



SUMMARY NOTICE OF PRIVACY PRACTICES FOR PROTECTION OF INDIVIDUAL HEALTH INFORMATION

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

This notice is a summary of your rights. The complete Notice of Privacy Practices is Available at the Registration or Admission Office

RESPONSIBILITIES OF Roy Lester Schneider Hospital, Myrah Keating Smith Community Health Center and Charlotte Kimelman Cancer Institute

Schneider Regional Medical Center is required by law to maintain the privacy of your protected health information and to give you notices of our duties and privacy practices. This Notice describes how we may use and disclose your individually identifiable health information. This Notice also describes your right to access and control your health information.

We must follow the terms of this Notice. We reserve the right to change this Notice consistent with the law. If we change this Notice, we will post a revised Notice and will make paper copies of the complete Notice available upon request. The terms of this Notice of Privacy Practices are consistent with the federal HIPAA Privacy Regulations.” Any term not defined in this Notice have the same meaning as it has in the HIPAA Privacy Regulations.

USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION

We are legally permitted, without further notice to or consent from you, to use and/or disclose your protected health information in the following circumstances.

<i>For treatment, Payment or Healthcare Operations or to Others Involved in Your Care</i>	<i>To Business Associates or Affiliates, & Non-Affiliated Third Parties for Collections or Payments</i>
<i>To Other Covered Entities or for Public Health Activities</i>	<i>For Abuse or Neglect Reporting or as Otherwise Required by Law</i>
<i>To the Food and Drug Administration (FDA)</i>	<i>Health-Related Benefit Information</i>
<i>For Workers’ Compensation or in Other Legal Proceedings</i>	<i>To Law Enforcement Personnel or for Inmates of Prison Facilities</i>
<i>To Coroners, Medical Examiners, Funeral Directors, Organ Donation</i>	<i>Military Activity and National Security, Protective Services</i>
<i>For Approved research</i>	<i>Prevention of a Serious Threat to Health or Safety</i>
<i>For Disaster Relief Programs or health Oversight Activities</i>	<i>Limited Information for a Facility Directory and to Clergy</i>

We are required by law to disclose health information to the following people:

To **You** or Your **Personal Representative**

To the Secretary of the U.S. Department of Health and Human Services upon request

Other uses or disclosures of your health information may be made with your written authorization.



YOUR PRIVACY RIGHTS

The following is a summary of your rights with respect to your protected health information:

(Please be aware that Schneider Regional Medical Center can deny your requests in certain circumstances.)

You may request a restriction on uses and disclosures of your health information.

You may request that our communications to you be confidential.

You may request to inspect and copy your protected health information (Fees are charged for copies)

You may request an accounting of disclosures of your health information.

You may request an amendment of your protected health information.

You have the right to receive a copy of the complete Notice of Privacy Practices.

You should also know that if you have greater protection under a specific U.S. Virgin Island statute or regulation, those protections will continue to apply to you.

COMPLAINTS or ADDITIONAL INFORMATION

You may file a complaint with the Secretary of Health and Human Services if you believe that we have violated your privacy rights. You may also request additional information about the Notice of Privacy Practices.

Write to:

**Schneider Regional Medical Center
Attn: Patient Experience Officer
9048 Sugar Estate Rd.
St. Thomas, U.S.V.I. 00802**

Other Complaint Filing Information:

**You may file a complaint with the
USVI Department of Health**

EFFECTIVE DATE

This notice is effective **February 22, 2007.**



RECEIPT OF NOTICE OF PRIVACY PRACTICES

Medical Record Number _____

I, _____,
(Print your name)

Acknowledge that I have been informed of the *Notice of Privacy Practices* by Schneider Regional Medical Center (SRMC) and I am aware that I have the right to a printed copy of the Notice upon my request.

Patient or Patient Representative	Received by SRMC
Signature:	Signature:
Social Security #:	Department:
Date:	Date:
If signing as a Personal Representative Relationship to patient:	

For SRMC use only

Complete the section below if unable to obtain acknowledgement of receipt from patient.

Despite a good faith effort to do so, SRMC has been unable to obtain written acknowledgement of receipt of Notice of Privacy Practices from the following patient:

_____ for the following reason:
(Patient Name)

SRMC
Signature:
Department:
Date:



Dear Patient of Schneider Regional Medical Center,

In accordance with Title 19, Chapters 10 and 20 Virgin Islands code, you have the legal right to say in advance what your wishes are for refusing or accepting treatment if you become unable to make your wishes known to your family and physician. An Advance Directive states your wishes at a time when you are able to thoroughly make a decision about your health care.

