

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 (PHI) and are committed to maintaining our residents' confidentiality. Your protected health information is information about you that either identifies you or can be used to identify you and relates to your past, present or future physical or mental health or condition, the provision of health care to you, or payment for health care provided to you. Your medical and billing records at our Facility are examples of information that usually will be regarded as your protected health information.

We are required by law to:

- Maintain the privacy of your protected health information.
- Provide you with Notice of our legal duties and privacy practices relating to your personal health information; and
- To notify you following a breach of your unsecured protected health information. We are required to abide by the terms of our Notice of Privacy Practices that currently is in effect. This notice replaces all prior notices and applies to all protected health information that we maintain.

USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION

WE MAY USE AND DISCLOSE YOUR PERSONAL HEALTH INFORMATION FOR TREATMENT, PAYMENT, AND HEALTH CARE OPERATIONS WITHOUT NEEDING TO OBTAIN YOUR CONSENT.

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. We may use or disclose your PHI to provide you with medical treatment. We may disclose health information about you to physicians, nurses nursing assistants, therapists, pharmacists, medical records personnel, or other Facility personnel who are involved in taking care of you at the Facility. For example, we may share information about your medical diagnosis with the Registered Dietician to ensure you receive the appropriate meal planning. We may also share information about your

medical condition with your physician or any physician consulting on your care to assist with establishing the most effective treatment plan for you. We may also disclose health information about you to people outside the Facility who may be involved in your medical care after you leave the Facility. This may include family members, home health personnel, or hospice agencies to provide care in your home. Not every potential use or disclosure for treatment, payment, and health care operations purposes is listed.

For Payment. We may use or disclose your personal health information so that we can bill and receive payment for the treatment and services you receive at the Facility. For billing and payment purposes 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 proposed treatment or service.

For Health Care Operations. We may use and disclose your personal health information for facility 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 combine your health information with information from other health care providers to study how our facility is performing in comparison to like facilities or what we can do to improve the care and services we provide to you. When information is combined, we remove all information that would identify you so that others may use the information in developing research on the delivery of health care services without learning your identity.

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

Individuals Involved In Your Care or Payment For Your Care and for Notification Purposes. Unless you object, we may disclose your PHI to a family member or close personal friend, including clergy who is involved in your care or who can help pay for your care. We may disclose your medical information to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location. You also have the right to tell us of any person (s) whom you do not want your PHI shared with.

As Required By Law. We will disclose your PHI when required by law to do so.

Public Health Activities. We may disclose your PHI for public health activities. These activities may include, for example:

- reporting to a public health or other government authority for preventing or controlling disease, injury or disability, or reporting child abuse or neglect;
- reporting to the Federal Food and Drug (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 may otherwise be a risk of contracting or spreading a 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 use and disclose your PHI to notify a government authority if required or authorized by law, or if you agree to the report.

Health Oversight Activities. We may disclose your personal health information to a health oversight agency for oversight activities authorized by law. These may include, for example, audits, investigations, inspections, investigations 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. We may use and disclose PHI in judicial and administrative proceedings in response to a court order or subpoena, discovery request or other lawful process. For example, we may comply with a court order to testify in a case at which your medical condition is at issue.

Law Enforcement Purposes. We may disclose your PHI 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 a 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 in relation to a violent crime or an escape from lawful custody.

Coroners, Medical Examiners, Funeral Directors, Organ Procurement Organizations. We may release your personal health information to a coroner or medical examiner for the purpose of identifying a deceased patient, determining a cause of death, or facilitating their performance of other duties required by law. We may use and disclose PHI for purposes of providing information to funeral directors as necessary to carry out their duties. If you are an organ donor, we may use and disclose PHI to entities for purposes of facilitating organ, eye, and tissue donation and transplantation.

To Avert a Serious Threat to Health or Safety. We may use and disclose your personal health information when necessary to prevent a serious threat to your health or safety or the health or safety of the public or another person. However, any disclosure would be made only to someone able to help prevent the threat.

