's right to refuse to release his/her personal or clinical records to any individual outside the facility, unless the release is necessary because the resident is being transferred to another health care institution, or it is required by law.
- If you are dissatisfied with the way or the location where you are receiving communication from us that are related to your health information, you may request that we provide such information by alternative means or at the alternative locations. Such request must be made in writing and submitted to a member of the Social Services Department.
- You may request to inspect and/or obtain copies of your health information, which will be provided to you in the time frames established by law. You may make such requests orally or in writing; however, to better respond to your request, we ask that you may make such requests in writing.
- If you believe that any health information in your record is incorrect or if you believe that important information is missing, you may request that we correct the existing information or add the missing information. Such request must be made in writing to the Social Services Department.
- You may request what we provide you with a written accounting of all disclosures made by us during the timer period for which you request (not to exceed 6 years). All requests must be made in writing to the Social Services Department. Please not that an accounting will not apply to any of the following types of disclosures: disclosures made for the reasons of treatment, payment, or heath care operations, disclosures made to you or your legal representative, or any other individual involved with your care, disclosures made pursuant to a valid authorization; disclosures to correctional institutions or law enforcement officials, and disclosures for national security purposes. You will not be charged for your first accounting request in any 12-month period. However, for any requests you make thereafter, you will be charged a reasonable, cost-based fee.

- You have the right to obtain a paper copy of our Notice of Privacy Practices upon request. You may also access and print a copy of our notice from our website. [HIPAA | Vermont Veterans' Home](#)
- You may revoke an authorization to use or disclose health information, except to the extent that action has already been take. Such request must be made in writing to our Socials Services Department.

For More Information or to Report a Problem

If you have questions and would like additional information, you may contact our Privacy Officer at 802-447-6510.

If you believe your privacy rights have been violated, you may file a complaint with us. These complaints must be filed in writing with our Social Services Department. You may also file a complaint with the Secretary of the Federal Department of Health and Human Services. There will be no retaliation for filing a complaint.

Effective Date: February 14, 2022.