

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.

This notice describes your healthcare information privacy rights and the obligations your healthcare professionals regarding such privacy. Each of these professionals may have access to your protected health information as is necessary to provide healthcare services and to support related Healthcare Operations.

Our Responsibilities

We are required to:

- Maintain the privacy of your health information
- Provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you
- Notify affected individuals following a breach of unsecured protected health information
- Abide by the terms of this notice

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will post a copy of the current notice in a conspicuous location.

We will not use or disclose your health information without your authorization, except as described in this notice.

How We Will Use or Disclose Your Health Information

The following categories describe different ways that we may use and disclose protected health information. Although the following descriptions contain examples, they do not refer to every way in which your health information could be used or disclosed. Use or disclosure of your health information will only occur in ways permitted by law.

1. **Treatment.** We may use health information about you to provide or coordinate your medical care. We may disclose medical information about you to doctors, nurses, technicians, allied health personnel or other healthcare personnel who are involved in providing for your well being during your stay with us. For example, your protected health information may need to be disclosed to a laboratory, dietician or pharmacist in order to coordinate your healthcare. Consulting physicians may need to read your medical chart in order to make appropriate recommendations for your care.
2. **Payment.** We will use your health information for payment. For example, a bill may be sent to you, a family member responsible for payment or who pays for your health insurance, an insurance company, or a third-party payer, including Medicare or Medicaid. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis,

procedures, and supplies used. Protected health information may be received or transmitted via facsimile or electronic software.

3. Healthcare Operations. We will use your health information for regular Healthcare Operations. For example, members of the professional staff, the risk or quality improvement manager, or members of the quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the health care we provide. For example, diet information may be displayed during meal times at the resident's dining location for quality control efforts. We may disclose information to doctors, nurses, technicians and other personnel for review and learning purposes. Your protected health information may be used to support administrative activities, or for accreditation, certification, or licensing purposes.
4. Health-Related Benefits, Services and Treatment Alternatives. We may use and disclose protected health information to tell you about benefits, services, or to recommend care options and alternatives that may be of interest to you.
5. Directory. Unless you notify us that you object, we may use your name, location in a health-care facility, general condition, and religious affiliation for directory purposes. This information may be provided to members of the clergy and, except for religious affiliation, to other people who ask for you by name. We may also use your name on a name plate next to or on your door in order to identify your room, unless you notify us that you object. This is so your family, friends, and clergy can visit you.
6. Notification. We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, of your location, and general condition. If we are unable to reach your family member or personal representative, then we may leave a message for them at the phone number that they have provided us, e.g., on an answering machine.
7. Communication with family. Health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care.
8. Funeral directors. We may disclose health information to funeral directors and coroners to carry out their duties consistent with applicable law.
9. Organ procurement organizations. Consistent with applicable law, we may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.
10. Food and Drug Administration (FDA). We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.
11. Workers compensation. We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar

programs established by law. Protected health information may be received or transmitted via facsimile or electronic software.

12. Public health. As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability. Protected health information may be received or transmitted via facsimile or electronic software.
13. Correctional institution. Should you be an inmate of a correctional institution, we may disclose to the institution or agents thereof health information necessary for your health and the health and safety of other individuals.
14. As Required by Law. We will disclose medical information about you when required to do so by federal, state, or local law.
15. Law Enforcement. We may release medical information if asked to do so by a law enforcement official:
 - (a) In response to a court order, subpoena, warrant, summons or similar process;
 - (b) To identify or locate a suspect, fugitive, material witness; or missing person;
 - (c) About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
 - (d) About a death we believe may be the result of criminal conduct;
 - (e) About criminal conduct; and
 - (f) In emergency circumstances to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.
16. Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, we may disclose protected health information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute.

Uses and Disclosures of Your Health Information that Require Your Authorization

Other uses and disclosures of protected health information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose protected health information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose protected health information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our medical records of the care that we provided to you, in accordance with regulations of the federal, state, and/or local government.

Your Health Information Rights

Although your health record is the physical property of the location where your care is provided, the information in your health record belongs to you. You have the following rights:

- Right to Request Restrictions. You have the right to request that we not use or disclose your protected health information for a particular reason related to treatment, payment, general

health care operations, and/or to a particular family member, other relative or close personal friend. You must make such requests in writing on a form provided by us.

Although we will consider your requests with regard to the use of your protected health information, please be aware that we are under no obligation to accept it or to abide by it. We will however, abide by your requests with regard to the disclosure of your clinical and personal records to anyone, except in an emergency, if you are being transferred to another health care institution, or by a disclosure as required by law. For more information, see 42 C.F.R § 483.10(e).

- Right to Request Privacy Protection. We are required to restrict disclosure of protected health information to a health plan upon your request so long as (1) the disclosure is for the purpose of carrying out payment or health care operations and, (2) you or a person other than the health plan has paid in full for the service or procedure which you are restricting.
- Right to Confidential Communications. If you are dissatisfied with the manner in which or the location where you are receiving communications from us that are related to your protected health information, you may request that we provide you with such information by alternative means or at alternative locations. Such a request must be made in writing, and submitted to the Administrator. We will attempt to accommodate all reasonable requests. For more information about this right, see 45 C.F.R. § 164.522(b).
- Right to Inspect and Copy Records. You may request to inspect and/or obtain copies of protected health information about you, which will be provided to you in the time frames established by law. Request for such access must be made in writing and submitted to the Privacy Officer. If you request copies, we will charge you a reasonable fee. For more information about this right, see 45 C.F.R. § 164.524.
- Right to Amend. If you believe that any health information in your record is incorrect or if you believe that important information is missing, you may request that we correct the existing information or add the missing information. Such requests must be made in writing, and must provide a reason to support the amendment. We ask that you use the form provided by us to make such requests. For a request form, please contact Privacy Officer. For more information about this right, see 45 C.F.R. § 164.526.
- Right to an Accounting of Disclosures. You may request that we provide you with a written accounting of all disclosures made by us during the time period for which you requested (not to exceed 6 years). We ask that such requests be made in writing on a form provided by us. Please note that an accounting will not apply to any of the following types of disclosures: disclosures made for reasons of treatment, payment or health care operations; disclosures made to you or your legal representative, or any other individual involved with your care; disclosures to correctional institutions or law enforcement officials; and disclosures for national security purposes. You will not be charged for your first accounting request in any 12 month period. However, for any requests that you make thereafter, you will be charged a reasonable, cost-based fee. For more information about this right, see 45 C.F.R. § 164.528.
- You have the right to obtain a paper copy of our Notice of Privacy Practices upon request.

For More Information or to Report a Problem

If you have questions and would like additional information, you may contact the Privacy Officer. If you believe that your privacy rights have been violated, you may file a complaint with us, report your complaint by calling the our Hotline, or file a complaint with the Federal Secretary of the Department of Health and Human Services. There will be no retaliation for filing a complaint.

Privacy Officer. Complaints must be filed in writing on a form provided by us. The complaint form may be obtained from Social Services, and when completed should be returned to Social Services, who in turn will forward your complaint to the Administrator/Privacy Officer.

Hotline. Call 800-949-6607.

Federal Secretary of the Department of Health and Human Services. Complaints must be submitted in writing. Information on how to file a complaint can be found on line at:

www.hhs.gov/ocr/privacy/hipaa/complaints/

or by emailing OCRMail@hhs.gov

or by calling the Office of Civil Rights in your region

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