

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.

The Center (“Center”) is required by law to maintain the privacy of your protected health information (“PHI”) or simply “health information.” We also are required to provide you with this Notice so that you will understand our legal duties and how we may use or disclose your health information. Protected health information is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health condition and related health care services. This Notice describes the practices of the Center. If you have any questions about this Notice, please contact the Center Privacy Officer.

HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION

Each time you are admitted to our Center, a record of your stay is made containing health and financial information. Typically, this record contains information about your condition, the treatment we provide and payment for the treatment. The following categories describe the ways that we may use and disclose health information. (Not every use or disclosure in a category will be listed. However, the ways that we are permitted to use and disclose information typically fall into one of these categories. Also, in some cases state law limits us from disclosing special types of health information. For example, state law usually requires that the Center get your permission before disclosing mental health, alcohol/drug use and abuse, and HIV/AIDS information.)

- For Treatment.** We may use and disclose your health information to provide treatment to you. The Center’s personnel (e.g., nurses, therapists and others) will share your health information with each other in order to provide you with appropriate treatment. For example, your nurse may need to tell the dietitian that you have diabetes so that she can plan your meals. We may also disclose your health information to health care providers outside our Center who are involved in your care. These include a variety of providers such as physicians (e.g., M.D., D.O., podiatrist, dentist, and optometrist), therapists (e.g., physical therapist, occupational therapist, speech-language pathologist), portable radiology units, clinical labs, hospice caregivers, pharmacies, psychologists, social workers, and medical equipment suppliers. For example, a doctor treating you for a broken leg needs to know if you have diabetes because diabetes may slow the healing process. We may disclose health information to those who may be involved in your care after you leave our Center. This may include home health nurses who will be providing care in your home.
- For Payment.** We may use and disclose health information about you so that the treatment and services you receive at this Center may be billed to you, a government program, an insurance company or other third-party payors. For example, in order to be paid, we may need to share information with your payor about services we provided to you. We may also discuss with payors a treatment that you are going to receive in order to obtain prior approval or to determine whether payors will cover the treatment. We may disclose health information to health plans or other health care providers for their payment activities.
- For Health Care Operations.** We may use and disclose health information about you for our day-to-day health care operations. This is necessary to ensure that all residents receive quality care. For example, we may use health information for quality assessment and improvement activities and for developing and evaluating clinical protocols. We may also use and disclose information for professional review,

performance evaluation, and for training programs. Other aspects of health care operations that may require use and disclosure of your health information include accreditation, certification, licensing and credentialing activities, review and auditing, including compliance reviews, medical reviews, legal services and compliance programs. Your health information may be used and disclosed for the business management and general activities of the Center including resolution of internal grievances, customer service and due diligence in connection with a sale or transfer of the Center. In limited circumstances, we may disclose your health information to another entity subject to HIPAA for its own health care operations. We may remove information that identifies you so that the health information may be used to study health care and health care delivery without learning the identities of residents. We may disclose your age, birth date and general information about you in the Center newsletter, on activities calendars, and to entities in the community that wish to acknowledge your birthday or commemorate your achievements on special occasions. If you are receiving therapy services, we may post your photograph and general information about your progress.

OTHER ALLOWABLE USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION

- Business Associates.** There are some services we provide through contracts with business associates. Examples of business associates include medical directors, outside attorneys, consultants and pharmacists. We may disclose your health information so that our business associates can perform the job we've asked them to do. To protect your information, we require the business associate to appropriately safeguard your PHI.
- Treatment Alternatives.** We may use and disclose health information to tell you about possible treatment options or alternatives that may be of interest to you.
- Health-Related Benefits and Services.** We may use and disclose health information to tell you about health-related benefits or services that may be of interest to you.
- Fundraising Activities.** The Center does not currently use health information for fundraising on its own behalf. If this practice changes in the future, we will only release demographic information and the dates of health care provided to residents.
- Center Directory.** We may include information about you in the Center directory while you are a resident. This information may include your name, location in the Center, your general condition (e.g., fair, stable, etc.) and your religion. The directory information, except for your religion, may be disclosed to people who ask for you by name. We may disclose your name and religion to a member of the clergy, such as a priest or rabbi, even if they don't ask for you by name. This is so your family, friends and clergy can visit you in the Center and generally know how you are doing.
- Individuals Involved in Your Care or Payment for Your Care.** We may disclose health information about you to a close friend, family member or other relative, or any person you designate who is involved in your care or payment for your care. We will provide the amount of health information relevant to the individual's involvement in your care or payment for your care. We may disclose health information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.
- As Required By Law.** We will disclose health information about you when required to do so by federal, state or local law.
- To Avert a Serious Threat to Health or Safety.** We may use and disclose health information about you

to prevent a serious threat to your health and safety or the health and safety of the public or another person. We would do this only to help prevent the threat.

