

**DEPARTMENT OF VETERANS SERVICES  
VETERANS CARE CENTER'S  
NOTICE OF PRIVACY PRACTICES**  
Effective Date April 14, 2003

**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 is provided as required by Federal regulations contained in the Health Insurance Portability and Accountability Act, or HIPAA. This series of regulations is designed to ensure that all health care providers take specific steps to protect the privacy and security of each person's individually identifiable health information, now called "protected health information" or PHI. This Notice will tell you about the ways we are allowed to use and disclose PHI about you. The Notice also describes your rights and certain obligations that we have regarding use and disclosure of protected health information.

We understand that information about you and your health is personal. We are committed to protecting your confidentiality. We create records of the care and services you receive at this facility. We need these records to provide you with quality care, to receive payment, and to comply with certain legal requirements. This Notice applies to all of the records of your care generated by interdisciplinary team members in this facility, as well as billing records for payment of the services provided, and some personal financial records such as V.V.C.C. Trust Fund accounts. Other healthcare providers that you see in other locations will have their own policies and practices.

**HOW WE MAY USE AND DISCLOSE INFORMATION ABOUT YOU**

**FOR TREATMENT PURPOSES:** We may use PHI to assure that you receive prompt medical diagnosis, treatment, medications, therapy, supplies, services, and medical equipment. We may disclose PHI to credentialed members of our medical staff and to other members of our workforce. Each person receives only the minimum necessary information to complete his or her job-related responsibilities. Communication among all interdisciplinary team members is critical in providing quality care.

Disclosure of PHI may be in any form; written, verbal, fax, electronic computer transmission, or photographs.

We may also disclose PHI about you to people outside the facility that are or may be involved with your care. For example, lab personnel who come to draw your blood need to confirm your identity, what lab tests to perform, and must have diagnosis information in order to bill for the services. We currently contract for lab work, x-rays, dietician consultation, respiratory equipment, and some special pharmacy and medical supply or equipment items. We may disclose PHI to specialty medical providers, including providers that you are referred to for routine visits, consultation, or emergency care. We may need to consult with people outside the facility for purposes of discharge planning. These people may include, but not be limited to, family members; friends that you designate; allied health professionals, such as home health, hospice, outpatient rehab; and other support services, such as "meals on wheels". We may also disclose information to medical equipment suppliers, orthotics or prosthetics providers, and suppliers of personal or specialty medical equipment such as hearing aides or wheelchairs that you need.

**FOR PAYMENT PURPOSES:** We may use and disclose PHI to seek payment for healthcare services and treatment that you receive in our facility and to assist other providers in receiving payment for their services. For example, if you receive Medicare services, the insurance company that handles claims will require your date of birth, social security number, and medical diagnoses, in addition to a listing of services and treatments to properly approve payment for these services.

**FOR HEALTHCARE OPERATION PURPOSES:** We may use and disclose PHI for various types of healthcare operations and business planning. These uses and disclosures may relate to individual care, staffing, education or performance of our staff, and availability of various types of medical supplies or equipment. We may remove information that identifies you to create a data set that others may use to study healthcare and healthcare delivery without revealing your identity. For example, we may combine medical information about a number of residents to consider what services the nursing facility should offer and whether certain pieces of equipment or changes in facility design or

furnishings are needed to improve the care or quality of life for our residents.

Your photograph will be taken on admission for identification purposes. A copy of the photograph will be provided to the receptionist desk, each nursing unit, and to the charge nurse responsible for your care so that the nurse can verify your identity before providing care such as medications.

We will also obtain photographs to document quality of care issues, such as the appearance of your skin, progress of healing, or appearance of injuries. Photographs taken for this purpose are either made part of your medical record as documentation of care and treatment or are released to proper authorities as evidence related to investigation of a possible crime. All other photographs of any resident in our facility for any other reason require written authorization, except for photographs taken by family members of only the resident in their family and no other residents.

**FOR HEALTHCARE OVERSIGHT ACTIVITIES:** We are required to comply with certain professional standards of clinical and operational practice to maintain licensure and certifications. As a result, we may disclose PHI about you to the Centers for Medicare/Medicaid Services, the Virginia Department of Health and other State agencies involved with oversight of the facility, the Ombudsman, Adult Protective Services, and for Quality Assurance purposes both internally and to the Board of Trustees. The facility contracts with specialty providers who review quality of care and billing services. We are required to complete and transmit an electronic assessment about each nursing home resident at specified intervals. This assessment, the Minimum Data Set or MDS, is used by the State Department of Health and the Centers for Medicare/Medicaid Services to monitor quality of care provided by the facility compared with other long-term care facilities in the state and across the nation.

