

Valley Senior Living
HIPAA Notice of Privacy Practices

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 our Privacy Officers:

*Shannon Holte at (701) 787-7830 for Woodside Village
Susie Blue at (701) 787-7990 for Valley Senior Living on Columbia
Cheryl Ekren at (701) 787-7566 for Wheatland Terrace
Summer Rainoshek at (701) 787-7600 for Tufte Manor*

The Notice of Privacy Practices describes how we may use and disclose your protected health information (PHI) to carry out treatment, payment, or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your PHI. PHI is information about you, including demographic information, that may identify you and that relates to your past, present, and future physical or mental health or condition and related health care services.

We are required to abide by the terms of the Notice of Privacy Practices. We may change the terms of our notice at any time. The new notice will be effective for all PHI that we maintain at that time. Upon your request, we will provide you with any revised Notice of Privacy Practices by accessing our website (www.valleyseniorliving.org), calling the office and requesting that a revised copy be sent to you in the mail, or stopping in and asking for one.

1. Uses and Disclosures of Protected Health Information

Uses and Disclosures of Protected Health Information Based Upon Your Written Consent.

You will be asked at admission to sign a consent form. Once you have consented to use and disclosure of your PHI for treatment, payment, and health care operations by signing the consent form, Valley Senior Living will use or disclose your PHI as described in this section. Your PHI may be used and disclosed by your physician, our office staff, and others within our organization that are involved in your care and treatment for the purpose of providing health care services to you. This includes use and/or disclosure between Valley Senior Living Communities (Our communities and their levels of care are: Country Estates – Independent Living, Wheatland Terrace – Assisted Living, Tufte Manor – Basic Care, Valley Senior Living on Columbia and Woodside Village – Skilled Nursing). Your PHI may also be used and disclosed to pay your health care bills and to support the operation of Valley Senior Living.

The following are examples of the types of uses and disclosures of your PHI that Valley Senior Living is permitted to make once you have signed our consent form. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by our facility once you have provided consent.

Treatment/Long Term Care: We will use and disclose your PHI to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party that has already obtained your permission to have access to your PHI. For example, we would disclose your PHI, as necessary, to a home health agency that may provide care for you upon discharge from our facility. We will also disclose PHI to other physicians who may be treating you when we have the necessary permission from you to disclose your PHI. For example, your PHI may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you.

In addition, we may disclose your PHI from time-to-time to another physician or health care provider who, at the request of your physician, becomes involved in your care by providing assistance with your health care diagnosis or treatment.

Payment: Your PHI will be used, as needed, to obtain payment for your health care services. This may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services we recommend for you such as; making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you, and undertaking utilization review activities. For example, obtaining prior authorization for a nursing home stay may require that your relevant PHI be disclosed to the health plan to obtain approval for the nursing home placement.

Healthcare Operations: We may use or disclose, as needed, your PHI in order to support the business activities of Valley Senior Living. These activities include, but are not limited to, quality assessment activities, training of medical students, licensing, marketing and fundraising activities, and conducting or arranging for other business activities.

For example, we may disclose your PHI to students that see residents or tenants in our facilities or do their clinicals or internships at Valley Senior Living.

We will share your PHI with third party “business associates” that perform various activities (e.g. billing) for Valley Senior Living. Whenever an arrangement between the nursing homes and a business associate involves the use or disclosure of your PHI, we will have a written contract that contains terms that will protect the privacy of your PHI.

We may also use and disclose your PHI for other marketing activities. For example, your name and address may be used to send you a newsletter about our facility and the services we offer. We may also send you information about services that we believe may be beneficial to you. You may contact our Privacy Officers to request that these materials not be sent to you. It is not the practice of Valley Senior Living to sell PHI. Such circumstances would require a written authorization from you.

We may use or disclose your demographic information and the dates that you were a resident/tenant in our facilities in order to contact you for fundraising activities supported by our facility. If you do not want to receive these materials, please contact our Privacy Officers and request that these fundraising materials not be sent to you.

