

## NOTICE OF PRIVACY PRACTICES

*Policy #20055*

THIS NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION 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 our Privacy Officer, \_\_\_\_\_ at \_\_\_\_\_.

Protected Health Information (“PHI”) is information about you, including demographic, financial, and health information, that may identify you and relates to your past, present or future physical or mental health or condition and related health care services.

The Privacy Rule, a Federal law, gives you rights over your PHI and sets rules and limits as to who can look at and/or receive your PHI. The Privacy Rule applies to all forms of individuals’ PHI, whether electronic, written or oral. The Security Rule is a federal law that requires security for PHI in electronic form. This Notice of Privacy Practices describes how we may use or disclose your PHI to carry out treatment, payment or health care operations, as well as other purposes permitted or required by law.

AristaCare at Whiting (“our Facility/Company”) is required by law to maintain the privacy of your PHI and provide you with this Notice of Privacy Practices, so that you understand our legal duties and privacy practices with respect to PHI. We are required to abide by the terms of the current Notice of Privacy Practices.

We reserve the right to change the terms of this Notice of Privacy Practices, at which time, the provisions of the newer Notice of Privacy Practices will be effective for all PHI that we maintain. If this Notice of Privacy Practices is revised at any time, we will provide all individuals with a revised copy, in accordance with the Privacy Rule.

### UNDERSTANDING YOUR HEALTH RECORD AND INFORMATION

Each time we provide care to you, a record is made containing health and financial information. Typically, this record contains information about your condition, the treatment we provide and payment for the treatment. We may use and/or disclose this information:

- to plan your care and treatment
- to communicate with other health professionals involved in your care
- to document the care you receive
- to educate health professionals
- to provide information for medical research
- to provide information to public health officials
- to evaluate and improve the care we provide
- to obtain payment for the care we provide

- for administrative purposes

Understanding what is in your record and how your PHI is used helps you to:

- ensure it is accurate
- better understand who may access your PHI
- make more informed decisions when authorizing disclosure to others

## USES AND DISCLOSURES OF YOUR PHI THAT MAY BE MADE WITHOUT YOUR AUTHORIZATION OR OPPORTUNITY TO AGREE OR OBJECT

The following are examples of ways that we may use and/or disclose PHI. These examples are not meant to be exhaustive, but instead describe different types of permissible uses and disclosures that may be made by us.

- For Treatment. We may use or disclose PHI about you to provide you with medical treatment. We may disclose PHI about you to doctors, nurses, therapists or other AristaCare at Whiting personnel and/or vendors who are involved in taking care of you at our Facility. We may also use or disclose PHI about you in order to coordinate your care and provide you medication, lab work and x-rays. We may also disclose PHI about you to people outside our Facility who may be involved in providing medical care to you. For example, we would disclose your PHI, as necessary, to a home health agency that provides care for you in your home.
- For Payment. We may use and disclose PHI about you so that the treatment and services you receive may be billed to you, an insurance company or a third party. For example, in order to be paid, we may need to share information with your health plan about services provided to you. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.
- For Health Care Operations. We may use and disclose PHI about you for our day-to-day health care operations. This is necessary to ensure that you receive quality care. For example, we may use PHI for quality assessment and improvement activities and for developing and evaluating clinical protocols. We may also combine PHI about many residents to help determine what additional services we should offer, what services should be discontinued, and whether certain new treatments are effective. PHI about you may be used for business development and planning, cost management analyses, insurance claims management, risk management activities, and in developing and testing information systems and programs. 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 PHI include accreditation, certification, licensing and credentialing activities, review and auditing, including compliance reviews, medical reviews, legal services and compliance programs. Your PHI may be used and disclosed for the business management and general activities of our Facility including resolution of internal grievances, customer service and due diligence in connection with a sale or transfer of our Facility. In limited circumstances, we may disclose your PHI to another health care provider subject to HIPAA

for its own health care operations. We may remove information that identifies you so that the PHI may be used to study health care and health care delivery without learning your identity.

- Business Associates. There are some services that we provide through contracts with business associates. Examples include but are not limited to attorneys, accountants pharmacy consultants and a copy service we use when making copies of your record. When these services are contracted, we may disclose your PHI so that they can perform the job we have asked them to do and bill you or your third-party payer for services rendered. To protect your PHI, federal law requires that business associates appropriately safeguard your information.
- Providers. Many services provided to you, as part of your care at AristaCare at Whiting, are offered by participants in one of our organized healthcare arrangements. These participants may include a variety of providers such as physicians, therapists, portable radiology units, clinical labs, hospice caregivers, pharmacies, psychologists, social workers and suppliers.
- As Required By Law. We will disclose PHI about you when required to do so by federal, state or local law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, if required by law, of any such uses or disclosures.
- Public Health. We may use and disclose PHI about you to prevent a serious threat to your health and safety or the health and safety of the public or another person. We may disclose your PHI for public health activities, to a public health authority that is permitted by law to collect or receive the information. For example, a disclosure may be made for the purpose of preventing or controlling disease, injury or disability.
- Risk of Contracting a Communicable Disease. We may use or disclose PHI about you if you may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition, so long as we are authorized by law to notify you as necessary in the conduct of a public health intervention or investigation.
- Organ and Tissue Donation. If you are an organ donor, we may disclose PHI 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 PHI (1) for activities deemed necessary by appropriate military command authorities; (2) for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits; and/or (3) to foreign military authorities if you are a member of that foreign military service.
- Research. Under certain circumstances, we may use and disclose PHI about you for research purposes. For example, a research project may involve comparing the 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 PHI, trying to balance the research needs with residents' need for privacy of their PHI. Before we use or disclose PHI for research, the project will have been approved through this research approval process. We may, however,

