

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.

We respect the privacy of your personal health information and are committed to maintaining our patients' confidentiality. This Notice applies to all information and records related to your care that our facility has received or created. It extends to information received or created by our employees, staff, volunteers and physicians. This Notice informs you about the possible uses and disclosures of your personal health information. It also describes your rights and our obligations regarding your personal health information.

We are required by law to:

- Maintain the privacy of your protected health information;
- Provide to you this detailed Notice of our legal duties and privacy practices relating to your personal health information; and
- Abide by the terms of this Notice that are currently in effect.

Oak Terrace Senior Housing of Gaylord's entire campus is covered under this Notice. Providers will share information for purposes of treatment, payment and health care operations.

WITH YOUR CONSENT, WE MAY USE AND DISCLOSE YOUR PERSONAL HEALTH INFORMATION FOR TREATMENT, PAYMENT AND HEALTH CARE OPERATIONS.

You will be asked to sign a Consent allowing us to use and disclose your personal health information for purposes of treatment, payment and health care operations. We have described these uses and disclosures below and provide examples of the types of uses and disclosures we may make in each of these categories.

For Treatment. To facility and non-facility personnel who may be involved in your care, such as physicians, nurses, nurse aides, and physical therapists. For example, a nurse caring for you will report any change in your condition to your physician. We may also disclose personal health information to individuals who will be involved in your care after you leave the facility.

For Payment. In order to bill and receive payment for the treatment and services you receive at the facility. We may

disclose your personal health information to your representative, an insurance or managed care company, Medicare, Medicaid or another third party payer. For example, we may contact Medicare or your health plan to confirm your coverage or to request prior approval for a purposed treatment or service.

For Health Care Operations. These uses and disclosures are necessary to manage the facility and to monitor our quality of care. For example, we may use personal health information to evaluate our facility's services, including the performance of our staff.

We may require that you sign a Consent as described above as a condition of our providing treatment to you because the uses and disclosures of your personal health information are essential to our ability to care for you.

WE MAY USE AND DISCLOSE PERSONAL HEALTH INFORMATION ABOUT YOU FOR OTHER SPECIFIC PURPOSES.

Facility Directory. Unless you object, we will include your name and current location in the facility. Our directory does not include specific medical information about you. We may release information in our directory to people who ask for you by name.

Individuals Involved in Your Care or Payment for Your Care. Unless you object, we may disclose your personal health information to a family member or close personal friend, including clergy, who is involved in your care.

Disaster Relief. We may disclose your personal health information to an organization assisting in disaster relief effort.

As Required by Law. We will disclose your personal health information when required by law to do so.

Public Health Activities. These activities include, for example:

- Reporting to a public health or other government authority for preventing or controlling disease, injury or disability;
- Reporting to the Federal Food and Drug Administration (FDA) concerning adverse events or problems with products for tracking products in certain circumstances, to enable product recalls or to comply with other FDA requirements;
- To notify a person who may have been exposed to a communicable disease or condition; or
- For certain purposes involving workplace illness or injuries.

Reporting Victims of Abuse, Neglect or Domestic Violence. If we believe that you have been a victim of abuse, neglect or domestic violence, we may notify government authority if required or authorized by law, or if you agree to the report.

Health Oversight Activities. To a health oversight agency for activities authorized by law, these may include, for example, audits, investigations, inspections and licensure actions or other legal proceedings. These activities are necessary for government oversight of the health care system, government payment or regulatory programs, and compliance with civil rights laws.

Judicial and Administrative Proceedings. In response to a court or administrative order, in response to a subpoena, discovery request, or other lawful process; efforts must be made to contact you about the request or to obtain an order or agreement protecting the information.

Law Enforcement. We may disclose your personal health information for certain law enforcement purposes, including:

- As required by law to comply with reporting requirements;
- To comply with a court order, warrant, subpoena, summons, investigative demand or similar legal process;
- To identify or locate a suspect, fugitive, material witness, or missing person;
- When information is requested about the victim of a crime if the individual agrees or under other limited circumstances;
- To report information about suspicious death;
- To provide information about criminal conduct occurring at the facility;
- To report information in emergency circumstances about a crime; or
- Where necessary to identify or apprehend an individual to a violent crime or an escape from lawful custody.

Research. For research purposes that the researcher adheres to certain privacy protections, only if the privacy aspects of the research have been reviewed and approved by a special Privacy Board or Institutional Review Board, if the researcher is collecting information in preparing a research proposal, if the research occurs after your death, or if you authorize the use or disclosure.

