



## **NOTICE OF PRIVACY PRACTICES**

### **UNDERSTANDING YOUR RECORD/INFORMATION:**

Each Skill Creations, Inc. program participant has a chart in which information is kept regarding progress/concerns/current diagnosis etc. about the program participant. This serves as a basis for planning care and treatment. It also serves as a means of communication among the many professionals/paraprofessionals who contribute to the care of the program participant; a legal document describing the care received by which you or a third party payer can verify that services billed were actually provided; a tool in educating professionals/paraprofessionals; data for medical research; a source of data for facility planning and a tool with which we can assess and continually work to improve the care we render and the outcomes we achieve. Understanding what is in the record/chart and how this information is used helps you to ensure its accuracy, better understand who, what, when, where and why others may access this information and make more informed decisions when authorizing disclosures to others.

### **YOUR HEALTH INFORMATION RIGHTS:**

Although the chart/record is the physical property of the facility or division that compiled it, the information belongs to you. You have the right to request a restriction on certain uses and disclosures of your information. This includes the right to obtain a paper copy of the record. You can also obtain accounting of disclosures of information, request communications of the information by alternative means or at alternative locations, revoke your authorization to use or disclose health information except to the extent that action has already been taken.

### **OUR RESPONSIBILITIES:**

Skill Creations, Inc. is required to maintain the privacy of your information, provide you with a notice as to 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 if we are unable to agree to a requested restriction, accommodate reasonable requests you may have to communicate information by alternative means or at alternative locations. We reserve the right to change our practices and to make the new provisions effective for all protected information we maintain. Should our information practices change, we will mail a revised notice to the address you've supplied us. We will not use or disclose information without your authorization, except as described in this notice.

### **FOR MORE INFORMATION OR TO REPORT A PROBLEM:**

If you have questions and would like additional information, you may contact the Director, Facility, or Supervisor that you work with. If you believe your privacy rights have been violated, you can file a complaint with the Facility Director/Supervisor or with the secretary of Health and Human Services. There will be no retaliation for filing a complaint.



**EXAMPLES OF DISCLOSURES FOR TREATMENT, PAYMENT, AND HEALTH OPERATIONS:**

*We will use the information for treatment.* For example: Information obtained by a nurse, physician, or other member of the treatment team will be recorded in your record and used to determine the course of treatment that should work best. There will be a habilitation plan document in your record describing goals/plans for the coming year. Members of the team will record the actions they took and their observations. We will also provide physicians or other health care providers with copies of various reports that should assist him or her in treating you and/or upon discharge from our program.

*We will use the information for payment.* For example: A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, services and supplies used.

*We will use the information for regular operations.* For example: Members of the staff and the administration, or members of the team may use information in your health record to assess the care and outcomes in your case and others like it. Licensure and Quality Management Teams may review this information as well. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and services we provide.

*Business associates:* There are some services provided in our organization through contracts with business associates. Examples include computer and copy services, health supplies, outside physician services. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we've asked them to do and bill you or your third-party payer for services rendered. To protect your health information, however, we require the business associate to appropriately safeguard your information.

*Directory:* Unless you notify us that you object, we may use your name and location in the facility (if applicable), general condition and religious affiliation for directory purposes. This information may be provided to members of the clergy and, except for, religious affiliation, to other people who ask for you by name.

*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, your location and general condition.

*Communication with family:* S.C.I. professionals, using their best judgment, may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care.

*Research:* we may disclose information to researchers when an institutional review board that has reviewed the research proposal, and established protocols to ensure the privacy of your health information has approved their research.

*Funeral Directors:* We may disclose health information to funeral directors consistent with applicable law to carry out their duties.



## Skill Creations Inc.



*Organ procurement organizations:* Consistent with applicable law, 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.

*Marketing:* We may contact you to provide appointment reminders, parties, or other meetings, or information about information and services that may be of interest to you.

*Food and Drug Administration (FDA):* We may disclose the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacements.

*Workers compensation:* We may disclose information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

*Public health:* As required by law, we may disclose your information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

*Law enforcement:* We may disclose health information for law enforcement/correctional institution required by law or in response to a valid subpoena. Federal law makes provision for your 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 patients, workers or the public.

**EFFECTIVE DATE: 3/1/03**