disclose PHI about you to people preparing to conduct a research project so long as the PHI they review does not leave our Facility.

- Workers' Compensation. We may disclose PHI about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.
- Health Oversight Activities. We may disclose PHI 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 laws.
- Reporting Abuse, Neglect or Domestic Violence. We may disclose your PHI to an appropriate government agency if we believe you may have 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.
- Criminal Activity. We may disclose your PHI if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to health or safety of you, another person or the public. We may also disclose PHI if it is necessary for law enforcement officials to identify or apprehend an individual.
- Legal Proceedings. If you are involved in a lawsuit or a dispute, we may disclose PHI about you in response to a court or administrative order. We may also disclose PHI 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 PHI when requested by a law enforcement official:
  - In response to a court order, subpoena, warrant, summons or similar process, or otherwise as required by law;
  - 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 our Facility;
  - In emergency circumstances to report a crime; the location of the crime or victims; and/or the identity, description or location of the person who committed the crime; and
  - Where there is a medical emergency (not on our Facility's premises) and it is likely that a crime has occurred.
- Coroners, Medical Examiners and Funeral Directors. We may disclose PHI to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose medical information to funeral directors as necessary to carry out their duties, as authorized by law.

- National Security and Intelligence Activities. We may disclose PHI about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.
- Food and Drug Administration. We may disclose PHI to a person or company required by the Food and Drug Administration (“FDA”) for the purpose of quality, safety or effectiveness of FDA-regulated products or activities including, without limitation, to report adverse events, product defects or problems, or biologic product deviations; to track products; to enable product recalls; to make repairs or replacement; or to conduct post marketing surveillance, as required.

#### USES AND DISCLOSURES THAT REQUIRE PROVIDING YOU THE OPPORTUNITY TO AGREE OR OBJECT

- Treatment Alternatives. We may use and disclose PHI to tell you about possible treatment options or alternatives that may be of interest to you. You may contact our Privacy Officer to request that these materials not be sent to you.
- Health-Related Benefits and Services and Reminders. We may contact you to provide appointment reminders. You may contact our Privacy Officer to request that these communications not be made.
- Fundraising Activities. We may use your demographic information and the dates that you received treatment, as necessary, in order to contact you as part of a fundraising effort. You may contact our Privacy Officer to request that these materials not be sent to you.
- Facility Directory. We may include information about you in the AristaCare at Whiting directory while you are a resident. This information may include your name, location in AristaCare at Whiting, your general condition 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 rabbi, even if they don’t ask for you by name. This enables your family, friends and clergy to visit you in AristaCare at Whiting and generally know how you are doing.
- Individuals Involved in Your Care or Payment for Your Care. Unless you object, we may disclose PHI 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. In addition, we may disclose PHI about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

#### USES AND DISCLOSURES OF PHI BASED UPON YOUR WRITTEN AUTHORIZATION

Other uses and disclosures of PHI not covered by this Notice or the laws that apply to us will be made only with your written authorization, unless otherwise permitted or required by law. You may revoke your written authorization, in writing, at any time. If you revoke your authorization,

we will no longer use or disclose your PHI for the reasons covered by your written authorization. Please understand that we are unable to take back any disclosures we have already made with your authorization.

- Uses and Disclosures of Psychotherapy Notes. Psychotherapy notes are notes (in any medium) by a health care provider who is a mental health professional documenting or analyzing the contents of a conversation during a private counseling session or a group, joint, or family counseling session. Psychotherapy notes excludes medication prescription and monitoring, counseling session start and stop times, the modalities and frequencies of treatment furnished, results of clinical tests, and a summary of the following: diagnosis, functional status, treatment plan, symptoms, prognosis, and progress to date. Psychotherapy notes will not be used or disclosed without a valid, written authorization, except in the following circumstances:
  - To carry out the following Treatment, Payment, or Health Care Operations:
    - Use by the originator of the psychotherapy notes for treatment;
    - Use or disclosure by AristaCare at Whiting for its own training programs in which students, trainees, or practitioners in mental health learn, under supervision, to practice or improve their skills in group, joint, family, or individual counseling; or
    - Use or disclosure by AristaCare at Whiting to defend itself in a legal action or other proceeding brought by the resident; and
    - A use or disclosure that is required by or permitted by the applicable regulations with respect to the oversight of the originator of the psychotherapy notes.
- Marketing. If we use PHI to make a communication about a product or service, with the purpose of encouraging recipients of the communication to purchase or use the product or service, we must first obtain valid, written authorization. Marketing does not include communications in the form of face to face communications between us and you or a promotional gift of nominal value provided by us. Such authorization will state that the disclosure will result in remuneration to us, if applicable.
- Disclosures that Constitute a Sale of PHI. We must receive your valid, written authorization for any disclosure of your PHI that constitutes a sale. Such authorization will state that the disclosure will result in remuneration to us.
- Other Uses and Disclosures not covered in this Notice of Privacy Practices, which are not otherwise permitted by the Privacy Rule.

