

BRENN-FIELD 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 have summarized our responsibilities and your rights on this first page. For a complete description of our privacy practices, please review this entire notice.

Our Responsibilities

Our nursing facility is required to:

- Maintain the privacy of your health information
- Provide you with this notice of our legal duties and privacy practices with respect to information we collect and maintain about you
- Abide by the terms of this notice

Your Rights

As a resident of our nursing facility, you have several rights with regard to your health information, including the following:

- The right to request that we not use or disclose your health information in certain ways
- The right to request to receive communications in an alternative manner or location
- The right to access and obtain a copy of your health information
- The right to request an amendment to your health information
- The right to an accounting of disclosures of your health information

We reserve the right to change our privacy practices and to make the new provisions effective for all health information we maintain. Should our privacy practices change, we will post the changes on the bulletin board in our facility. A copy of the revised notice will be available after the effective date of the changes in the Business and Admissions Offices.

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

If you have questions and would like additional information, you may contact our facility's Privacy Officer at (330) 683-4075.

Understanding Your Health Record/Information

When you enter a nursing facility, a record is made. Typically this record contains diagnoses, treatment, insurance/payment information, illnesses, medications and a plan for future care or treatment. This information, often referred to as your medical record, serves as a:

- Basis for planning your care and treatment
- Means of communicating among the many health professions who contribute to your care
- Legal documents describing the care you receive
- Means by which you can verify that services billed were actually provided
- A tool in educating health professionals
- A source of data for medical research
- A source of information for public health officials

Understanding what is in your record and how your health information is used helps you to: ensure its accuracy, better understand who, what, when, where, and why others may access your health information, and make more informed decisions when authorizing disclosures to others.

How We Will Use or Disclose Your Health Information

- (1) **Treatment.** We will use or disclose your personal health information as necessary for treatment purposes, including for the treatment of other health care providers. For instance, doctors and nurses and other professionals involved in your care will use information in your medical record and information you provide about your symptoms and reactions to plan a course of treatment for you that may include procedures, medications, tests, etc. Members of your healthcare team will record actions they took and their observations. In that way, the physician will know how you are responding to treatment.
- (2) **Payment.** We will make use or disclose your personal health information as necessary for payment purposes. For instance, we may forward information regarding your medical procedures and treatment to your insurance company to arrange payment for the services provided to you or we may use your information to prepare a bill to send to you or to the person responsible for your payment. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures and supplies used.
- (3) **Health care operations.** We will use or disclose your personal health information as necessary, and permitted by law, for our health care operations which include clinical improvement, professional peer review, business management, accreditation and licensing, etc. For instance, we may use and disclose your personal health information for purposes of improving the clinical treatment and care of our Residents.
- (4) **Directory.** We maintain a facility directory listing the name and room number and general condition. Unless you choose to have your information excluded from this directory, the information will be disclosed to anyone who requests it by asking for you by name. This information, including your religious affiliation, may also be provided to members of the clergy. You have the right during admission to have your information excluded from this directory and also to restrict what information is provided and/or to whom. We will also use your name on a nameplate next to your door in order to identify your room unless you notify us that you object.
- (5) **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, or 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.
- (6) **Business Associates.** Certain aspects and components of our services are performed through contracts with outside persons or organizations, such as auditing, accreditation, legal services, etc. We may disclose your health information to our business associates so that they can perform the job we've asked them to do. In all cases, we require these business associates to appropriately safeguard the privacy of your information.
- (7) **Communication with family.** We may disclose to a family member, other relative, close personal friend or any other person involved in your health care, health information relevant to that person's involvement in your case or payment related to your case.
- (8) **Research.** We may disclose information to researchers when certain conditions have been met.
- (9) **Transfer of information at death.** We may disclose health information to funeral directors, medical examiners, and coroners to carry out their duties consistent with applicable law.

- (10) 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.
- (11) Marketing. If Brenn-Field wishes to use any health information for marketing purposes (pictures, etc.), you will be asked to participate and will be given an authorization to sign. You may refuse to participate.
- (12) Food and Drug Administration (FDA). We may disclose to the FDA, or to a person or entity subject to the jurisdiction of 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.
- (13) Worker's 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.
- (14) 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.
- (15) Law Enforcement. We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.
- (16) Reports. Federal Law makes provision for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more Residents, workers or the public.

Your Health Information Rights

Although your health recording is the physical property of the nursing facility, the information in your health record belongs to you. You have the following rights:

- (1) Access to Your Personal Health Information. You have the right to copy and/or inspect the personal health information that we retain on your behalf, which will be provided to you in the time frames established by law. All requests for access must be made in writing and signed by you or your representative. We will charge you \$1.00 per page if you request a copy of the information. We will also charge postage if you request a mailed copy and will charge for preparing a summary of the requested information if you request such summary. You may obtain an Access Request Form from the Business Office.
- (2) Amendments to Your Personal Health Information. 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. All amendment requests must be in writing, signed, and must state the reasons for the amendment/correction request. If an amendment or correction you request is made by us, we may also notify others who work with us and have copies of the uncorrected record if we believe such notification is necessary. You may obtain an Amendment Request Form from the Business Office.
- (3) Accounting of Disclosures of Your Personal Health Information. You have a right to receive an accounting of certain disclosures made by us of your personal health information after April 14, 2003. Please note that an accounting will not apply to any of the following disclosures; disclosures made for reasons of treatment, payment or health care operations; disclosures made to you or your representative, or another individual involved with your care; disclosures made to 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. Accounting Request Forms are available in the Business Office.

- (4) Restrictions on Use and Disclosure of Your Personal Health Information. You may request that we not use or disclose your health information for a particular reason related to treatment, payment, Brenn-Field's general health care operations, and/or to a particular family member, other relative or close personal friend. Although we will consider your requests with regard to the use of your health information, please be aware that we are under no obligation to accept or abide by it. We will abide by your requests with regard to the disclosure of your clinical and personal records to anyone outside of the facility, except in an emergency, if you are being transferred to another health care institution, or the disclosure is required by law. We retain the right to terminate an agreed-to restriction if we believe such termination is appropriate. In the event of a termination by us, we will notify you of such termination. You also have the right to terminate, in writing, any agreed-to restriction by sending such termination notice to Brenn-Field's Privacy Officer.
- (5) Notice. If you are dissatisfied with the manner in which or the location where you are receiving communications from us that are related to your 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 Business Office. We will attempt to accommodate all reasonable requests.
- (6) Complaints. If you believe that your privacy rights have been violated, you can file a complaint with the Complaint Officer in writing. The Complaint Forms may be obtained in the Business Office. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services in Washington D.C. There will be no retaliation for filing a complaint.

You have the right to obtain a paper copy of our Notice of Privacy Practices upon request.

You may revoke an authorization to use or disclose health information, except to the extent that action has already been taken. Such a request must be made in writing.

For More Information

If you have questions and would like additional information, you may contact our facility's Privacy Officer at (330) 658-4075.

Effective Date

This Notice of Privacy Practices is effective April 14, 2003.

Resident/legal representative

Date