Military and Veterans. If you are a member of the armed forces, we may use and disclose your PHI as required by military command authorities or for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits. We may also use and disclose personal health information about foreign military personnel as required by the appropriate foreign military authority.

National Security and Intelligence Activities Protective Services for the President and Others. We may disclose personal health information 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.

Workers Compensation. We may use or disclose your personal health information to comply with laws relating to worker's compensation or similar programs.

Fundraising Activities. Unless you object, we may use certain PHI to contact you for fundraising. We may disclose personal health information 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. With any fundraising communication, you will be given the opportunity to opt-out of future solicitations.

Facility Directory. Unless you object, we will include certain limited information about you in our facility directory. This information may include your name, your location in the facility, your general condition and your religious affiliation. Our directory does not include specific medical information about you. We may release information in our directory, except for your religious affiliation to people who ask for you by name. We may provide the directory information, including your religious affiliation to any member of the clergy.

Appointment Reminders. We may use or disclose PHI to remind you about appointments.

For Treatment Alternatives or Health Related Benefits. We may use or disclose your PHI, as necessary, to provide you with information about treatment options or alternatives or about other health-related benefits and services that may be of interest to you.

For Business Associates. We may share your medical information with our "business associates" to carry out treatment, payment, or health care operations. Some examples of contracted services include pharmacy services, therapy services, dietary services, podiatry services, dental services, hospice, etc. We obtain written agreements with our business associates that they will appropriately safeguard your PHI. Our business associates may use and disclose your protected health information consistent with this notice and as otherwise permitted by law.

Creation of De-Identified Information. We may use PHI about you in the process of de-identifying the information. For example, we may use your PHI in the process of removing those aspects which could identify you so that the information can be disclosed for research purposes. When your information has been de-identified in this way, having had all information removed that could reasonably identify that the information is yours, we may disclose this information without your authorization as it is no longer considered PHI.

Incidental Disclosures. We may disclose PHI as a by-product of an otherwise permitted use or disclosure. For example, other patients may overhear your name being paged or spoken in the Facility.

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

Except as described in this Notice or required by law, we will use and disclose personal health information only with your written Authorization. You may revoke your Authorization to use or disclose PHI in writing, at any time. If you revoke your Authorization, we will no longer use or disclose your PHI for the purposes covered by the Authorization, except where we have already relied on the Authorization.

We are required to obtain your authorization for most uses and disclosures of psychotherapy notes, to use and disclose your PHI for most marketing purposes, and to sell your PHI.

YOUR RIGHTS REGARDING YOUR PERSONAL HEALTH INFORMATION

You have the following rights regarding your PHI at the Facility:

Right to Request Restrictions. You have the right to request restrictions on our use or disclosure of your PHI for treatment, payment or health care operations. You also have the right to restrict the PHI we disclose about you to a family member, friend or other person who is involved in your care or payment for your care. Your request must be submitted in writing. In your request, you must state: (a) what information you want restricted; (b) how you want the information restricted; and (c) to whom you want the restriction to apply. **We are not required to agree to your request.** You also have the right to request a restriction to disclose your medical information to a health plan for purposes of carrying out payment of health care operations and the PHI pertains solely to a health care item or service for which the provider has been paid out of pocket in full by you or someone other than the health plan and the disclosure is not otherwise required by law. However, if we do agree to the restriction, then we must adhere to the restriction unless the information is needed to provide you emergency treatment.

Right to Request Confidential Communications. You have the right to request to receive confidential communications from the Facility by alternative means or at an alternative location. For example, you might request that we only contact you by mail or at work. The Facility will accommodate requests for confidential communications as long as they are reasonable. To make a request for confidential communications, you must submit a written request to our Executive Director. The request must tell us how or where you want to be contacted. If addition, if another individual or entity is responsible for payment, the request must explain how payment will be handled.