## YOUR RIGHTS REGARDING YOUR PHI

Although your health record is AristaCare at Whiting property, the information belongs to you. You have the following rights regarding your PHI:

- Right to Inspect and Copy. With some exceptions, you have the right to review and copy your PHI.

*You must submit your request in writing to our Privacy Officer. We may charge a fee for the costs of copying, mailing, etc. associated with your request.*

You may not be permitted to inspect or copy the following: psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal or administrative action or proceeding; or laboratory results that are subject to law that prohibits access to PHI.

Depending on the circumstances, a decision to deny access to these records may be reviewed. Please contact our Privacy Officer if you have questions about access to your medical records.

- Right to Amend. If you feel that PHI in your record is incorrect or incomplete, you may ask us to amend the information. You have this right for as long as the information is kept by or for AristaCare at Whiting.

*You must submit your request in writing, along with a reason for your request, to our Privacy Officer.*

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, 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 PHI kept by or for AristaCare at Whiting; or
- Is accurate and complete.

If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.

- 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 PHI, other than those made for purposes of treatment, payment, or health care operations.

*You must submit your request in writing to our Privacy Officer. 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, on paper or electronically). The first list you request within a twelve (12) month period will be free. For additional lists, 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 your 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 PHI we use or disclose about you, including information used or disclosed for the purposes of treatment, payment or health care operations. You may also request that your PHI not be disclosed to family members or friends who may be involved in your care.

*You must submit your request in writing to our Privacy Officer. In your request, you must tell us (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*

We are not required to agree to your request, unless the disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law and the PHI pertains solely to a health care item or service for which you, or a person other than the health plan on behalf of the individual, has paid the covered entity in full.

If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

- **Right to Request Confidential and/or Alternate 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, you may ask that we only contact you via mail to a post office box. We will not request an explanation from you as to the basis for the request.

*You must submit your request in writing to our Privacy Officer. 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.*

- **Right to a Paper Copy of This Notice.** You have the right to a paper copy of this Notice of Privacy Practices 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. Additionally, you have the right to receive a copy of this Notice when AristaCare at Whiting seeks additional consent.

*To obtain a paper copy of this Notice, please contact our Privacy Officer.*

- **Right to a Revised Copy of this Notice.** You have the right to receive a copy of this Notice upon request when it is revised on or after the effective date of its revision. Additionally, the revised Notice will be posted in a clear and prominent location.



- Right to be Notified Following a Breach of Unsecured PHI. If there is a breach to your PHI, you will be notified within a reasonable amount of time, as required by law.

## 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 PHI 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 our Facility and on our website, if any. 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 the revisions and copies can be obtained by contacting our Privacy Officer.

## COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with AristaCare at Whiting or with the Secretary of the Department of Health and Human Services. To file a complaint with AristaCare at Whiting, contact our Privacy Officer. All complaints must be submitted in writing. You will not be retaliated against for filing a complaint.

You may contact our Privacy Officer, \_\_\_\_\_ at \_\_\_\_\_, for further information about the complaint process.

**ACKNOWLEDGEMENT OF  
RECEIPT OF NOTICE OF PRIVACY PRACTICE**

Resident Name: \_\_\_\_\_

Medical Record No. \_\_\_\_\_

Address: \_\_\_\_\_

Facility Name: \_\_\_\_\_

I have been given a copy of AristaCare at Whiting's *Notice of Privacy Practices* ("Notice"), which describes how my PHI is used and shared. I understand that AristaCare at Whiting has the right to change this *Notice* at any time. I may obtain a current copy by contacting the AristaCare at Whiting's Privacy Officer, or by visiting their website, if any.

My signature below acknowledges that I have been provided with a copy of the *Notice of Privacy Practices*:

\_\_\_\_\_  
Signature of Resident or Personal Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Personal Representative's Title (e.g., Guardian, Executor of Estate, Health Care Power of Attorney)

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For AristaCare at Whiting Use Only: Complete this section if you are unable to obtain a signature. If the resident or personal representative is unable or unwilling to sign this *Acknowledgement*, or the *Acknowledgement* is not signed for any other reason, state the reason:

\_\_\_\_\_

Describe the steps taken to obtain the resident's or personal representative's signature on the *Acknowledgement*:

\_\_\_\_\_

Completed by:

\_\_\_\_\_  
Signature of AristaCare at Whiting Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

**File original in resident's Business Office Record**