Advance Directives enable patients to make their feelings known about the following types of treatment:

1. **Cardiopulmonary Resuscitation (CPR)** - used to restore stopped breathing and/or heartbeat.
2. **Intravenous (IV) Therapy**- used to provide food, water and/or medication through a tube placed in a vein.
3. **Feeding tubes**- inserted through the nose, throat, etc., to provide nutrition
4. **Dialysis**- a method of cleaning patient's body by machine, when kidneys no longer work properly.
5. **Anatomical Gift**- donation of one's organ for transplant, therapy, medical and dental education, research or the advancement of medical or dental science or for uses by a designated individual for transplantation or therapy needed by that individual.

We will provide any assistance about your Advance Directive by your indication of the following:

I need more information about the preparation of an Advance Directive ☐ Yes ☐ No

I have already prepared an Advance Directive and will provide SRMC with a copy ☐

Patient or Legal Guardian _____ Date: _____

Witness: _____ Date: _____



Interim Advance Directive

I, _____ do not have a “Durable Power of Attorney for Health Care” or other Advance Directives

- ☐ I don't want one at this time.
- ☐ I would like more information about Advance Directives.

Name Printed

Name Signed

Date

I, _____, **have** a “Durable Power of Attorney for Healthcare” (DPA) or other advance directive, but is not physically present at any time of my admission. During this admission, until my directive is available, I would like the following to be considered as an Interim Care Directive. The following, as indicated by an initialed box and my signature, reflects my wishes.

I, _____, **do not** have a “Durable Power of Attorney for Healthcare” (DPA) or other advance directive, at the time of my admission. During this admission, I would like the following to be considered as an Interim Care Directive. The following, as indicated by an initialed box and my signature, reflects my wishes.

☐ *I **do not** want life sustaining treatment to be provided or continued if I in an irreversible coma or persistent vegetative state, and/or if I am terminally ill and the application of life sustaining procedures would serve only to artificially delay the moment of my death. I want the hospital and my Health Care Agent to provide comfort and pain relief measures should such measures be indicated.*

☐ *I **want** life sustaining treatment to be provided even if I am in an irreversible coma or persistent vegetative state and/or I am terminally ill, and the application of life sustaining procedures would serve only to artificially delay the moment of my death.*

☐ *Other:* _____

My designated **Health Care Agent** is _____

Telephone Number(s) (____) _____

Physical Address: _____

This Interim Care Directive does not replace, modify or cancel my existing DPA or other advance directive. This interim directive is only applicable until such time as my DPA or other directive becomes available to hospital personnel. I know that I may change or update this interim care directive or my DPA or other Advance Directive at any time.

Name (Printed)

Signature

Date

Witness Name (Printed)

Signature

Date



Schneider Regional Medical Center Patient Relations Department/Patient Advocacy Program

The Patient Relations Department here at the Schneider Regional Medical Center is here to serve as the Patients' Advocate. Our Mission is to address questions or concerns you or your family members may have about care, hospital policies and procedures, or the quality of hospital services. Patient relations representatives are also happy to receive *compliments*, suggestions, and other recommendations that might improve the services provided by this facility.

Compliments

If you would like to thank a special staff member or volunteer who made your hospital stay especially comfortable, The Patient Experience Officer can assist you. Staff are also happy to receive suggestions or recommendations for future improvements. A word of thanks from the patients we come in contact with help to lift staff spirits and boost morale!

Grievances and Concerns

If you have a complaint, you may register it verbally or in writing with the Patient Experience Officer. Your particular concern will be investigated, and a resolution will be provided as soon as possible.

All patients have the right to file external grievances with the Department of Health & Human Services (Centers for Medicare & Medicaid Services) Division of Survey Certification & Enforcement at **212-616-2500**.

As a Medicare patient, you also have the right to have grievances regarding quality of care and premature discharge referred to the Quality Improvement Organization (QIO). Specifically, these concerns are handled by the **Beneficiary and Family Centered Care Quality Improvement Organization (BFCC-QIO)** known as **Commence Health** and can be reached by calling **(340) 773 – 6334** or **(866) 815 – 5440**.

If you have a complaint regarding a HIPAA privacy violation, you may direct it to The Office of Legal Counsel, 9048 Sugar Estate, St. Thomas, USVI 00802, or at (340) 776-8311.

In the event that you or your family would like to file your grievance outside of the internal grievance process and with the Hospital's regulatory agency, you may forward your written grievance to:

*Commissioner of Health, or Designee
USVI Department of Health
1303 Hospital Ground Suite #10
St. Thomas, USVI 00802
Tel: 340-774-0117*

When sharing your compliments and concerns with our department, please be sure to include your name, date of stay, the unit, the nature of the issue, the names of any individual whom you feel are important to the issue at hand, and how you would like to see the matter resolved.