We may also use and disclose your PHI for internal facility communication for the purposes of promoting relationships among residents, families, and staff. For example, your picture may be taken and posted in a facility newsletter that is distributed to the primary contacts designated by residents. A picture may be posted on the facility social media page such as Facebook so family and friends who live far away can see what is going on at the facility. You may contact our Privacy Officers to request not to participate in those types of communications.

Uses and Disclosures of Protected Health Information based upon your written Authorization

Other uses and disclosures of your PHI will be made only with your written authorization, unless otherwise permitted or required by law as described above. You may revoke this authorization, at any time, in writing, except to the extent that your physician has taken an action in reliance on the use or disclosure indicated in the authorization.

Other Permitted and Required Uses and Disclosures That May Be Made With Your Consent, Authorization or Opportunity to Object

We may use and disclose your PHI in the following instances. You have the opportunity to agree or object to the use or disclosure of all or part of your PHI. If you are not present or able to agree or object to the use or disclosure of the PHI, then your physician and/or other health care professional, using professional judgment will determine whether the disclosure is in your best interest. In this case, only the PHI that is relevant to your health care will be disclosed.

Facility Directories: Unless you object, we will use and disclose in our facility directory your name and room number. Members of the clergy will be told your religious affiliation.

Others Involved in Your Healthcare: Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your PHI that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose PHI to notify or assist in notifying a family member, personal representative, or any other person that is responsible for your care of your location, general condition, or death. Finally, we may use or disclose your PHI to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care.

Recording of Audio During Appointments: Unless you object, our physicians may record audio during your appointment as part of their clinical documentation.

Emergencies: We may disclose your PHI in an emergency treatment situation. If this happens, your physician shall try to obtain your consent as soon as reasonably practicable after the delivery of treatment. If your physician or another physician is required by law to treat you and the physician has attempted to obtain your consent but is unable to obtain your consent, he or she may still use or disclose your PHI to treat you.

Communication Barriers: We may use and disclose your PHI if your physician or another health care professional attempts to obtain consent from you but is unable to do so due to substantial communication barriers and the physician or health care professional determines, using professional judgment, that you intend to consent to use or disclosure under the circumstances.

Other Permitted and Required Uses and Disclosures That May Be Made Without Your Consent, Authorization, or Opportunity to Object

We may use or disclose your PHI in the following situations without your consent or authorization. These situations include:

Required by law: We may use or disclose your PHI to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required by law, of any such uses or disclosures.

Public Health: We may disclose your PHI for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury, or disability. We may also disclose your PHI, if directed by the public health authority, to a foreign government agency that is collaborating with the public health authority.

Communicable Disease: We may disclose your PHI, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

Health Oversight: We may disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies/state agencies that oversee the health care system, government benefit programs, other government regulatory programs, and civil rights laws.

Abuse or Neglect: We may disclose your PHI to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your PHI if we believe that you have been a victim of abuse, neglect, or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

Food and Drug Administration: We may disclose your PHI to a person or company required by the Food and Drug Administration to report adverse events, product defects or problems, biologic product deviations, tract products; to enable product recalls; to make repairs or replacements, or to conduct post marketing surveillance, as required.

Legal Proceedings: We may disclose PHI in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), in certain conditions in response to a subpoena, discovery request or other lawful process.

Law Enforcement: We may also disclose PHI, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include (1) legal processes and otherwise required by law, (2) limited information requests for identification and location purposes, (3) pertaining to victims of a crime, (4) suspicion that death has occurred as a result of criminal conduct, (5) in the event that a crime occurs on the premises of the facilities, and (6) medical emergency (not on the facilities premises) and it is likely that a crime has occurred.

Coroners, Funeral Directors, and Organ Donation: We may disclose PHI to a coroner or medical examiner for identification purposes, determining the cause of death, or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose PHI to a funeral director, as authorized by law, in order to permit the funeral director to carry out their duties. We may disclose such information in reasonable anticipation of death. PHI may be used and disclosed for cadaver organ, eye, or tissue donation purposes.

Release of Records after Death: As a healthcare facility we are committed to our obligation of protecting the privacy and confidentiality of your PHI in the event of death. North Dakota law states that upon death, records can be released to the Executor of the Estate or the Administrator of the Estate.

Research: We may disclose PHI to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your PHI.