**FOR DIRECTORY PURPOSES:** We are allowed by the Privacy Rule to provide certain limited information about you so that others may visit you. At the receptionist desk or nursing station, if someone asks for you by name, we may release your name, room number, and a general statement of your condition, such as good, fair, serious, or critical.

Staff in the Activities Department may release your religious affiliation to our chaplain or members of the clergy or lay ministry who provide services in our facility if you have expressed an interest in spiritual support visits. We list your name and room number on the wall by your door and your name, room number, and the name of your physician on your medical record, which is stored in public view at the nursing station.

#### OTHER ALLOWABLE USES AND DISCLOSURES

**FOR PUBLIC SAFETY OR HEALTH PURPOSES:** We may use and disclose PHI when necessary to prevent a serious threat to your health and safety or that of others. We may notify the health department about reportable diseases or seek advice in managing the spread of an infection within the facility. We may release medical information related to resident health and safety risks or alleged violations.

Accidents/incidents, medication errors, and suspected abuse or neglect will be thoroughly investigated and analyzed for cause or patterns as well as prevention steps to prevent recurrence. This information will be disclosed internally to personnel who need to know and to the physician, Medical Director, Ombudsman, Adult Protective Services, and State or other reporting agencies as needed. We will report concerns related to products or activities regulated by the Food and Drug Administration, including adverse drug reactions and medical devices or equipment. We may report PHI to secure needed assistance from relief agencies during a disaster.

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#### FOR LAW ENFORCEMENT OR LEGAL PROCEEDINGS:

We may release PHI if asked to do so:

- In response to a court order, subpoena, warrant, summons, or similar process;
  - To identify or locate a suspect, fugitive, material witness, or missing person;
  - About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
  - About a death we believe may be the result of criminal conduct;
  - About known or suspected criminal conduct at the nursing facility; and
- In emergency circumstances to report a crime, the location of the crime or victims, or the identity and/or description of the person who committed the crime.

#### CORONERS, MEDICAL EXAMINERS, AND FUNERAL DIRECTORS:

We may disclose PHI to identify a deceased person, determine the cause of death, or protect workers required to have physical contact with the body of the deceased.

**FOR RESEARCH:** We may release a limited amount of information about you to allow a researcher to prepare a proposal for research or to conduct research if approved under the laws governing human research. We may release information without specific personal identifiers to researchers without authorization. All other disclosures will require your written authorization.

**ORGAN, EYE, OR TISSUE DONATION:** We may release PHI to organ procurement agencies to screen potential donors or based on your prior request.

**WORKERS' COMPENSATION:** We may disclose PHI as authorized by workers' compensation laws or similar programs that provide benefits for work-related injuries or illnesses

**.SPECIALIZED GOVERNMENT FUNCTIONS:** We may release certain personal, financial, and health information to the Department of Veteran Affairs to determine your eligibility for benefits and services, as directed for national security or protection of the President or other authorized persons, and to administer government programs that provide public benefits.

**REQUIRED BY HIPAA PRIVACY RULE:** We are required to disclose PHI to the Secretary of the United States Department of Health and Human Services when requested by the Secretary to review our compliance with the HIPAA Privacy Rule.

#### OTHER USES OR DISCLOSURES OF PHI REQUIRE YOUR WRITTEN AUTHORIZATION

Other uses or disclosures not covered in this Notice or the laws that apply to the facility will be made only with your written authorization or that of your authorized representative. If you provide us with authorization to use or disclose PHI, you may revoke that authorization, in writing, at any time. Your treatment or payment in our facility will not be conditioned on giving or denying your authorization except to the extent that authorization of release of PHI is required to determine eligibility for benefits or services. You understand that we are unable to take back any disclosures we have already made with your authorization and that we are required to retain our records of the care and services that we have provided.

#### YOUR RIGHTS REGARDING USE AND DISCLOSURE OF PHI

**RIGHT TO REQUEST RESTRICTIONS:** You have the right to request a restriction on the use and disclosure of PHI for treatment, payment, and healthcare operations within certain limitations. You have the right to request a limit on the PHI that we disclose and the person to whom the limits apply. For example, you may not wish to share certain medical diagnoses or conditions with specific individuals or you may not want specific individuals to attend your care plan team conferences or participate in your care

Certain information must be used and disclosed by the facility based on state and federal regulations. Therefore, you are prohibited from limiting or restricting uses or disclosures that would interfere with quality of care, payment, or licensure of the facility.

We are not required to agree to your request for restrictions. If we do agree to the restrictions, we will make every effort to comply with your request.

