

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.

If you have any questions about this notice, please contact the following Privacy Point of Contact

(Insert Name & Phone Number)

This notice describes the privacy practices of this center/campus and that of any employed health care professional authorized to enter information into your medical record. The notice also describes the practices of all its employees, including members of volunteer groups. We are required by law to protect the privacy of your health information and provide you with this notice of our legal duties with respect to your health information and privacy practices.

_____ centers/campuses, sites and locations follow the terms of the notice currently in effect. In addition, these centers/campuses, sites and locations may share medical information with each other for service, care, payment or center/campus operational purposes described in the notice.

UNDERSTANDING YOUR MEDICAL RECORD AND INFORMATION

Each time you visit the center/campus, a record of your stay is compiled. Typically, this record contains information about your condition and the treatment that we provide. We use and/or disclose this information to:

- Plan your care and treatment
- Communicate with other health professionals involved in your care
- Document the care you receive
- Educate health professionals
- Provide information for medical research
- Provide information for public health officials
- Evaluate and improve the care we provide

Understanding what is in your record and how your health information is used helps you to ensure it is accurate, better understand who may access your health information and allows you to make informed decisions when authorizing disclosures to others.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

The following categories describe the ways that we use and disclose medical information. Not every use or disclosure in a category will be listed. However, all of the ways that we are permitted to use and disclose information will fall into one of the categories.

For Treatment (Care): We may use medical information about you to provide you with medical treatment. We may disclose medical information about you to doctors, nurses, therapists, or other center/campus personnel who are involved in taking care of you at the center/campus. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell the dietician if you have diabetes, so that we can plan your meals. Different departments may share information about you to coordinate your care and provide you medication, lab work and x-rays. We may also disclose medical information about you to people outside the center/campus who may be involved in your medical care after you leave the center/campus. This may include home health personnel that will be providing you care in your home.

For Payment: We may use and disclose medical information about you so that the treatment and services you receive may be billed to you, an insurance company or a third party payer. For example, we may need to give Medicare information about treatment you received so Medicare can pay us for treatment provided. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your health plan will cover the treatment.

For Health Care Operations: We may use and disclose medical information about you for health care operations. This is necessary to ensure that all of our residents receive quality care. For example, we may use medical information to review our services and to evaluate the performance of our staff. We may also combine medical information about many residents to decide what additional services we should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, therapists, and other personnel for review and learning purposes. We may remove information that identifies you so others may use it to study health care and health care delivery without learning your identity.

OTHER ALLOWABLE USES OF YOUR MEDICAL INFORMATION

Business Associates

There are some services provided in our organization through contracts with business associates. An example of a business associate may be a copy service we use when making copies of your medical record or outside attorneys we utilize. When the services are contracted, we may disclose your medical information so they can perform the job we've asked them to do and bill you or your third-party payer for services rendered. To protect your health information, however, we require the business associate to appropriately safeguard your information.

Treatment / Service Alternatives

We may use and disclose medical information to tell you about possible treatment alternatives, service options or health-related benefits that may be of interest to you.

*If you do not want to be contacted for these activities, please contact the Privacy Point of Contact.**

* See page 1 for the name of the Privacy Point of Contact.

Fundraising Activities

We may use information about you (such as your name, address, and phone number) and the dates you received services here in order to contact you in the future to raise money for our center/campus. We may release this information to _____, an affiliated organization, so they may contact you in fundraising efforts. The money raised through these activities benefits the center/campus.

*If you do not want to be contacted for fundraising activities, please contact the Privacy Point of Contact. **

Center Directory

We may include information about you in the center/campus directory while you are a resident. This information includes your name, location (room/bed number), condition in general terms and your religion. The directory information, except for your religion, may be disclosed to people who ask for you by name. Your religion may be given to a member of the clergy, such as a priest or pastor, even if they do not ask for you by name. Center directory information is disclosed so that your family, friends and clergy can visit you and generally know how you are doing.

*If you do not want your information to be included in the center directory, please contact the Privacy Point of Contact.**

Appointment Reminders.

We may use and disclose medical information to contact you as a reminder that you have an appointment for medical care or services.

