



Patient Privacy Information HIPAA Privacy Notice

At Sunrise Haven, the confidentiality of all information concerning patients is of the utmost importance. The ethical standards, upheld by Christian Science nurses and all staff, come from the teachings of Christian Science with its emphasis on the confidential relationship between Christian Science nurse and patient, and Christian Science practitioner and patient.

For your protection, maintaining this confidentiality is now a Federal law known as the Health Insurance Portability and Accountability Act of 1996 (HIPAA). This law requires that all organizations such as ours protect the privacy of patients in a variety of ways.

Sunrise Haven adheres to the letter and spirit of this law. This notice describes how information regarding the services you receive here may be used and disclosed to others. It is effective as of April 14, 2003. Please review it carefully before signing it.

1. I understand that the use or disclosure of my protected health information (PHI) by Sunrise Haven will be only for the purpose of providing Christian Science nursing care to me, obtaining payment for my care bills, and conducting the normal business of running Sunrise Haven. PHI refers to any information about me, my care needs, and my care, collected at Sunrise Haven or from others, that is deemed necessary to nurse me properly. The information about myself includes: my name, address, telephone number, and the same information for my spouse or representative I designate; my date of birth, Social Security, and Medicare numbers; my church affiliation; my Christian Science practitioner's name and phone number; a copy of my Health Care Power of Attorney document including the name(s) of my agent(s) and my preferences regarding care. Information about my care includes my nursing records regarding my care and my billing records.
2. I understand that, if I do not object in writing, Sunrise Haven will share the fact that I am in the facility with telephone callers who directly ask for me by name, and with visitors who arrive and ask for me by name. Sunrise Haven will not, however, disclose information regarding my care or condition in response to these inquiries.
3. I understand that, for my protection, Sunrise Haven will sign agreements with any business associates (for example, their auditor), who would have a valid reason to need my PHI. These agreements will include a promise that the business will not disclose any PHI in any way not essential to the normal activities of their business.

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For my further protection, I understand that I will be asked to sign specific authorization any time Sunrise Haven decides to disclose any of my PHI to other care providers (for instance, if I am being transferred to an alternate care facility) or to anyone else for purposes other than the routine needs described above. The only exceptions to this would be for contact with legal authorities, my family and close friends, and others deemed to be within the normal scope of providing care.

4. I understand that Sunrise Haven expects me to bring any concerns about this policy, or Sunrise Haven's compliance with it, to the attention of the Sunrise Haven HIPAA Compliance Officer, Joan Thompson. I also have the right to file a formal complaint with the Sunrise Haven HIPAA Compliance Office and/or with the Federal Department of Health and Human Services, if I feel that there has been a violation of these privacy rights. Sunrise Haven will not retaliate against me if I feel the need to file a complaint.
5. I understand that I have the right to review the complete Sunrise Haven HIPAA Privacy Policy, which is always available in the office of the Superintendent of Christian Science nursing and in the Business Office. This Policy describes the types of uses and disclosures of my PHI that may occur in the course of my stay at Sunrise Haven. I may inspect, copy or amend my PHI at any time.

Printed name of Patient or Personal Representative

Signature of Patient or Personal Representative

Date

(10/06/07)