



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 the confidentiality of your information. 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 (PHI). It also describes your rights & our obligations regarding your PHI.

(Effective: September 23, 2013)

We are required by law to: maintain the privacy of your protected PHI; provide to you this detailed Notice of our legal duties and privacy practices related to your PHI; abide by the terms of the Notice that are currently in effect; and notify you following a breach of unsecured PHI.

We reserve the right to change our practices and to make the new provisions effective for all PHI we maintain. Should our information practices change, we will post the revised Notice in our facility, as well as on our website. A copy will be available upon request.

WITH YOUR CONSENT WE MAY USE & DISCLOSE YOUR PHI FOR TREATMENT, PAYMENT & HEALTH CARE OPERATIONS

You may be asked to sign a Consent allowing us to use & disclose your PHI for purposes of treatment, payment & health care operations. We may also require that you sign a Consent as described above as a condition of our providing treatment to you because the uses & disclosures of your PHI are essential to our ability to care for you.

We have described these uses & disclosures below & provide examples of the types of uses & disclosures we may make in each of these categories.

For Treatment: We will use & disclose your PHI in providing you with treatment & services. We may disclose your PHI to facility & non-facility personnel who may be involved in your care, such as physicians, nurses, nurse aides, & physical therapists. For example, a nurse caring for you will report any change in your condition to your physician. We also may disclose PHI to individuals who will be involved in your care after you leave the facility.

For Payment: We may use & disclose your PHI so that we can bill & receive payment for treatment & services you receive at the facility. For billing & payment purposes, we may disclose your PHI to your representative, and insurance or managed care company, Medicare, or another third party payer. For example, we may contact Medicare or your health plan to confirm your coverage or to request coverage information for a proposed treatment or service.

For Health Care Operations: We may use & disclose your PHI for facility operations. These uses & disclosures are necessary to manage the facility & to monitor our quality of care. For example, we may use PHI to evaluate our facility's services, including the performance of our staff.

WE MAY USE & DISCLOSE PHI ABOUT YOU FOR OTHER SPECIFIC PURPOSES

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. We will require your authorization before we would use or disclose your PHI for marketing purposes, and we will not sell your health information without a specific authorization from you.

Individuals Involved in Your Care or Payment for Your Care: Unless you object, we may disclose your PHI to a family member or close personal friend, including clergy, who is involved in your care. 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. If appropriate, these communications may also be made after your death, unless you instructed us not to make such communications.

Business Associates: There are some services provided in our organization through outside sources. We may disclose your PHI to our business associates so they can perform the job we have asked them to do. To protect your health information, we require the business associate to appropriately safeguard your information, as they are also required to do so by law.

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

Public Health Activities: We may disclose PHI for public health activities, which for example, may include: Reporting to a public health or other government authority for preventing or controlling disease, injury or disability, or reporting abuse or neglect; Reporting to the Food & Drug Administration concerning adverse events or problems with products for tracking products in certain circumstances, to enable product recalls or to comply with other FDS requirements; To notify a person who may have been exposed to a communicable disease or may otherwise be at 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 & 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 PHI to a health oversight agency for oversight activities authorized by law. These may include for example, audits, investigations, inspections & licensure actions or other legal proceedings. These activities are necessary for government oversight of the health care system, government payment or regulatory programs, & compliance with civil rights laws.

Judicial & Administrative Proceedings: We may disclose your PHI in response to a court or administrative law. We may also disclose information in response to a subpoena, discovery request, or other lawful process.

Research: We may allow PHI information of patients from our facility who choose to participate in research studies. Your PHI may also be used for research purposes only if the privacy aspects of the research have been reviewed & approved by a special Privacy Board of 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.

Coroners, Medical Examiners, Funeral Directors, Organ Procurement Organizations: We may release your PHI to a coroner, medical examiner, funeral director, or, if you are an organ donor, to an organization involved in the donation of organs and tissue.

To Avert a Serious Threat to Health or Safety: We may use & disclose your PHI 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 & Veterans: If you are a member of the armed forces, we may use & disclose your PHI as required by military command authorities. We may also use & disclose PHI about foreign military personnel as required by the appropriate foreign military authority.

Worker's Compensation: we may use or disclose your PHI to comply with laws relating to worker's compensation or similar programs.

Law Enforcement: 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 a 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.

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

Treatment Alternatives: We may use or disclose PHI to inform you about treatment alternatives that may be of interest to you.

Health-Related Benefits & Services: We may use or disclose PHI to inform you about health-related benefits & services that may be of interest to you.

Fundraising: We may contact you as part of a fund-raising effort, but you will be provided an opportunity to opt out of these communications.

YOUR AUTHORIZATION IS REQUIRED FOR OTHER USES OF PERSONAL HEALTH INFORMATION

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

YOUR RIGHTS REGARDING YOUR PERSONAL HEALTH INFORMATION

You have the following rights regarding your personal health information at the facility:

- 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 request restrictions on the PHI we disclose about you to a family member, friend or other person who is involved in your care or the payment for your care. We ask that such requests be made in writing. Although we will consider your request, we will inform you if we are not able to accommodate the requested restriction, unless it is a request to prohibit disclosures to your health care plan relating to a service for which you have already paid in full out of pocket.
- Right to Receive Confidential Communication in a Reasonable Manner: If you are dissatisfied with the manner in which you are receiving communications related to your health information, you may request in writing that we provide you with such information by alternative means or at alternative locations.
- Right of Access to 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 that request. We may charge a reasonable fee for our costs in copying and mailing your requested information.
- Right to Amend Health Information: You have the right to request that existing health information in your record be corrected if you believe it is incorrect, or to request that information be added if it is missing. Requests to amend health information must be made in writing & must provide a reason to support the amendment.
- Right to Receive an Accounting of Disclosures of Health Information: you have the right to request that we provide you with a written accounting of all disclosures of your health information that we have made during a time period you specify (not to exceed 6 years). We ask that such request be made in writing. Please understand that such an accounting will not include information on disclosures:
 1. For treatment, payment, or health care operations;
 2. To you or your legal representative, or any other individual involved with your care;
 3. For use in the facility directory;
 4. To correctional institutions or law enforcement officials (regarding an inmate);
 5. For national security purposes; and
 6. To a health oversight agency or law enforcement official for the period of time that the agency or official asked to have the information not disclosed.
- Right to Notice of Privacy Practices: You have the right to obtain a paper copy of our Notice of Privacy Practices upon request. You may also access and print a copy of our notice from our website. (www.elmwoodcommunities.com)

Changes to this Notice: We will promptly revise & 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 & to make the revised or new Notice provisions effective for all PHI already received & maintained by the facility as well as for all PHI we receive in the future. We will post a copy of the current Notice in the facility and on the facility's website. In addition, we will provide a copy of the revised Notice to all residents upon request.

COMPLAINTS

If you believe that your privacy rights have been violated, you may file a complaint in writing with the facility, or with the Secretary of the U.S. Department of Health & Human Services.

To Contact us:

If you would like further information about your privacy rights, are concerned that your privacy rights have been violated, or disagree with a decision that we made about access to your personal information, contact Jean Smith, Privacy Officer #419-332-6533.

We will investigate all complaints and will not retaliate against you for filing a complaint. You may also file a written complaint with either:

The Secretary of the U.S. Department of Health & Human Services @ 200 Independence Avenue SW, Washington D.C., 20201 or call 1-877-696-6775

OR

The Office of Civil Rights, U.S. Department of Health & Human Services @ 200 Independence Avenue SW, Room 509F, HHH Building, Washington, D.C., 20201 or call 1-800-368-1019, or e-mail at ocrmail@hhs.gov

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