Individuals Involved in Your Care or Payment for Your Care

If you do not object, we may disclose medical information about you to a friend or family member who is involved in your care. We may also give information to someone who helps pay for your care as long as you do not object. We will try to ask you for permission before revealing your medical information. If friends and/or family ask about you, we will tell them that you are in the center and will reveal your general condition. In addition, we may disclose medical information about you to an entity assisting in disaster relief efforts so that your family can be notified about your conditions, status and location.

*If there are family members or friends that you do not want your medical information disclosed to, please contact the Privacy Point of Contact.**

Center / Campus Practices

The following are a listing of center/campus activities that may occur on a regular basis in this center/campus. Please review each of the following carefully.

- We may post your name on a Welcome poster welcoming you to our center.
- Post your birthday or other special event on a calendar or bulletin board that is viewable by the public.
- Announce your birthday or other special event over the center/campus intercom (public address) system.
- Include your name in the center/campus newsletter or other center/campus publication, including information regarding your admission to the center, discharge from the center, memorial or obituary information, and/or memorial donations we may receive on your behalf.

* See page 1 for the name of the Privacy Point of Contact.

- Include your name in articles that are published about the center in the local newspaper, for example, a story about an activity or special event that occurred at the center.
- Notify your clergy/church of your admission and/or discharge.
- Display your name on a place (name) card at the dining room table.
- Post limited information about you on a bulletin board in a location that is viewable by the public, for example if you are transferred to a hospital we may post this on a bulletin board to inform other residents and visitors you are in the hospital.
- Post information regarding memorials or obituaries. We may also announce memorial services that are being held in a resident's honor.
- Display your photo and a nameplate near the door of your room.
- Display your photo on a bulletin board within the center/campus. *However, we will not give photographs of you for publication to anyone outside of the center/campus unless we have your permission. If someone from outside the center takes pictures of you for a publication or other purposes, we cannot guarantee these outside individuals will seek your permission.*

*If you do not want to be included in these center/campus practices, please contact the Privacy Point of Contact. **

As Required By Law

We will disclose medical 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 medical 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.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

Although your medical record is the property of this center/campus, the information belongs to you. You have the following rights regarding your medical information.

Right to Inspect and Copy

With some exceptions, you have the right to review and copy your medical information.

If you would like to inspect or copy your medical information, please contact the Privacy Point of Contact. We may or may not charge a fee for the cost of copying, mailing or other supplies associated with your request.*

Right to Amend

If you feel that medical information in our record is incorrect or incomplete, you may ask to amend this information. You have this right for as long as the information is kept by or this center/campus.

*If you would like to amend your medical information, please contact the Privacy Point of Contact for assistance. **

* See page 1 for the name of the Privacy Point of Contact.

We may deny your request for an amendment if it does not include a reason to support the request. Additionally, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the medical information kept by or for this center/campus; or
- is accurate and complete.

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 medical information, other than those made for purposes such as treatment, payment or health care operations.

If you would like an Accounting of Disclosures, please contact the Privacy Point of Contact for assistance. 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. Your request should indicate in what form you want the list (for example paper or electronically). The first list you request within a twelve (12) month period will be free. For additional lists within the twelve (12) month time period, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify request at that time before any costs are incurred.*

Right to Request Restrictions

You have the right to request a restriction or limitation on the medical information we use or disclose about you. For example, you may request that we limit the medical information we disclose to someone who is involved in your care or the payment for your care. You could ask that we not disclose information about a surgery you had to a family member or friend.

We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

If you would like to request a restriction, please contact the Privacy Point of Contact. In your request you will be required to tell us the following: (1) what information you want to limit; (2) whether you want to limit our use, disclosure, or both; and (3) to whom you want the limits to apply, for example, a daughter.*

Right to Request Alternative Communications

You have the right to request that we communicate with you about medical matters in a confidential manner or at a specific location. For example, if you are receiving services on an outpatient basis you may ask that we only contact you via mail to a post office box.

If you would like to request communications by alternative means, please contact the Privacy Point of Contact. We will not ask you the reason for your request. Your request must specify how or where you wish to be contacted. We will accommodate all reasonable requests.*

* See page 1 for the name of the Privacy Point of Contact.

