

## MARQUIS COMPANIES

**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.**

### NOTICE OF PRIVACY INFORMATION PRACTICES

Marquis is committed to preserving the privacy and confidentiality of your health information (PHI) which is created and/or maintained at our facility. State and federal laws and regulations require us to maintain the privacy of your health information. This Notice provides you with information regarding our privacy practices and applies to all of your health information created and/or maintained at our facility, including any information that we receive from other health care providers or facilities. We are required to provide you with a copy of this Notice. The Notice describes the ways in which we may use or disclose your health information and also describes your rights and our obligations concerning such uses or disclosures.

We must abide by the terms of this Notice, including any future revision that we may make to the Notice as required or authorized by law. We reserve the right to change this Notice and to make the revised or changed Notice effective for health information we already have about you as well as any information we receive in the future. We will post a copy of the current Notice, which will identify its effective date, in our facility and on our website at [Marquiscompanies.com](http://Marquiscompanies.com).

The privacy practices described in this Notice will be followed by:

1. Any health care professional authorized to enter information into your medical record created and/or maintained by the facility.
2. All employees, students, and other service providers who have access to your health information.
3. Any member of a volunteer group which is allowed to help you while receiving services at our facility.
4. Any Business Associate, or Subcontractor, of the facility who may have access to components of your health information, as described below.

The individuals identified above may share your health information with each other for purposes of treatment, payment, and the facility's health care operations, or use and disclose your PHI in other circumstances, all of which are further described in the Notice. We do not sell your PHI to outside agencies.

## **B. USES AND DISCLOSURES OF HEALTH INFORMATION FOR TREATMENT, PAYMENT AND HEALTH CARE OPERATIONS.**

### **Treatment, Payment and Health Care Operations.**

The following section describes different ways that we use and disclose your health information for purposes of treatment, payment, and health care operations. We explain each of these purposes below and include examples of the types of uses or disclosures that may be made for each purpose. We have not listed every type of use or disclosure, but the ways in which we use or disclose your information will fall under one of these purposes.

- 1. Treatment:** We may use your health information to provide you with health care treatment and services. We may disclose your health information to doctors, nurses, nursing assistants, medication aides, technicians, medical and nursing students, rehabilitation therapy specialists, pharmacists, or other personnel who are involved in your health care.

For example, we may order physical therapy services to improve your strength and walking abilities. We will need to talk with the physical therapist so that we can coordinate services and develop a plan of care. We also may need to refer you to another health care provider to receive certain services. We will share information with that health care provider in order to coordinate your care and service

- 2. Payment:** We may use or disclose your health information so that we may bill and receive payment from you, an insurance company, Medicare, Medicaid, or another third party for the health care services you receive from us. We also may disclose health information about you to your health plan in order to obtain prior approval for the services we provide to you, or to determine that your health plan will pay for the treatment.

For example, we may need to give health information to your health plan in order to obtain prior approval to refer you to a health care specialist, such as a neurologist or orthopedic surgeon, or to perform a diagnostic test such as a magnetic resonance imaging scan ("MRI") or a CT scan.

- 3. Health Care Operations:** We may use or disclose your health information in order to perform the necessary administrative, educational, quality assurance and business functions of our facility.

For example, we may use your health information to evaluate the performance of our staff in caring for you. We also may use your health information to evaluate whether certain treatment or services offered by our facility are effective. We also may disclose your health information to other physicians, nurses, technicians, or health profession students for teaching and learning purposes.

## **C. USES AND DISCLOSURES OF HEALTH INFORMATION IN SPECIAL SITUATIONS**

We may use or disclose your health information in certain special situations as described below.

- 1. Appointment Reminders.** We may use or disclose your health information for purposes of contacting you to remind you of a health care appointment.
- 2. Treatment Alternatives & Health-Related Products and Services.** We may use or disclose your health information for purposes of discussing with you treatment alternatives or health-related products or services that may be of interest to you. For example, if you are a resident of our facility for purposes of a post-surgical hip replacement, we may talk with you about a gait training program that we offer at our facility to improve your walking and balance.

- 3. Family Members and Friends; Disaster Relief Efforts.** When appropriate we may disclose your health information to a person who is involved in your care or payment for your care, such as a family member, a friend or other person you identify. We may use or disclose your PHI to notify your family, your personal representative or other person responsible for your care about your location, general condition or death. We may also disclose such information to an entity assisting in disaster relief.