Right to an Accounting of Disclosures. You have the right to request an accounting of certain disclosures of your PHI. This is a listing of certain disclosures of your PHI made by the Facility or by others on our behalf, but does not include disclosures for treatment, payment and health care operations, disclosures made pursuant to a signed and dated Authorization, or certain other exceptions. To request an accounting of disclosures, you must submit a request in writing to the Executive Director, stating a time period that may not be longer than six years from the date of your request. The first list you request in a 12 month period will be free; for further requests we may charge you for our costs. We will notify you of the cost involved and you can choose to withdraw or modify your request at that time before any costs are incurred.

Inspection and Copying

You have a right to inspect and obtain a copy of your Protected Health Information that we maintain in a designated record set. Usually this includes your medical and billing records but does not include psychotherapy notes. If you request a copy of the information, we may charge a fee for the costs of copying mailing or other supplies associated with your request as permitted by law. If your records are maintained electronically, you have the right to specify that the records you requested be provided in electronic form. We will accommodate your request for a specific electronic form or format as long as we are able to readily produce a copy in the requested form or format. If we cannot do so, we will work with you to reach an agreement on an alternative readable electronic form. If you request a copy of your information electronically on a moveable electronic media (such as a CD or USB drive), we may charge you for the cost of that media. We may deny your request to inspect and copy in certain very limited circumstances.

To inspect and copy your medical information you must submit a request in writing to the Executive Director. The request must describe the health information to which access is requested, state how you want to access the information, such as inspection, pick-up of copy, mailing of copy, specify any requested form or format, such as paper copy or an electronic means, and include the mailing address, if applicable.

You may also request that your PHI be directly transmitted to another person or entity. TO exercise this right you must submit a request to our medical record department. The request must be in writing and signed by you and clearly identify the person/entity receiving and the information to be sent.

Right to Request Amendment. You have the right to request the facility to amend any PHI maintained by the facility if the information is incorrect or incomplete for as long as long as the information is kept by or for the Facility. This right is subject to limitations. Your request must be made in writing to our Executive Director and must state the reason for the requested amendment. We may deny your request for amendment if the information:

- was not created by the Facility, unless the originator of the information is no longer available to act on our request;
- is not part of the PHI maintained by or for the Facility;
- is not part of the information to which you have a right of 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 a Paper Copy of this Notice.

You have the right to obtain a copy of our Notice of Privacy Practices. Copies are available in our reception area, on our website, and is on display in our Facility. Requests for special accommodation regarding this notice should be directed to our Executive Director. You may request a copy of this Notice at any time.

Notification of Breach.

You have a right to receive timely written notice of a breach of your unsecured protected health information.

CHANGES TO THIS NOTICE.

We reserve the right to change this notice at any time. We further reserve the right to make any change effective for all PHI that we or our business associate's maintain, including information that we or our business associates created or received prior to the effective date of the change.

We will post a copy of our current notice in the waiting room. At any time, patients may review the current notice by contacting our Executive Director.

FOR FURTHER INFORMATION. If you have any questions about this Notice or would like further information concerning privacy rights please contact Caroline Bercosky, Vice President at 1-800-322-3441.

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 Caroline Bercosky, Vice President at 1-800-322-3441. **We will not retaliate against you if you file a complaint.**

This notice was published and is effective on September 1, 2013.

ACKNOWLEDGMENT

Name of
Resident:_____SSN:_____

I acknowledge receipt of Country Meadows' Notice of Privacy Practices,
Delivered to me this _____ day of _____, _____.

Date_____Resident Signature_____

Date _____Name of Responsible Person, if Resident unable to sign

FOR INTERNAL USE ONLY;

If unable to obtain a written Acknowledgment from_____
(Name of Resident) or _____(Name of Responsible Person)
please indicate the reason for the failure below:

_____ Resident or Responsible Person refuses to sign this Acknowledgment

_____ Other (please discuss more fully below)