Right to a Paper Copy of this Notice

You have the right to a paper copy of this notice, even if you have agreed to receive the notice electronically. You may ask us to give you a copy of this notice at any time.

You will be given a copy of this notice at the time of admission to the center/campus. In addition, you may obtain a copy of this notice at our web site, www.good-sam.com.

*To obtain a paper copy of this notice, please contact the Privacy Point of Contact. **

SPECIAL SITUATIONS**Organ and Tissue Donation**

If you are an organ donor, we may disclose medical information to organizations that handle organ procurement to facilitate donor and transplantation.

Military and Veterans

If you are a member of the armed forces, we may disclose medical information about you as required by military authorities. We may also disclose medical information about foreign military personnel to the appropriate foreign military authorities.

Research

Under certain circumstances, we may use and disclose medical information about you for research purposes. For example, a research project may involve comparing health and recovery of all residents who received one medication to those who received another, for the same condition. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of medical information, trying to balance the research needs with residents' need for privacy of their medical information. Before we use or disclose medical information for research, the project will have been approved through this research approval process. We may, however, disclose medical information about you to people preparing to conduct a research project as long as the medical information they review does not leave the center/campus.

Workers' Compensation

We may disclose medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Public Health Risks

We may disclose medical information about you for public health purposes, including the following:

- Prevention or control of disease, injury or disability
- Reporting births and deaths
- Reporting child abuse or neglect
- Reporting reactions to medications or problems with products
- Notifying people of recalls or products
- Notifying a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease
- Notifying the appropriate government authority if we believe a resident has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

* See page 1 for the name of the Privacy Point of Contact.

Health Oversight Activities

We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities may include audits, investigations, inspections and licensure. These activities are necessary for the government to monitor the health care system, government programs and compliance with civil rights law.

Lawsuits and Disputes

If you are involved in a lawsuit or a dispute, we may disclose medical 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, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Law Enforcement

We may disclose medical information when requested by law enforcement officials for the following reasons:

- In response to a court order, subpoena, warrant, summons or similar process
- To identify or locate a suspect, fugitive, material witness, or missing person
- About you, the victim of a crime if, under certain limited circumstances, we are unable to obtain your agreement
- About a death we believe may be the result of criminal conduct
- About criminal conduct at the center/campus
- 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.

Coroners, Medical Examiners and Funeral Directors

We may disclose medical information to a coroner or medical examiner. This may be necessary to identify a deceased person or determine the cause of death. We may also disclose medical information to funeral directors as necessary to carry out their duties.

National Security and Intelligence Activities

We may disclose medical information about you to authorized federal officials for intelligence, counterintelligence and other national security activities authorized by law.

Inmates

If you are an inmate of a correctional institution or are under the custody of a law enforcement official, we may disclose medical information about you to the correctional institution or law enforcement official. This disclosure would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety of others; or (3) for the safety and security of the correctional institution.

CHANGES TO THE NOTICE

We reserve the right to change this notice. We reserve the right to make the revised notice effective for medical 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 a visible location in the center/campus and on the Society's web site (www.good-sam.com). The notice will specify the effective date on the first page, in the top right hand corner. In addition, if material changes are made to this notice, the notice will contain an effective date for revisions and copies can be obtained by contacting the Privacy Point of Contact. *

COMPLAINTS

If you believe your privacy rights have been violated, you may file complaint with this center/campus or with the Secretary of the Department of Health and Human Services.

You may submit your complaint verbally or in writing to the Administrator, Social Worker or the Privacy Point of Contact. You may submit your complaint in writing on the ***Suggestion and Concern*** form (GSS #213). This form is given to you at the time of admission or you may request this from the Administrator, Social Worker or Privacy Point of Contact. You may also call the Compliance Solutions Hotline at 1-800-631-6142 to submit your complaint. *

You will not be penalized for filing a complaint.

OTHER USES OF MEDICAL INFORMATION

Other uses of your medical information not covered by this notice or the laws that apply to us will be made only with your permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission at any time. If you revoke your permission, we will no longer use or disclose the medical 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 records of the care that we provided to you.

(Give Notice of Privacy Practice to Resident / Resident's Responsible Party)

* See page 1 for the name of the Privacy Point of Contact.