

Walton Place (facility)

HIPAA Federal Notice

NOTICE OF PRIVACY PRACTICES

EFFECTIVE DATE May 1, 2016

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.

If you have any questions about this notice, please contact Walton Place's Executive Director at 727-722-9600.

1. Summary Notice

Your medical information is personal. The facility is required by law to maintain the privacy of your medical information and abide by the terms of this notice. We reserve the right to change the terms of this notice. A current notice will be prominently displayed at the facility and given to you if you ask.

We use and disclose your medical information to help with your treatment, payment for your treatment and our operations, and in other ways permitted by law. When the law requires us to get your permission before we release your information to another organization or person, we do so as described in the more detailed portions of this notice.

This notice will tell you about the ways in which we may use and disclose medical information about you. You have several other rights related to your privacy. Those rights and how you may exercise them, are described in the more detailed portions of this notice.

2. HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

"Medical Information" is information about you that relates to your past, present or future physical or mental health payment for health care service, or the provision of health care services. Medical Information includes information the facility receives from you on applications and other forms, including demographic information such as your name, address and phone number, as well as your social security number, age, date of

birth, dependents and health history. It also includes the information the facility creates, receives, or maintains related to the health care you receive while you are at the facility and this only matters if Insurance somehow pays for your care, private insurance, or state insurance or federal insurance.

We permit access to your medical information by our staff and others only to the extent reasonably necessary to conduct or support treatment, payment, or operations, or as otherwise allowed by law. We maintain physical, electronic and administrative safeguards designed to protect your personal information and prevent unauthorized access. We never sell your medical information to anyone. Examples of how we use or share your information are listed below, note these are just typical examples.

TREATMENT. We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, or other personnel in the facility who are involved in your care. We may also share with members of your family who may have or need information to get you the best care.

PAYMENT. We may use and disclose medical information about you so that the treatment and services you receive at the facility may be billed to and payment may be collected from you, an insurance company, or a third party. However, if you are paying out of pocket you have the right for this to be protected and not shared.

OPERATIONS. We may use and disclose medical information about you for facility operations, this is for services and care rendered to you but may also mean Fire fighters, paramedics or police who may need such information to aid with your care.

FACILITY DIRECTORY. We may include certain information about you in the facility directory while you reside at the facility. The information may include your name, room # and your religious affiliation, you have the right to request not to be included in the directory.

3. SPECIAL SITUATIONS

To Avert a Serious Threat to Health or Safety. We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure would only be to a person who could help prevent the threat.

Organ and Tissue Donation. If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

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

Workers Compensation. We may release medical information about you to workers compensation or similar programs. These programs provide benefits for work related injuries or illnesses.

Public Health Risks. We may disclose medical information about you for the public health activities. These generally include the following:

- To prevent or control disease, injury or disability
- To report births and deaths
- To report child abuse or neglect
- To report reactions to medications or problems with products
- To notify people of recalls of products they may be using
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition
- To notify the appropriate government authority if we believe a resident has been the 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 medical information to a health oversight agency for activities authorized by law. These include AHCA, Ombudsman and the Department of Children and Families. These include inspections, investigations and licensure.

4. Your Rights Regarding Medical Information About You

You have the following rights regarding medical information we maintain about you

Right to Inspect and Copy. You have the right to inspect and copy the medical information that may be used to make decisions about your care. If you request a copy of the information we may charge a fee for the costs of copying, mailing or other supplies associated with your request. We may deny your request to inspect and copy medical information in certain circumstances. If you are denied access to medical information in some cases you may request that the denial be reviewed.

Right To Amend. If you feel the medical information we have about you is incorrect or incomplete, you may ask us to amend the information. However, we are not required to agree to your suggested change. If we deny your change, you may file a written statement of disagreement with our decision that will be kept with your medical information.

Right to Accounting Disclosures. You have the right to request an accounting of disclosures which is a list of certain disclosures we have made containing medical information about you to nonaffiliated third parties. The first list you request with in a 12month period will be free. For additional lists, we may charge you for the cost of providing the list.

Right to Request Restrictions. You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or operations. You also can restrict a family member or friend from knowing this information

Right to Request confidential communications.

Right to a paper copy of this notice.

Right to Notice of Unauthorized Release of Unsecured medical Information.

5. Changes to this Notice

We reserve the right to change this notice, the change will have a new effective date and shall be posted conspicuously. A current copy will always be maintained in the office.

6. Complaints.

If you believe your privacy rights have been violated, you may file a complaint the facility executive director or the Secretary of the department of Health and Human Services. To file a complaint with the facility, contact the executive Director at his office in the facility at Walton Ave. All complaints must be submitted in writing

You will not be penalized for filing a Complaint

PRIVACY PRACTICES NOTICE AND ACKNOWLEDGEMENT

Walton Place

Acknowledgement of receipt of Notice of Privacy Practices

I have received a copy of the Notice of privacy practices (“NOTICE”) The notice describes how my health information may be used or disclosed. I understand that I should read it carefully. In addition, I am aware that the notice may be changed at any time. I may obtain a revised copy of the notice by calling the Executive Director at 727-722-9600 or by requesting one at the facilities office.

Resident:

Date: _____

Print Name

Print Name

Date: _____

Signature

As the legal representative of the above individual, I acknowledge receipt of the Notice on his or her behalf.

Legal Representative:

Print Name

Relationship

Date _____

Signature