#### **D. OTHER PERMITTED OR REQUIRED USES AND DISCLOSURES OF HEALTH INFORMATION**

There are certain instances in which we may be required or permitted by law to use or disclose your health information without your permission. These instances are as follows:

- 1. As required by law.** We may disclose your health information when required by federal, state, or local law to do so. For example, we are required by the Department of Health and Human Services ("HHS") to disclose your health information in order to allow HHS to evaluate whether we are in compliance with the federal privacy regulations.
- 2. Public Health Activities:** We may disclose your health information to public health authorities that are authorized by law to receive and collect health information for the purpose of preventing or controlling disease, injury or disability; to report deaths, suspected abuse or neglect, reactions to medications; or to facilitate product recalls.
- 3. Health Oversight Activities:** We may disclose your health information to a health oversight agency that is authorized by law to conduct health oversight activities, including audits, investigations, inspections, or licensure and certification surveys. These activities are necessary for the government to monitor the persons or organizations that provide health care to individuals and to ensure compliance with applicable state and federal laws and regulations.
- 4. Judicial or administrative proceedings:** We may disclose your health information to courts or administrative agencies charged with the authority to hear and resolve lawsuits or disputes. We may disclose your health information pursuant to a court order, a subpoena, a discovery request, or other lawful process issued by a judge or other person involved in the dispute.
- 5. Worker's Compensation:** We may disclose your health information to worker's compensation programs when your health condition arises out of a work-related illness or injury.
- 6. Law Enforcement Official:** We may disclose your health information in response to a request received from a law enforcement official, to report criminal activity, to respond to a subpoena, court order, warrant, summons, or similar process, to report a death that may have resulted from criminal conduct, to report criminal conduct on the facility's premises, as required by law to report certain types of wounds or physical injuries, or to assist law enforcement officials in identifying or locating a missing person.
- 7. Coroners, Medical Examiners, or Funeral Directors:** We may disclose your health information to a coroner or medical examiner for the purpose of identifying a deceased individual or to determine the cause of death. We also may disclose your health information to a funeral director for the purpose of carrying out his/her necessary activities.
- 8. Organ Procurement Organizations or Tissue Banks:** If you are an organ donor, we may disclose your health information to organizations that handle organ procurement, transplantation, or tissue banking for the purpose of facilitating organ or tissue donation or transplantation.

- 9. Research:** We may use or disclose your health information for research purposes under certain limited circumstances. Because all research projects are subject to a special approval process, we will not use or disclose your health information for research purposes until the particular research project for which your health information may be used or disclosed has been approved through this special approval process. However, we may use or disclose your health information to individuals preparing to conduct the research project in order to assist them in identifying patients with specific health care needs who may qualify to participate in the research project. Any use or disclosure of your health information which is done for the purpose of identifying qualified participants will be conducted onsite at our facility. In most instances, we will ask for your specific permission to use or disclose your health information if the researcher will have access to your name, address or other identifying information.
- 10. To Avert a Serious Threat to Health or Safety:** We may use or disclose your health information when necessary to prevent a serious threat to the health or safety of you or other individuals.
- 11. Military and Veterans:** If you are a member of the armed forces, we may use or disclose your health information as required by military command authorities. We may also disclose health information about foreign military personnel to the appropriate foreign military authority.
- 12. National Security and Intelligence Activities:** We may use or disclose your health information to authorized federal officials for purposes of intelligence, counterintelligence, and other national security activities, as authorized by law.
- 113. Inmates:** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may use or disclose your health information to the correctional institution or to the law enforcement official as may be necessary (i) for the institution to provide you with health care; (ii) to protect the health or safety of you or another person or; (iii) for the safety and security of the correctional institution.
- 14. Business Associate:** We may disclose health information to our business associates and/or subcontractors that perform functions on our behalf or provide services. For example, we use another company to host our electronic medical record on our behalf. All of our business associates, and subcontractors, are obligated to protect the privacy of your information and are not allowed to use or disclose your information, other than is specified in the contract between the facility and the business associate.
- 15. Facility Directory.** We may include certain limited information about you in the facility directory while you are an inpatient at one of our facilities. This information may include your name, location in the facility, your general condition (fair, stable, etc.) and your religious affiliation. The directory information, except for your religious information, may also be disclosed to people who ask for your name. Your religious affiliation may be given to a member of the clergy, even if they don't ask for you by name. We provide this service so your family, friends and clergy can visit you in the facility and generally know how you are doing. If you are admitted to the facility, we will not provide this information or even acknowledge your presence in the facility at your written request. Tell a representative from Admissions when you register to be admitted if you do not want this information provided.

