



## Notice of Privacy Practices Effective July 1, 2015

Monarch Healthcare Management  
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### **Your Information      Your Rights      Our Responsibilities**

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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.**

#### **Your Rights**

You have the right to:

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

#### **Your Choices**

You have some choices in the way that we use and share information as we:

- Tell family and friends about your condition
- Provide disaster relief
- Include you in a directory
- Provide mental health care
- Market our services and sell your information
- Raise funds

#### **Our Uses and Disclosures:**

We may use and share your information as we:

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

## **Your Rights: When it comes to your health information, you have certain rights.**

This section explains your rights and some of our responsibilities to help you.

### **Get an electronic or paper copy of your medical record:**

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

### **Ask us to correct your medical record:**

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

### **Request confidential communications:**

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.

### **Ask us to limit what we use or share:**

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

### **Get a list of those with whom we’ve shared information:**

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

### **Get a copy of this privacy notice:**

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

### **Choose someone to act for you:**

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

### **File a complaint if you feel your rights are violated:**

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
- We will not retaliate against you for filing a complaint.

## **Your Choices: For certain health information, you can tell us your choices about what we share.**

If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

### **In these cases, you have both the right and choice to tell us to:**

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a directory

*If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

**In these cases we never share your information unless you give us written permission:**

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

**In the case of fundraising:**

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

**Our Uses and Disclosures: How do we typically use or share your health information?**

We typically use or share your health information in the following ways:

**Treat you:**

- We can use your health information and share it with other professionals who are treating you.  
*Example: A doctor treating you for an injury asks another facility about your overall health condition.*

**Run our organization:**

- We can use and share your health information to run our facility, improve your care, and contact you when necessary.  
*Example: We use health information about you to manage your treatment and services.*

**Bill for your services:**

- We can use and share your health information to bill and get payment from health plans or other entities.  
*Example: We give information about you to your health insurance plan so it will pay for your services.*

**How else can we use or share your health information?**

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

**Help with public health and safety issues:**

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

**Do research:**

- We can use or share your information for health research.

**Comply with the law:**

- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

**Respond to organ and tissue donation requests:**

- We can share health information about you with organ procurement organizations.

**Work with a medical examiner or funeral director**

- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

**Address workers' compensation, law enforcement, and other government requests**

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

**Respond to lawsuits and legal actions:**

- We can share health information about you in response to a court or administrative order, or in response to a subpoena.

**Our Responsibilities:**

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.

- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

## Changes to the Terms of this Notice:

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

## Other Instructions for Notice:

- Effective Date of this Notice is July 1, 2015.
- The privacy official (or privacy contact) information is found at the top of the first page of this notice under Monarch Healthcare Management. This notice describes the policy of gathering and disclosing healthcare information of the following Monarch Healthcare Management affiliates;

Hillcrest Rehabilitation Center	Meeker Manor Rehabilitation Center	The Estates at Delano
Crystal Seasons Living Center	The Beacon at New Richland	The Estates at Excelsior
Laurels Edge Assisted Living	The Beacon at Mapleton	The Estates at Fridley
Mala Strana Assisted Living	The Beacon at Lake Crystal	The Estates at Greeley
Mala Strana Rehabilitation Center	The Estates at Lynnhurst	The Estates at Linden
Laurels Peak Rehabilitation Center	The Estates at Roseville	Sunny Ridge Rehabilitation Center
Oaklawn Rehabilitation Center	The Estates at Rush City	
Superior Rehabilitation Center	The Estates at St. Louis Park	
The North Shore Estates	The Estates at Twin Rivers	
Green Prairie Rehabilitation & Assisted Living Campus	The Estates at Bloomington	
	The Estates at Chateau	

All requests, complaints, concerns related to this notice should be addressed to the privacy official found at the top of the first page of this notice under Monarch Healthcare Management.

- INFORMATION SHARED OUTSIDE OF OUR ORGANIZATION:

We do not disclose information about you to other agencies or entities except as permitted or required by law. For example; we are required to give healthcare records to the Minnesota Department of Health upon their annual survey. We are also required to provide other healthcare organizations, such as clinics, information that will assist them in providing you proper treatment. We are also required to provide information to:

- The Department of Human Services for the purpose of establishing a rate of payment.
- The Medicare intermediary to establish coverage for services.
- The pharmacy in order to access proper medications.
- Contracted therapy to establish a rehabilitation plan, if necessary.
- Your medical practitioner, the facility Medical Director and other ancillary healthcare providers such as an audiologist, podiatrist, dentist and the like.
- Occupational health agency to facilitate workers compensation claim.
- The Minnesota Department of Health, the Division of Survey and Compliance, Office of Health Facility Complaints, epidemiology, Quality Assurance and Review, law enforcement agencies and the county Vulnerable Adult Agency.
- Minnesota Ombudsman.
- Insurance companies to process transactions and administer your claims.
- Spiritual director or clergy regarding religious denomination.
- Upon an emergency, information will be shared with physicians and hospitals in order to provide emergency treatment.
- Public health authorities.

The method of required disclosure outside of established policies will be with your consent or as a result of subpoenas by the court system.

Students who are participating in clinical practices shall receive information on residents to whom they have been assigned. Educational institutions that have entered into a contract with Monarch Healthcare Management shall abide by privacy and confidentiality policies.