**RIGHT TO REVIEW, INSPECT, OR RECEIVE COPIES:**

You have the right to review or inspect your PHI and receive copies of PHI used to make decisions about your care. This information includes both medical and billing records, but it does not include psychotherapy notes. If you wish to exercise this right, please contact our Director of Medical Records to arrange an appointment.

We may deny your request in some circumstances. The physician may restrict access to particular medical information if it is in the best interest of the resident. If approval is granted, we will require that a staff member review the record with you to help you locate information and to explain medical terms written in the chart.

**RIGHT TO AMEND OR CORRECT:** If you feel that PHI that we have about you is incorrect or incomplete, you may ask us to amend or correct the information. You have the right to request an amendment or correction as long as the information is kept in the facility. All requests to amend must be submitted to the Director of Medical Records and include a reason that supports your request.

We may deny your request to amend our records. This may occur for PHI that we did not create, that is not available, or is not part of the information that you would be allowed to inspect or copy. We may also deny your request if we believe that the information in question is accurate and complete or is not relevant to your concern.

**.RIGHT TO AN ACCOUNTING OF DISCLOSURES:** You have the right to request an "Accounting of Disclosures". This Accounting is a list of PHI that has been disclosed about you for purposes other than treatment, payment, or healthcare operations. You may request an Accounting of Disclosures for a time period not longer than six years, with no date before April 14, 2003. You may contact the Director of Medical Records to request an Accounting of Disclosures. One request per year will be at no charge, others will be paid in advance of release

**RIGHT TO REQUEST CONFIDENTIAL COMMUNICATIONS:** You have the right to request that we communicate with you about medical or billing matters in a certain way or at a certain location. For example, you may request to receive care plan meeting notices while you are alone in your room. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

**RIGHT TO REVOKE:** You have the right to revoke in writing any authorization you have given, except to the extent that the facility has already taken action in reliance on your authorization.

**RIGHT TO A PAPER COPY OF THIS NOTICE:** We reserve the right to make changes to this Notice and to make such changes effective for all protected health information we may already have about you or that we will receive or create in the future. When this Notice is changed, we will post a copy in a prominent public location and we will also provide you a copy of the revised Notice upon your request.

**REPORTING COMPLAINTS OR ALLEGATIONS**

If you believe that your privacy rights have been violated, you may file a complaint with the facility or with the Office of Civil Rights. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

To exercise your rights under this Notice, to receive more information, or to report a problem, contact the appropriate Privacy Officer:

VIRGINIA VETERANS CARE CENTER (VVCC)  
Privacy Officer  
4550 Shenandoah Avenue, NW, Roanoke, VA 24017-4073

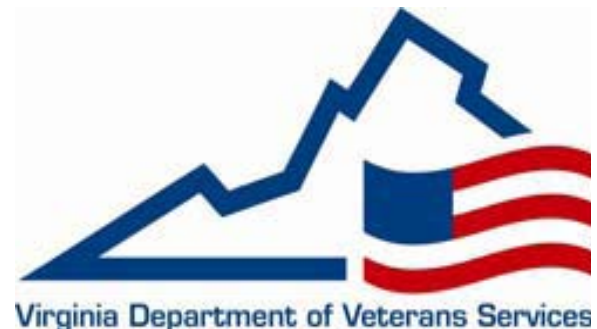
(540)982-2860

SITTER & BARFOOT VETERANS CARE CENTER (SBVCC)  
Privacy Officer  
1601 Broad Rock Blvd., Richmond, VA 23224  
(804)371-8000

If you believe your privacy rights have been violated, you may file a written complaint with the Privacy Officer. There will be no retaliation for filing a complaint.

Or

The contact information for the Office of Civil Rights is as follows:  
Region III, Office of Civil Rights,  
U.S. Department of Health and Human Services,  
150 S. Independence Mall West, Suite 372, Public Ledger Building  
Philadelphia, PA 19106-9111  
Main Line (215) 861-4441, Hotline (800) 368-1019,  
Fax (215) 861-4431, TTD (215) 861-4440





Virginia Veterans Care  
Center  
(VVCC)  
and  
Sitter & Barfoot  
Veterans Care Center  
(SBVCC)

NOTICE  
OF  
PRIVACY  
PRACTICES

VIRGINIA VETERANS CARE CENTER  
(VVCC)  
4550 Shenandoah Avenue, NW,  
Roanoke, VA 24017-4073  
(540)982-2860

SITTER & BARFOOT VETERANS  
CARE CENTER (SBVCC)  
1601 Broad Rock Blvd.  
Richmond, VA 23224  
(804)371-8000

*Effective Date April 14, 2003  
Revised April 30, 2008*