

## **HIPAA (Health Insurance Portability and Accountability Act) formerly Wellness Record and Privacy**

### Policy

A wellness record shall be maintained on each Resident. LCB and its communities have established these policies and procedures to protect, safeguard, and achieve the privacy of our residents' health information.

The Health Insurance Portability and Accountability Act (HIPAA) prevents LCB Senior Living, LLC and its communities from using and disclosing "protective health information" unless residents and/or an authorized representative authorizes the use and disclosure. Communities will secure residents' wellness records, so that protective health information is not available to those who do not need this information. However, LCB Senior Living, LLC and the community may use and disclose "protective health information" for purposes of "treatment, payment and operations."

Wellness records shall be retained according to state requirement after the resident moves out of the community. They will be safeguarded against loss, destruction or unauthorized use.

The requirements may vary by state regulations. For more details, see the individual LCB Senior Living, LLC state addendum (\*).

### Procedure

1. All Resident wellness records shall be maintained in a secure designated area.
2. Access to these files and information is confidential and shall not be disclosed to any person other than the resident without the written consent of the resident or authorized representative.
3. The complete wellness records record shall include the following:
  - a. Resident name, date of birth, sex, move-in date, and marital status and religion.
  - b. Name, address and telephone number of family or significant other.
  - c. Name, address & phone number of Resident's primary physician or source of medical care.
  - d. Contact information for all other health care practitioners providing services.
  - e. Current medical diagnoses.
  - f. Orders for current medications and treatments. \*
  - g. Clinical assessment, including pertinent past and current health history, allergies, physical, mental, and social status and evaluation of the Resident's needs.
  - h. Resident Service Plan.
  - i. Professional notes, record of daily care and record of medication management.
  - j. Documentation of coordination of services with Resident, family and other caregivers.
  - k. Any other documentation pertinent to the care and well-being of the resident.
4. HIPAA Requirements:
  - a. The community will develop policies and procedures and a notice of Privacy Practices, a person will be designated (usually the Executive Director) to be responsible that privacy rules are implemented. Attached is a recommended notice of Privacy Practices.
  - b. The notice of privacy practices must be physically delivered to all residents and/or authorized representatives. A good faith effort must be made to obtain written acknowledgement of receipt.
  - c. The notice of privacy practices is to be posted in the community and on the website.
  - d. At least annually the community will make an assessment of privacy practices, review policies and procedures and train associate on the privacy practices.

**HIPAA Privacy Notice:**

The Health Insurance Portability and Accountability Act (HIPAA) require us to provide notification about your privacy rights and how your health information might be used.

This community will not use and disclose “protective health information” unless you or your authorized representative authorizes the use and disclosure. We will secure your wellness records, so that protected health information is not available to those who do not need this information. However, we may use and disclose “protective health information” for purposes of “treatment, payment and operations” consistent with this notice of privacy practices without authorization from you and/or your authorized representative.

**Photograph Release:**

I grant permission to the Residence to use my name, photograph and statement in advertising, newspapers, on its website or in other company printed materials.

**Resident Handbook:**

I have received and read a copy of the Resident handbook.

I understand that nothing contained in this Resident Handbook is to be construed as creating a contract, and that the sole purpose of affixing my signature below is to acknowledge that I have received and read the Resident handbook.

**Permission to Review Files (Massachusetts Communities Only):**

I hereby grant permission for the Executive Office of Elder Affairs, in the State of Massachusetts, to review my resident files as part of their regular audit of the Community.

\_\_\_\_\_  
Resident or Legal Representative’s Signature

\_\_\_\_\_  
Date