Feel free to call, write, or visit the Patient Relations Department. A representative will be available to assist you.

Contact: Patient Experience Officer
Hours: Monday through Friday, 8 a.m. to 5p.m.
Location: Schneider Regional Medical Center
9048 Sugar Estate
St. Thomas, USVI 00802
Telephone: (340) 776-8311, Extension 5091
E-mail: patientexperience@srmedicalcenter.org

After hours and on weekends, in non-urgent situations, please leave a message. If you have an emergency, please contact the nursing supervisor on duty.

Please let us know how you feel! We're here to offer a helping hand!

PATIENT RIGHTS & RESPONSIBILITIES

Schneider Regional Medical Center is dedicated to serving the whole patient regardless of race, creed, social or economic status, believing that the rights and dignity of every patient must be protected and promoted with care. The hospital, health center and institute endeavor to protect the patient's rights to privacy and keep patient records and communications confidential, in accordance with professional ethics and the law. Schneider Regional Medical Center is committed to safeguarding the right of each patient to information about and participation in decisions regarding medical care, and to promoting respect and dignity for all individuals. In the case of a minor, the following rights and responsibilities are afforded the patient's parent or guardian.

You Have the Right To:

- Considerate and respectful care, which optimizes your comfort and dignity throughout your treatment.
- Access to treatment regardless of gender, age, disability, ethnicity, religion, or source of payment. This includes the right to supportive social and pastoral services that respect your personal value and belief system.
- Expect that every attempt will be made to provide an interpreter, if your spoken language is not English, or if you are deaf or hearing impaired.
- Receive aggressive, timely and appropriate pain management when indicated.
- Participate in the consideration of ethical issues that arise in the course of your care.
- Personal privacy and confidentiality. Be free from all forms of abuse or harassment, including the right to access protective services, if needed.
- Receive information about, and an explanation of, your hospital bill.
- Request a copy of your completed medical record and obtain the copy within a reasonable timeframe.
- To know if this hospital/health center has relationships with outside parties that may influence your treatment and care. These relationships may be with educational institutions, other health care providers, or insurers.

- Be treated by skilled, compassionate, caring physicians, nurses, and hospital staff.

- Know the names and roles of the providers caring for you.

- Be well informed about your illness, possible treatments, likely and unanticipated outcomes, and to discuss this information with your healthcare provider.

- Be advised if the hospital/health center proposes to engage in research projects affecting your care or treatment, and the right to refuse to participate in such studies without compromising the quality of care you receive.

- Receive a high standard of patient care and safety while in the hospital setting. The hospital/health center, your doctor, and health care professionals will protect your safety and security as much as possible.

- Be free from chemical or physical restraint except as authorized by a physician or in an emergency when necessary to protect you or others from injury.

- Receive appropriate discharge teaching and instruction for self-care, including awareness of community resources available to provide supportive care.

- Act in partnership with your health care providers to make decisions regarding your care.

- "Advance Directives": you have the right to formulate an Advance Directive or to appoint a surrogate to make health care decisions on your behalf.

- Informed consent, including the right to have treatment options explained so that you understand the benefits, risks, and treatment choices.

- Refuse treatment to the extent permitted by ethics and law, and to be informed of the medical consequences of your action.

- To obtain pertinent information as to any relationship of this hospital/health center and other health care institutions which may affect your care.

It Is Your Responsibility To:

Be Part of Your Care

- Be as accurate and complete as possible when providing medical history and treatment information.

- Inform your health care provider if you have any questions regarding care and treatment.

- Partner with the health care providers to develop an appropriate plan of care.

- Participate in the designated plan of care.

- Notify your health care providers if the designated plan of care cannot be followed.

- Provide a copy of your "Advance Directive" to the hospital/health center.

- Notify your health care providers or the Patient Representative at 776-8311x5091 if you are not satisfied with the care you received.

Respect and Consider the Rights of Others

- Be considerate of the rights of other patients and their families.

- Be considerate of the physicians and hospital/health center personnel.

- Provide the hospital/health center with accurate and timely information concerning the sources of payment and ability to meet financial obligations associated with care.

Ensuring a Safe Hospital Stay

- The single most important way you, as a patient, can help to prevent errors is to be an active member of your health care team. **Speak up!** if you have any questions or concerns.

• Discuss your concerns with your nurse, physician, or if you have a commendation or complaint about the quality of your care, you may call the Hospital Operator to page the Patient Representative or after hours, page the Nursing Supervisor. At Myrah Keating, contact the Administrator. At Charlotte Kimelman Cancer Institute, contact the Administrative Director.