Criminal Activity: Consistent with applicable federal and state laws, we may disclose your PHI if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose PHI if it is necessary for law enforcement authorities to identify or apprehend an individual.

Military Activity and National Security: When the appropriate conditions apply, we may use or disclose PHI of individuals who are Armed Forces personnel (1) for activities deemed necessary by appropriate military command authorities; (2) for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits, or (3) to foreign military authority if you are a member of that foreign military services. We may also disclose your PHI to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or others legally authorized.

Work Force Safety and Insurance (WSI): We may disclose your PHI as authorized to comply with WSI laws and other similar legally established programs.

Inmates: We may use or disclose your PHI if you are an inmate of a correctional facility and your physician created or received your PHI in the course of providing care to you.

Required Uses and Disclosures: Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500 et. seq.

United States Department of Commerce: We may use or disclose your PHI for the US Census.

2. Your Rights

Following is a statement of your rights with respect to your PHI and a brief description of how you may exercise these rights.

You have the right to inspect and copy your protected health information. This means you may inspect and obtain a copy of PHI about you that is contained in a designated record set for as long as we maintain the PHI. A “designated record set” contains medical and billing records and any other records that Valley Senior Living uses for making decisions about you.

Under federal law, however, you may not inspect or copy the following records; psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and PHI that is subject to law that prohibits access to PHI. Depending on the circumstances, a decision to deny access may be reviewable. In some circumstances, you may have a right to have this decision reviewed. Please contact our Privacy Officers if you have questions about access to your medical record.

You have the right to request a restriction of your protected health information. This means you may ask us not to use or disclose any part of your PHI for the purposes of treatment, payment, or healthcare operations. You may also request that any part of your PHI not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply.

Valley Senior Living is not required to agree to a restriction that you may request. If Valley Senior Living or your physician believes it is in your best interest to permit use and disclosure of your PHI, your PHI will not be restricted. If Valley Senior Living does agree to the requested restriction, we may not use or disclose your PHI in violation of that restriction unless it is needed to provide emergency treatment. With this in mind, please discuss any restriction you wish to request with Valley Senior Living. You may request a restriction by contacting the Privacy Officers listed above.

You have the right to request to receive confidential communications from us by alternative means or at an alternative location. We will accommodate reasonable requests. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not request an explanation from you as to the basis for the request. Please make this request in writing to our Privacy Officers.

You may have the right to have your physician amend your protected health information. This means you may request an amendment of PHI about you in a designated record set for as long as we maintain this information. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Please contact our Privacy Officers to determine if you have questions about amending your medical record.

You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information. This right applies to disclosures for purposes other than treatment, payment, or healthcare operations as described in this Notice of Privacy Practices. It excludes disclosures we may have made to you, for a facility directory, to family members or friends involved in your care, or for notification purposes. You have the right to receive specific information regarding these disclosures that occurred after April 14, 2003. You may request a shorter timeframe. The right to receive this information is subject to certain exceptions, restrictions and limitations.

You have the right to be notified following a breach of unsecured PHI. In the event of a breach involving your unsecured PHI Valley Senior Living will notify you no later than 60 days following the discovery of a breach. We will also notify the appropriate federal or state authorities if required by the details of the breach determination.

You have the right to obtain a paper copy of this notice from us, upon request, even if you have agreed to accept this notice electronically.

3. Complaints

You may complain to Valley Senior Living or to the Secretary of Health and Human Services if you believe we have violated your privacy rights. You may file a complaint with us by notifying one of our privacy officers of your complaint. We will not retaliate against you for filing a complaint.

For further information about the complaint process you may contact our Privacy Officers:

Shannon Holte at (701) 787-7830 for Woodside Village
Susie Blue at (701) 787-7990 for Valley Senior Living on Columbia
Cheryl Ekren at (701) 787-7566 for Wheatland Terrace
Summer Rainoshek (701) 787-7600 for Tufte Manor

You may also file complaints with:

US Department of Health & Human Services
200 Independence Ave SW
Washington, DC 20201
Toll Free: 1-877-696-6775

Policy Name: Attachment HIPAA Notice of Privacy Practices

Policy #: 104.10a

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Authorized By: HIPAA Committee