

NOTICE OF PRIVACY PRACTICES

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.

We are required by law to maintain the privacy of your protected health information, to notify you of our legal duties and privacy practices with respect to your health information, and to notify affected individuals following a breach of unsecured health information. This Notice summarizes our duties and your rights concerning your information. Our duties and your rights are set forth more fully in 45 CFR Part 164. We are required to abide by the terms of our Notice that is currently in effect.

1. Uses And Disclosures We May Make Without Written Authorization. We may use or disclose your health information for certain purposes without your written authorization, including the following:

- **Treatment.** We may use or disclose your information for purposes of treating you. For example, we may disclose your information to another health care provider so they may treat you; to provide appointment reminders; or to provide information about treatment alternatives or services we offer.
- **Payment.** We may use or disclose your information to obtain payment for services provided to you. For example, we may disclose information to your health insurance company or other payer to obtain pre-authorization or payment for treatment.
- **Healthcare Operations.** We may use or disclose your information for certain activities that are necessary to operate our practice and ensure that our patients receive quality care. For example, we may use information to train or review the performance of our staff or make decisions affecting the practice. Specifically related to approved purposes regarding healthcare operations, Boundary Community Hospital is a participant in the **Idaho Health Data Exchange (IHDE)**. Information about your visit is provided to that exchange to assist in improving the quality and coordination of your healthcare. The availability of your patient-specific information via that exchange can be restricted upon your request. The request to restrict the access must be submitted by the patient directly to the IHDE. Details regarding the IHDE are available at registration.
- **Other Uses or Disclosures.** We may also use or disclose your information for certain other purposes allowed by 45 CFR § 164.512 or other applicable laws and regulations, including the following:
 1. To avoid a serious threat to your health or safety or the health or safety of others.
 2. As required by state or federal law such as reporting abuse, neglect or certain other events.
 3. As allowed by workers compensation laws for use in workers compensation proceedings.
 4. For certain public health activities such as reporting certain diseases.
 5. For certain public health oversight activities such as audits, investigations, or licensure actions.
 6. In response to a court order, warrant or subpoena in judicial or administrative proceedings.
 7. For certain specialized government functions such as the military or correctional institutions.
 8. For research purposes if certain conditions are satisfied.
 9. In response to certain requests by law enforcement to locate a fugitive, victim or witness, or to report deaths or certain crimes.
 10. To coroners, funeral directors, or organ procurement organizations as necessary to allow them to carry out their duties.

2. Disclosures We May Make Unless You Object. Unless you instruct us otherwise, we may disclose your information as described below.

- To a member of your family, relative, friend, or other person who is involved in your healthcare or payment for your healthcare. We will limit the disclosure to the information relevant to that person's involvement in your healthcare or payment.
- To maintain our facility directory. If a person asks for you by name, we will only disclose your name, general condition, and location in our facility. We may also disclose your religious affiliation to clergy.
- To contact you to raise funds for Boundary Community Hospital. You may opt out of receiving such communications at anytime by notifying the Privacy Officer identified below.



3. Uses and Disclosures With Your Written Authorization. Other uses and disclosures not described in this Notice will be made only with your written authorization, including most uses or disclosures of psychotherapy notes; for most marketing purposes; or if we seek to sell your information. You may revoke your authorization by submitting a written notice to the Privacy Officer identified below. The revocation will not be effective to the extent we have already taken action in reliance on the authorization.

4. Your Rights Concerning Your Protected Health Information. You have the following rights concerning your health information. To exercise these rights, you must submit a written request to the Privacy Officer identified below.

- You may request additional restrictions on the use or disclosure of information for treatment, payment or healthcare operations. We are *not* required to agree to the requested restriction except in the limited situation in which you or someone on your behalf pays for an item or service, and you request that information concerning such item or service not be disclosed to a health insurer.
- We normally contact you by telephone or mail at your home address. You may request that we contact you by alternative means or at alternative locations. We will accommodate reasonable requests.
- You may inspect and obtain a copy of records used to make decisions about your care or payment for your care, including an electronic copy. We may charge you a reasonable cost-based fee for providing the records. We may deny your request under limited circumstances, e.g., if we determine that disclosure may harm you or others.
- You may request that your protected health information be amended. We may deny your request for certain reasons, e.g., if we did not create the record or if we determine that the record is accurate and complete.
- You may receive an accounting of certain disclosures we have made of your protected health information. You may receive the first accounting within 12 months free of charge. We may charge a reasonable cost-based fee for all subsequent requests during those 12 months.
- You may obtain a paper copy of this Notice upon request. You have this right even if you have agreed to receive the Notice electronically.

