

Attachment F – 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 carefully.

Understanding Your Health Record and Your Health Information:

Each time you visit a hospital, physician, or other health care provider, a record of your visit is made. Typically, this record contains your symptoms, examination, test results, diagnosis, treatment, and plan for future care or treatment. Understanding your health information and how it is used helps to ensure that it is accurate, and that it is used and disclosed appropriately.

Your Health Information Privacy Rights:

Although your medical record is the property of the health care practitioner or facility that compiled it, the information belongs to you. You have legal rights regarding your health information, which are described below. Your legal rights include:

Right to Access: With some exception, you have the right to review and copy your health care information. We may charge a fee for the cost of copying, mailing, or other supplies associated with your request.

Right to Amend: You have the right to request an amendment of your health information when it is incorrect or incomplete. This right exists as long as we keep the information.

Right to an Account of Disclosures: You have the right to obtain a listing of those to whom we disclose your health information. This right applies to disclosures other than those made for treatment, payment, health care operations, and those you specifically authorized. You can request an accounting for up to six (6) years prior to the date of the request but not prior to April 14th, 2003. The first request in a 12- month period is provided to you at no cost to you. There may be a charge for subsequent requests within the same 12-month period.

Right to Request Restrictions: You have the right to request restrictions on the use and disclosing of your health information. We will use our best efforts to comply with all you approved requests except when the information is needed to supply emergency treatment. We will provide you with a written explanation for the denied request or when we revoke a previously agreed to restriction.

Right to Request Alternate Communications: You have the right to specify that communication with you be conducted in a particular manner or be directed to a certain location. We will attempt to accommodate all reasonable requests.

Right to a paper copy of this Notice: You may request a paper copy of this Notice at any time.

Right to Request Written Authorization: Any uses or disclosures of your health information , other than those described below, will be made only with your advance written authorization, which you may grant or revoke at any time.

Use and Disclosure of Your Health Information:

Federal privacy laws allow the HealthCare Centers workforce (including doctors, nurses, therapists, ect.) may use your health information to treat and care for you. The Center may disclose your health information to providers

not affiliated with the Center, to facilitate the care they provide you. For example, we may disclose your health information to your personal physician during your stay at the facility.

Treatment: Members of the Centers workforce, (including doctors, nurses, therapists, ect.) may use our health care information to treat and care for you. The Center may disclose your health information to providers not affiliated with the Center, to facilitate the care they provide you. For example, the Center may disclose your health information to your personal physician during your stay at the Center.

Payment: Members of the Centers workforce may use your health information to request payment, for the treatment provided. For example, the Center may disclose your health information to your health insurance plan, to a third party, or directly to you to request payment for the treatment provided by the Center.

Health Care Operations: Members of the Centers workforce may use your health information for health care operations of the Center. Examples of these activities are; state certification, surveys, review the Centers services, determine effectiveness of new treatments, evaluate the Centers performance, providing training to the staff, or identify future services offerings and those no longer needed.

Facility Directory and Notification Purposes: Your name and location in the Center may be included in the directory. This information may be released to people who ask for you by name. Your name may be included in a list of residents provided to clergy who offer spiritual services.

Communication: We may contact you to provide appointment reminders, alternative treatments, and other health services that may be of interest.

Business Associates: The Center may disclose your information to service providers with whom the Center have contracted to provide a service on the Centers behalf. The Center must have written assurances in place, before disclosing your health information to the Centers Business Associates.

Research: The Center may disclose your health information to the researchers when permitted by law. For example if the research has been approved by an Institutional Review Board, that has reviewed the research proposal and established protocols to ensure the privacy of your health information.

Lawsuits, Disputes, Law Enforcement: The Center may disclose your information in response to a court or administrative order, subpoena, warrant, summons, or discovery request.

Funeral Directors, Coroners, and Medical Examiners: The Center may disclose your health information in order for these individuals to carry out their duties.

Food and Drug Administration (FDA), Public Health Agencies, Health Organization Agencies: The Center may disclose your information to: report adverse events with food, drugs, medical devices, dietary supplements, other products or product recalls, report births, deaths, child abuse, neglect, domestic violence, prevent or control disease, injury, disability, notify people possibly exposed to a disease or maybe spreading a disease, authorized organ donations, or as required by law.

Worker's Compensation Programs: The Center may disclose your information as permitted or required by state law relating to workers' compensation programs.

Military Authorities: The Center may disclose your information when you are a member or veteran of the military .

Disaster Relief: The Center may use or disclose health information to a public or private entity authorized by law or by its charter to assist in disaster relief efforts for the purpose of coordinating with respect to notifying, identifying, or locating your family members or personal representative.

Our Responsibilities; It is the Centers responsibility to:

- Provide reasonable safeguards in order to protect the privacy of your health information.
- Use or disclose the minimal amount of information required to reasonably provide necessary SERVICES.
- Provide you with a notice as to the Centers legal duties and privacy practices with respect to information the Center collects and maintains about you.
- Notify you if the Center is unable to agree to a request restriction.
- Abide by the terms of this Notice.

The Center reserves the right to change the Centers practices and to make new provisions effective for all health information the Center maintains. The Center will not disclose your health information without your authorization, except as described in this notice.

For More Information or to Report a Problem:

If you have questions and would like additional information, you may contact the Facilities Administrator. If you believe your privacy rights have been violated, you can file a complaint with the Administrator or with the Secretary of Health and Human Services. There will be no retaliation for filing a complaint.