- Abuse.** We may disclose your medical information to state or federal authorities so that they can protect victims of abuse, neglect or domestic violence.
- Health Oversight Activities.** We may disclose health information to a health oversight agency for activities authorized by law. These oversight activities may include audits, investigations, and inspections.
- Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may use or disclose health information about you in response to a court or administrative order. We may also disclose health information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.
- Organ and Tissue Donation.** If you are an organ donor, we may disclose health information to organizations that handle organ procurement to facilitate donation and transplantation.
- Military and Veterans.** If you are a member of the armed forces, we may disclose health information about you as required by military authorities. We may also disclose health information about foreign military personnel to the appropriate foreign military authority.
- Research.** Under certain circumstances, we may use or disclose health information about you for research purposes.
- Workers' Compensation.** We may use or disclose health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.
- To your employer.** If we are providing health care to you at the request of your employer, we may disclose PHI specific to your work-related illness or injury if your employer needs the PHI to comply with its obligations under federal or state occupational safety and health laws.
- Public Health Risks.** We may use or disclose health information about you to assist in public health activities like tracking diseases or medical devices.
- Law Enforcement** We may disclose health information when requested by a law enforcement official:
- Inmate.** We may use or disclose your health information to inform a correctional institution if you are an inmate.
- Coroners, Medical Examiners and Funeral Directors.** We may use or disclose health information to a coroner or medical examiner.
- National Security and Intelligence Activities.** We may disclose health information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.
- All Other Uses and Disclosures.** Uses and disclosures of your health information not covered by this notice, including uses and disclosures of protected health information for marketing purpose and disclosures that constitute a sale of protected health information, may be made only with your written authorization. You may revoke that authorization, in writing, at any time; however, we are unable to take

back any disclosures we have already made with your permission, and that we are required to retain for our records of care that we provided you.

Disclosures of your medical information as described above may be made in an electronic format.

YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

Although your record is the property of the Center, you have the following rights regarding your health information:

- Right to Inspect and Copy.** With some exceptions, you may review and copy your health information. Access to your health information must be provided in a timely manner. If your health information is maintained in an electronic format, you have the right to request an electronic copy of your record. We will make every effort to provide your health information in the form or format you request, if it is readily producible in such form or format. In addition, we may charge you a reasonable fee for the costs of copying, mailing or other supplies associated with your request.*
- Right to Amend.** If you feel that health information in your record is incorrect or incomplete, you may ask us to amend the information. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. *
- Right to an Accounting of Disclosures.** You have the right to request an "accounting of disclosures". This is a list of certain disclosures we made of your health information, other than those made for purposes such as treatment, payment, or health care operations, or pursuant to your authorization. *Your request must state a time period, which may not be longer than six (6) years from the date the request is submitted and may not include dates before April 14, 2003.**
- Right to Request Restrictions.** You have the right to request a restriction or limitation on your health information we use or disclose including certain disclosures to your health plan where you have paid out of pocket in full for the health care item or service. You may request that we limit the health information on the Center Directory or that we limit disclosure to someone who is involved in your care or the payment for your care.
- Right to Request Alternate Communications.** You have the right to request that alternative methods be used to communicate with you regarding your protected health information. For example, while you are a resident at our Center, you may request that we mail your billing statements to your son's home address rather than providing them directly to you.
- Right to a Paper Copy of This Notice.** You have the right to a paper copy of this Notice at any time. You may ask us to give you a copy of this Notice at any time by contacting the Center Privacy Designee. You may obtain a copy of this Notice at our center's website.

**To exercise any of these rights you must: submit your request in writing to the Center's Executive Director or Center Privacy Designee, provide a reason for your request and, if applicable, clearly indicate the action you want the center to take. We may charge a fee for the costs of copying, mailing or other supplies associated with your request. We will notify you of the cost involved and you may choose to change or take back your request at that time before any costs are incurred.*

CHANGES TO THIS NOTICE

We reserve the right to change this Notice. We reserve the right to make the revised or changed Notice effective for health information we already have about you as well as any information we receive in the future. We will post a copy of the current Notice in the Center and on our Center's website. The Notice will specify the effective date. In addition, if material changes are made to this Notice, the Notice will contain an effective date for the revisions. Copies may be obtained by contacting the Center Privacy Designee.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the Center or with the Office of Civil Rights (see the website: www.hhs.gov/ocr/hipaa for details). To file a complaint with the Center, contact the Center Privacy Designee or you may call Caring Connections, A Compliance Helpline at 1-888-789-3870. All complaints to the Center's Executive Director or Center Privacy Designee must be submitted in writing. **You will not be penalized for filing a complaint.**