5. Changes To This Notice. We reserve the right to change the terms of this Notice at any time, and to make the new Notice effective for all protected health information that we maintain. If we materially change our privacy practices, we will post a copy of the current Notice in our reception area and at www.boundarycommunityhospital.org. You may obtain a copy of the operative Notice from our receptionist or Privacy Officer.

6. Complaints. You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated. You may file a complaint with us by notifying our Privacy Officer. All complaints must be in writing. We will not retaliate against you for filing a complaint.

7. Contact Information. If you have any questions about this Notice, or if you want to object to or complain about any use or disclosure or exercise of any right as explained above, please contact:

Privacy Officer: Chinna McKechnie

Phone: (208)267-3141 ext 4268

Address: 6640 Kaniksu Street, Bonners Ferry, Idaho 83805

8. Effective Date. This Notice is effective March 15, 2013



Patient Rights

As a resident of this facility, you have the right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility. This facility must treat you with respect and dignity and care for you in a manner and in an environment that promotes maintenance or enhancement of your quality of life, recognizing your individuality.

This facility must protect and promote your right to exercise these rights. This facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. This facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source.

Exercise of Rights

You have the right and freedom to exercise your rights as a resident of this facility and as a citizen or resident of the United States without interference, coercion, discrimination or reprisal from the facility. You have a right to designate a representative to exercise your rights, in accordance with state law. Same-sex spouses must be afforded treatment equal to that afforded to an opposite-sex spouse if the marriage was valid in the jurisdiction in which it was celebrated. If you have not been adjudged incompetent by the state court, you have the right to designate a representative, in accordance with State law and any legal surrogate so designated may exercise your rights to the extent provided by state law. You retain the right to exercise those rights not delegated to a resident representative, including the right to revoke a delegation of rights, except as limited by State law.

In case you are adjudged incompetent under the laws of your State by a court of competent jurisdiction, your rights are transferred to and exercised by the resident representative appointed under State law to act on your behalf. In case the resident representative's decision making authority is limited by State law or court appointment, you retain the right to make those decisions outside your representative's authority.

Planning and Implementing Care

You have the right to be informed of your total health status and medical condition as well as to participate in your treatment in a format and language that you can understand.

You have the right to participate in the development and implementation of your person-centered plan of care, including participating in the planning process, identifying the individuals or roles to be included in planning, request meetings and request revisions to your plan of care. You have the right to participate in establishing the goals and outcomes of care, type, amount, frequency and duration of care and any other factors related to the effectiveness of your plan of care. You have the right to be informed, in advance, of changes to your plan of care, receive the services and/or items included in your plan of care, to see the care plan, including the right to sign after significant changes are made to your plan of care.

This facility must inform you of your right to participate in your treatment in addition to supporting your right. Planning for your care must include you and/or your representative and include an assessment of your strengths and needs as well as include your personal and cultural preferences in developing goals.

You have the right to be informed, in advance, of the care to be furnished and the type of caregiver or professional that will furnish care.

You have the right to be informed in advance, by the physician or other practitioner or professional, of the risks and benefits of proposed care, of treatment and treatment alternatives or options and to choose the alternative or option you prefer.

You have the right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research.

You have the right to formulate an advance directive.

You have the right to self-administer medications if the interdisciplinary team has determined that this practice is clinically appropriate. You have the right to receive basic life support, including CPR, when you require such emergency care prior to the arrival of emergency medical personnel. Basic life support and CPR will be provided in accordance with your advance directives and related physician orders.

Choice of Attending Physician

You have the right to choose your attending physician. This facility must inform you if the physician you chose is unable or unwilling to meet requirements and the facility seeks alternate physician participation to ensure the provision of appropriate and adequate care and treatment. This facility must ensure that you remain informed of the name, specialty and way of contacting your physician and other primary care professionals responsible for your care.

Respect and Dignity

You have the right to be treated with respect and dignity.

You have the right to be free from any physical or chemical restraints imposed for purposes of discipline or convenience and not required to treat your medical symptoms.

You have the right to be free from abuse, neglect, misappropriation of your property and exploitation.

You have the right to keep and use your personal possessions, including furnishings and clothing, as space permits, unless to do so would infringe upon the rights or health and safety of other residents.

You have the right to live in and receive services in this facility with reasonable accommodation of your needs and preferences except when to do so would endanger the health or safety of yourself or other residents.