## **E. USES AND DISCLOSURES PURSUANT TO YOUR WRITTEN AUTHORIZATION.**

Except for the purposes identified above in Section A through D, we will not use or disclose your health information for any other purposes unless we have your specific written authorization. You have the right to revoke a written authorization at any time as long as you do so in writing. If you revoke your authorization, we will no longer use or disclose your health information for the purposes identified in the authorization, except to the extent that we have already taken some action in reliance upon your authorization. Specifically, we require your written authorization to sell your PHI or to use or disclose your PHI for certain marketing communications. In addition, we will not use or disclose your psychotherapy notes without your written authorization, unless the use or disclosure is otherwise required or permitted by law.

## **F. YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION.**

You have the following rights regarding your health information. You may exercise each of these rights, in writing, by providing us with a completed form that you can obtain from the Privacy Officer for this facility. In some instances, we may charge you for the cost(s) associated with providing you with requested information. Additional information regarding how to exercise your rights, and the associated costs, can be obtained from the Privacy Officer for this facility or the Administrator. To request access to or a copy of your medical records, an amendment to your PHI, a restriction on the disclosure of your PHI, to seek an accounting of disclosures, or if you have other questions about your rights as set forth in this notice, please contact the facility Medical Records Department, or facility Administrator.

**1. Right to Inspect and Receive a Copy:** You have the right to inspect and/or receive a copy of your health information, including medical and billing records, other than psychotherapy notes. We have up to 30 days to make your PHI available to you, although we may extend the time for providing you your records up to an additional 30 days in certain circumstances. We may charge you a reasonable fee for the costs of copying, mailing, or other supplies associated with that request. A fee will not be charged if you need copies for a claim of benefits under the Social Security Act, or any other state or federal needs programs.

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

**2. Right to an Electronic Copy of Electronic Medical Records:** If your PHI is maintained in an electronic format (Electronic Medical Record), you have the right to request that an electronic copy of your record be given to you, or transmitted to another individual or entity. We will make every effort to provide access to your PHI in the form, or format you request, if readily producible in the requested format. If your PHI is in a form that is not readily producible in the requested format, we will provide it in either an electronic format agreed to by you and us, or in a printed readable hard copy. We may charge you a reasonable, cost-based fee for the labor associated with the electronic copy and/or transmission of the electronic medical record. We may limit the transmission of the electronic copy, pending the ability to ensure a secure and encrypted transmission of your PHI.

**3. Right to Amend:** You have the right to request an amendment of your health information that is maintained by or for our facility. We may deny your request if it is not properly submitted or does not include a reason to support your request. We may also deny your request if the information sought to be amended: (i) was not created by us, unless the person or entity that created the information is no longer available to make the amendment; (ii) is not part of the information that is kept by or for our facility; (iii) is not part of the information which you are permitted to inspect and copy; or (iv) is accurate and complete.



**4. Right to an Accounting of Disclosures:** You have the right to request an accounting of certain disclosures of your health information made by us. This accounting will not include disclosures of health information that we made for purposes of treatment, payment or health care operations, those made six years before your request, or disclosures made pursuant to a written authorization that you have signed.

**5. Right to Request Restrictions:** You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a limit on the health information we disclose about you to someone, such as a family member or friend, who is involved in your care or in the payment of your care. For example, you can ask that we not use or disclose information regarding a particular treatment that you received. We are not required to agree to your request, unless the request seeks a restriction on the disclosure of information to a health plan, the disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law, and the information relates to an item or service which you, or someone acting for you other than the health plan, has paid us in full. If we do agree to your request, that agreement must be in writing and signed by you and us.

**6. Right to Request Confidential Communications:** You have the right to request that we communicate with you about your health care in a certain way or at a certain location. For example you can ask that we only contact you by mail.

**7. Right to a Paper Copy of this Notice:** You have the right to receive a paper copy of this Notice. You may ask us to give you 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.

**8. Data Breach Notification:** In the event of a breach of your PHI, you have the right to be notified.

## **G. QUESTIONS OR COMPLAINTS:**

If you have any questions regarding this Notice or wish to receive additional information about our privacy practices, please contact our Privacy Officer at the facility). If you believe your privacy rights have been violated, you may file a complaint with our facility or with the Secretary of the Department of Health and Human Services ("HHS"). To file a complaint with our facility, contact our Privacy Officer, or Administrator for this facility. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

**\*\*\*SIGNATURES REQUIRED ON SIGNATURE PAGE OF THIS DOCUMENT\*\*\***