Coroner, Medical Examiner, Funeral Directors, Organ Procurement Organizations. Organizations involved in the donation of organs and tissue.

To Avert a Serious Threat to Health or Safety. To prevent a serious threat to your health or safety or the health and safety of the public or another person. However, any disclosure would be made to someone able to help prevent the threat.

Military and Veterans. As required by military command authorities and appropriate foreign military personnel.

Workers' Compensation. To comply with laws related to workers' compensation or similar programs.

National Security and Intelligence Activities: Protective Services for the President and Others. To authorized federal officials conducting national security and intelligence activities or as needed to provide protection to the President of the United States, certain other persons or foreign heads of states or to conduct certain special investigations.

Fundraising Activities. To contact you in an effort to raise money for the facility and its operations. To a foundation related to the facility so that the foundation may contact you in raising money for the facility. In doing so, we would only release contact information, such as your name, address and phone number and the dates you received treatment or services at the facility.

Appointment Reminders. To remind you about upcoming appointments.

Treatment Alternatives. To inform you about treatment alternatives that may be of interest to you.

Health-Related Benefits and Services. To inform you about health-related benefits and services that may be of interest to you.

YOUR AUTHORIZATION IS REQUIRED FOR OTHER USES OF PERSONAL HEALTH INFORMATION.

Right to Request Restrictions. You have the right to request restrictions on our use or disclosure of your personal health information for treatment, payment or health care operations. You also have the right to restrict the personal health information we disclose about you to a family member, friend or other person who is involved in your care or the payment of your care.

We are required to agree to your requested restriction unless you are being transferred to another health care institution, the release of records is required by law, or the release of information is needed to provide you emergency treatment.

Right of Access to Personal Health Information. You have the right to request, either orally or in writing, your medical or billing records or other written information that may be used to make decisions about your care. We must allow you to inspect your records within 24 hours of your request. If you request copies of the records, we must provide you with copies within 2 days of the request. We may charge a reasonable fee for our costs in copying and mailing your requested information.

Right to Request Amendment. You have the right to request an amendment any personal health information maintained by the facility as long as the information is kept by or for the facility. You must make your request in writing and state the reason for the request.

We may deny your request if the information:

- Was not created by the facility, unless the originator of the information is no longer available to act on your request;
- Is not part of the personal health information maintained by or for the facility;
- Is not part of the information to which you have a right to access; or
- Is already accurate and complete, as determined by the facility.

If we deny your request for amendment, we will give you a written denial including the reasons for the denial and the right to submit a written statement disagreeing with the denial.

Right to an Accounting of Disclosures. You have the right to request an “accounting” of disclosures of your personal health information made by the facility or by others on our behalf, but does not include disclosures for treatment, payment and health care operations or certain other exceptions.

To request an accounting of disclosures, you must submit a request in writing, stating a time period beginning after April 13, 2003 that is within six years from the date of your request. An accounting will include, if requested: the disclosure date; the name of the person or entity that received the information and address, if known; a brief description of the information disclosed; a brief statement of the purpose of the disclosure or a copy of the authorization or request; or certain summary information concerning multiple similar disclosures. The first accounting provided within a 12-month period will be free; for further requests, we may charge you our costs.

Right to a Paper Copy of This Notice. You have the right to obtain a paper copy of this Notice. You may request a copy at any time.

Right to Request Confidential Communications. You have the right to request that we communicate with you concerning personal health matters in a certain manner or at a certain location. For example, you can request that we contact you only at a certain phone number. We will accommodate your reasonable requests.

COMPLAINTS

If you believe that your privacy rights have been violated, you may file a complaint in writing with the facility or with the Office of Civil Rights in the U.S. Department of Health and Human Services. To file a complaint with the facility, contact Holly Kranz, LNHA at (507) 237-8701 ext. 701. We will not retaliate against you.

CHANGES TO THIS NOTICE

We will promptly revise and distribute this Notice whenever there is a material change to the uses or disclosures, your individual rights, our legal duties, or other privacy practices stated in this Notice. We reserve the right to change this Notice and to make the revised or new Notice provisions effective for all personal health information already received and maintained by the facility as well as for all personal health information we receive in the future. We will post a copy of the current Notice in the facility. In addition, we will provide a copy of the revised Notice to all patients. **[A copy of the revised Notice will be posted in the front lobby area, near the receptionist’s desk.]**

FOR FURTHER INFORMATION

If you have any questions about this Notice or would like further information concerning your privacy rights, please contact Holly Kranz, LNHA at (507) 237-8701 ext. 701.