

HIPAA NOTICE OF PRIVACY PRACTICES

Church of the Brethren Home, Inc.

Effective Date: April 1, 2003

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION PLEASE REVIEW IT CAREFULLY

If you have any questions about this notice, please contact Ted Neidlinger, Associate Administrator at (260) 982-2118.

OUR PLEDGE REGARDING HEALTH INFORMATION:

We understand that health information about you and your health care is personal. We are committed to protecting health information about you. We create a record of the care and services you receive from us. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by this facility. This notice will tell you about the ways in which we may use and disclose health information about you. We also describe your rights to the health information we keep about you, and describe certain obligations we have regarding the use and disclosure of your health information.

We are required by law to:

- make sure that health information that identifies you is kept private;
- give you this notice of our legal duties and privacy practices with respect to health information about you; and
- follow the terms of the notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU.

The following categories describe different ways that we use and disclose health information. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

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

For Treatment. We will use and disclose your personal health information in providing you with treatment and services. We may disclose your personal health information 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 also may disclose personal health information to individuals

who will be involved in your care if you are transferred to a hospital or other facility for care.

For Payment. We may use and disclose your personal health information so that we can bill and receive payment for 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 company or managed care company, Medicare, Medicaid or another third party payor. For example, we may contact Medicare, Medicaid or another third party payor to request prior approval for a proposed treatment or service.

For Health Care Operations. We may use and disclose you 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 USE AND DISCLOSE PERSONAL HEALTH INFORMATION ABOUT YOU FOR OTHER SPECIFIC PURPOSES

Facility Directory. Unless you object, we will include certain information about you in our facility directory. We will list your name and location within the facility on the directory boards at the Main Entrance, the Hub Entrance and, if appropriate, in the Health Care Unit. Additionally, your name will be posted at the entrance to your room or apartment.

A roster of residents is maintained and made available to staff and other residents of Timbercrest, as well as others. This roster includes resident names, room or apartment number, telephone number and intercom number. Unless you object, you will be listed on this roster.

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 a disaster relief effort.

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

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

- reporting to a public health or other government authority for preventing or controlling disease;
- 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 may otherwise be at risk of contracting or spreading a disease or condition or
- for certain purposes involving workplace illness or injuries.

Reporting of 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 personal health information 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, 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 disclose your personal health information in response to a court or administrative order. We also may disclose information 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 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.

Research. We may allow personal health information of residents from our facility to be used or disclosed for research purposes provided that the researcher adheres to certain privacy protections. Your personal health information may be used for research purposes 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.

Coroners, Medical Examiners, Funeral Directors, Organ Procurement Organizations. We may release your personal health information to a coroner, medical examiner, funeral director or, if you are an organ donor, to an organ procurement organization.

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.

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

Fundraising Activities. We may use certain personal health information to contact you in an effort to raise money for the facility and its operations.

Appointment Reminders. We may use or disclose personal health information to make appointments on your behalf or to remind you about appointments.

Health-related Benefits and Services. We may use or disclose personal health information 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.

We will use and disclose your 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 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 for your care.

We are not required to agree to your requested restriction (except that while you are competent you may restrict disclosures to family members or friends). If we do agree to accept your requested restriction, we will comply with your request except as needed to provide you emergency treatment.

Right of Access to Personal Health Information. You have the right to inspect and obtain a copy of your medical or billing records or other written information that may be used to make decisions about your care, subject to some limited exceptions. We may charge a reasonable

fee for our costs in copying and mailing your requested information.

We may deny your request to inspect or receive copies in certain limited circumstances. If you are denied access to personal health information, in some cases you will have a right to request review of the denial. This review would be performed by a licensed health care professional designated by the facility who did not participate in the decision to deny.

Right to Request Amendment. You have the right to request the facility to amend any personal health information maintained by the facility for as long as the information is kept by or for the facility. You must make your request in writing 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 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 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 an Accounting of Disclosures. You have the right to request an "accounting" of our disclosures of your personal health information. This is a listing of certain 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 of 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 within a twelve-month period will be free; a charge may be made for further requests.

Right to a Paper Copy of This Notice. You have the right to a paper copy of this Notice, even if you have agreed to receive it electronically. You may request a copy of this Notice any time. **(A copy of this notice may be found at our Website, www.timbercrest.org.)**

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, Region V. To file a complaint with the facility, contact Ted Neidlinger, Associate Administrator, phone number: (260) 982-2118. We will not retaliate against you if you file a complaint.

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 state in this Notice. We reserve the right 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 residents.

FOR FURTHER INFORMATION.

If you have any questions about this Notice or would like further information concerning your privacy rights, please contact Ted Neidlinger, Associate Administrator, phone number: (260) 982-2118.