

PRIVACY NOTICE

Policy Statement

Each resident will receive a notice of the uses and disclosures of his/her Protected Health Information (PHI) that may be made by or on behalf of the Masonic Home of New Jersey, and the resident's right and our Home's legal duties with respect to the resident's PHI.

Policy Interpretation and Implementation

1. Upon admission to the Home, residents will be provided with a copy of our Privacy Notice relative to protected health information;
2. Privacy notices are provided in an easy to read language and contain, as a minimum, the following elements:
 - a. A statement indicating how medical information about the resident may be used and disclosed and how the resident can obtain access to such information;
 - b. A description, including at least one example, of the types of uses and disclosures that the facility is permitted to make for purposes of treatment, payment and healthcare operations, with sufficient detail to place an individual on notice of the uses and disclosures permitted or required;
 - c. A description of each of the other purposes for which the Home is permitted or required to use or disclose PHI without the resident's consent or authorization, with sufficient detail to place an individual on notice of the uses and disclosures permitted or required;
 - d. A statement that other uses or disclosures will be made only with the resident's written authorization, and that the authorization may be revoked in accordance with the Policy on authorization;
 - e. A statement of the resident's rights with respect to his/her PHI, and a brief description of how the resident may exercise those rights, including:
 - 1) The right to request restrictions on certain uses/disclosures of PHI, and the fact that the facility does not have to agree to such restrictions;
 - 2) The right to receive confidential communications of PHI;

- 3) The right to inspect and copy PHI;
 - 4) The right to amend PHI;
 - 5) The right to receive an accounting of disclosures of PHI; and
 - 6) The right to receive a paper copy of the privacy notice.
 - f. A statement of the Home's duties with respect to PHI, including statements:
 - 1) That the facility is required by law to maintain the privacy of PHI and to provide residents with notice of its legal duties and privacy policies;
 - 2) That the facility is required to abide by the terms of its current effective privacy notice; and
 - 3) That the facility reserves the right to change the terms of the notice and make the new notice provisions effective for all PHI maintained, along with a description of how the facility will provide residents with the revised notice.
 - g. A statement that residents may complain to the facility and to the Secretary of the U. S. Department of Health and Human Services about privacy rights violations, including a brief statement about how a complaint may be filed and an assurance that the resident will not be retaliated against for filing a complaint; (See Policy entitled *Privacy Complaints and Investigations*.)
 - h. The name, or title, and telephone number of the Home's HIPAA Privacy Officer to contact for further information;
 - i. The name, telephone number and address of the person designated by the Home to receive complaints regarding the Home's privacy practices; and
 - j. The effective date of the notice, which may not be earlier than the date printed or published.
3. A copy of privacy notices issued to residents will be retained for a period of not less than six (6) years from the later of the date of creation or the last effective date.
 4. A copy of our Privacy Notice will be posted in the lobby and an electronic copy will be posted on the Home's web page (as applicable). The HIPAA Privacy Officer is responsible for prompt

distribution of changes to our privacy notice or policies and procedures.

5. Oral review of privacy notices will be made by the HIPAA Privacy Officer when such request is made by the resident.
6. Residents and Employees will be required to sign a written acknowledgment of receipt of our Privacy Notice. Should a resident (or representative) refuse to sign the acknowledgment, a notation must be entered into the resident's medical record of the Home's effort to obtain the signature and the reason why the acknowledgment was not obtained.