Swing Bed Notice of Rights and Services

As a swing bed patient at Boundary Community Hospital, you have the right to:

- Be informed about what rights and responsibilities the resident has
- Choose a MD/DO
- Participate in decisions about treatment and care planning
- Have privacy and confidentiality
- Work or not work
- Have privacy in sending and receiving mail
- Visit and be visited by others from outside the facility
- Retain and use personal possessions
- Share a room with a spouse

Self-Determination

You have the right to, and this facility must promote and facilitate, your self-determination through support of your choices, including but not limited to:

- right to choose activities, schedules (including sleeping and waking times), health care and providers of health care services consistent with your interests, assessments, plan of care and other choices;
- right to make choices about aspects of your life in this facility that are important to you;
- right to interact with members of the community and participate in community activities both within and outside of this facility, and
- right to receive visitors you choose at the time of your choosing. You also have the rights to deny visitors when applicable and in a manner that does not impose on the rights of another resident.

You have the right to organize and participate in resident groups in this facility. You have a right to participate in family groups.

This facility must provide you with private space and take reasonable steps to make you and your family members aware of upcoming meetings in a timely manner. You have a right to have family member(s) or other resident representative(s) meet in this facility with families or resident representative(s) of other residents in this facility.

You have a right to participate in other activities, including social, religious and community activities that do not interfere with the rights of other residents in this facility. You have a right to choose to or refuse to perform work/services for this facility. All services performed must be documented in your care plan to include the nature, status (voluntary or paid) of the work and any compensation you receive. You have the right to remain in this facility unless:

- transfer or discharge is necessary for your welfare and your needs cannot be met in this facility;
- the health and safety of individuals in this facility is endangered due to your clinical or behavioral status;
- you have failed, after reasonable and appropriate notice to pay for your stay in this facility or
- this facility ceases to operate. Notice of and reasons for transfer or discharge must be provided to you in writing and in a language and format that you understand. Notice of discharge must be given to you 48 hours prior, except in cases when the health and safety of individuals in this facility would be endangered.

Protection of Resident Funds

You have the right to manage your own financial affairs, including the right to know, in advance, what charges a facility may impose against your personal funds. You are not required to deposit personal funds with this facility.

Information and Communication

You have the right to be informed of your rights as well as all rules and regulations regarding your conduct and responsibilities while you live in this facility.

You have the right to access personal and medical records that pertain to you. You can obtain a copy of those records upon request.

This facility must post a list of names, addresses (mailing and email) and telephone numbers of all State regulatory and informational agencies, advocacy groups such as the State Survey Agency, State licensure office, State Long-Term Care Ombudsman program, adult protective and advocacy services, the local contact agency for information about returning to the community and the Medicaid Fraud Control Unit. Also posted will be a statement that you may file a complaint with the State Survey Agency concerning any suspected violation of state or federal regulations including but limited to resident abuse, neglect, exploitation, misappropriation of resident property, non-compliance with advance directive requirements and requests for information about returning to the community.

You have the right to reasonable access to a telephone, including TTY and TDD services. You have the right to make calls without being overheard. You also have the right to keep and use a cellular phone at your own expense.

You have the right to reasonable access to the internet, to the extent the service is available to this facility. You have the right to reasonable access to stationery, postage, writing implements and the ability to send and receive unopened mail.

You have the right to examine the results of the most recent Federal or state survey as well as this facility's plan of correction. These documents must be posted in an accessible location. You have the right to contact external entities and resident advocate agencies and to receive information from them.

Privacy and Confidentiality

You have the right to personal privacy and secure, confidential personal and medical records.

You have the right to refuse the release of your personal and medical records except as provided at §483.70(i)(2) or other applicable federal or state laws.

Safe Environment

You have the right to a safe, clean, comfortable and homelike environment including:

- safe care and services and a physical layout that maximizes your independence and does not pose a safety risk;
- the use of your own personal belongings to the extent possible;
- reasonable care and protection of your property from loss or theft;
- clean bed and bath linens that are in good condition;
- private closet space in each room;
- adequate and comfortable lighting levels in all areas;
- comfortable and safe temperature levels, and
- maintenance of comfortable sound levels. Grievances You have the right to voice grievances to this facility or other agency concerning your care, treatment, behavior of staff and/or other residents as well as other concerns about your stay without fear of discrimination or reprisal. You have the right to information on how to file a grievance or complaint. You have the right to prompt resolution of grievances.

Other Resources

Information Bureau of Facility Standards for Long-term Care
(208) 334-6626 option 5 or email at fsb@dhw.idaho.gov
fsb@dhw.idaho.gov

Bureau of Facility Standards
PO Box 83720
Boise, Idaho 83720-0009

Idaho Commission on Aging
(208) 334-3833 or
ICOA@aging.idaho.gov

State of Idaho Ombudsman for LTC
Fanny Rodriguez-Melnikovskiy, MA
(208) 577-2855
FRMelnikovskiy@aging.idaho.gov

Area Agency on Aging of North Idaho
(208) 667-3179 ext 223
2120 N. Lakewood Dr. STE B,
Coeur d' Alene, Idaho 83814

 **BOUNDARY**
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