

**THIS LOCATION SUBSCRIBES TO THE FOLLOWING  
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.**

This location is required by law to maintain the privacy of your medical information and to provide you with this notice so you will understand how we may use or share your medical information and our legal duties and privacy practices relative to your medical information. We are required to follow the terms of the notice currently in effect. We will notify affected individuals in writing in the event of a breach of unsecured protected health information.

**If you have any questions about this notice, please contact the Privacy Officer.**

**UNDERSTANDING YOUR HEALTH AND MEDICAL RECORD INFORMATION**

Every time you access or receive services from us, documentation in your health/medical record is made. Typically, this record contains information about your condition and the treatment that we provide. We use and disclose this information to:

- Plan your care and treatment;
- Document the care you received;
- Educate health professionals;
- Provide information for medical research;
- Provide data for our planning;
- Help transition your care to persons arranging for or directly providing for your care in the Community following your discharge;
- Communicate with other health professionals involved in your care;
- Provide a means by which an insurance company can verify and pay for services;
- Provide information to public health officials; and
- Evaluate and improve the care we provide.

**HOW WE MAY USE AND DISCLOSE YOUR MEDICAL INFORMATION**

The following categories describe the ways we may use and disclose your medical information. We are unable to describe every possible way that we may use or disclose medical information under each category below. However, all of the ways we are permitted or required to use and disclose information will fall into one of the categories.

**For Treatment.** We may use medical information about you to provide you with medical treatment. We may disclose medical information about you to doctors, nurses, therapists, or other persons who are involved in taking care of you. For example, specialists may need access to your health information. A doctor treating you for a broken leg may need to know that you have diabetes because diabetes may slow the healing process. The doctor may also need to involve the dietitian, the pharmacist and therapist in your treatment plan. Different departments of a location also may share medical information about you in order to coordinate your care and provide you with medication, lab work and x-rays. We may also disclose medical information about you to people outside this location who may assist in transitioning your care to community providers, or directly to community providers that may be involved in your care after discharge.

This may include visiting nurses that provide care in your home. In addition, we may disclose medical information about you to your healthcare services providers following your discharge.

**For Payment.** We may use and disclose medical information about you so that the treatment and services you receive may be billed to you, an insurance company, or a third party. For example, in order to be paid, we may need to share information with your health plan about services that we provided to you. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

**For Health Care Operations.** We may use and disclose medical information about you for health care operations, such as in conducting quality assessment and improvement activities, including outcomes evaluation and development of clinical guidelines, case management and care coordination. This is necessary to ensure that all of our residents/patients receive quality care. For example, we may use medical information to review our services for quality improvement or compliance activities. We may combine medical information about groups of residents/patients to evaluate our programs. We may also disclose information to doctors, nurses, therapists and our other personnel for review and learning purposes. We may remove information that identifies you so others may see it to study health care and health care delivery without learning the identities of residents/patients.

We may disclose protected health information to another covered entity for health care operations activities of the entity that receives the information, if that each entity provided or will be consulted to provide treatment to you. These disclosures may be made when the protected health information will pertain to such treatment, and the disclosure is for health care operations related to those providers, or for the purpose of health care fraud and abuse detection or compliance.

## **OTHER ALLOWABLE USES OF YOUR MEDICAL INFORMATION**

**Individuals Involved in Your Care or Payment for Your Care.** Unless you object, we may disclose medical information about you to a friend or family member who is involved in your care. We may also give information to someone who helps pay for your care. We will only disclose the information which is directly relevant to the person's involvement in your care or payment related to your care.

We may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

### **Our Practices.**

- We may post your birthday or other special event on a calendar or bulletin board that is visible to the public.
- We may include your name and/or photo in an internal newsletter or other publication, including information regarding your admission, discharge, memorial or obituary information.
- We may display your name on a place (name) card at the dining room table.
- We may display your photo on a bulletin board within the center. However, we will not give photographs of you to anyone outside of our location unless we have your permission.

**Business Associates.** There are some services provided in our organization through contracts with business associates. Examples include outside attorneys and a copy service we use when

making copies of your health record. When we contract with a business associate to provide these services, we may disclose your medical information so they can perform the job we've asked them to do. We do require that the business associate appropriately safeguards your information.

**Directory Information.** Unless you notify us that you object, we will use your name, room number in the facility, general condition, and religious affiliation for directory purposes. This information may be provided to members of the clergy and, except for religious affiliation, to other people who ask for you by name.

**Research.** Under certain circumstances, we may use and disclose medical information about you for research purposes. For example, a research project may involve comparing the health and recovery of all residents/patients who received one medication to those who received another for the same condition. A special approval process evaluates a proposed research project before it is implemented. Before we use or disclose your medical information for research, the project will have been approved through this process. We may, however, disclose medical information about you to people preparing to conduct a research study so long as the medical information they review does not leave our location.

**Health Information Exchange.** If we participate in a Health Information Exchange or "HIE", as permitted by law, we may share your health information electronically with this exchange in order to provide faster access to information and improved coordination of care to assist providers and others in making more informed decisions. If we participate in an HIE, you will have the opportunity to opt out or in some cases you will be asked to consent to the exchange of information. If you opt out or withhold your consent to the exchange of information through the HIE, your personal health information will continue to be used in accordance with this Notice and the law, but will not be made available through the HIE. If we participate in an HIE, we will do so in a manner that protects the confidentiality, privacy, and security of your information.

**Health Care Benefits and Reminders.** We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

**Workers' Compensation.** We may disclose medical information to the extent necessary to comply with laws relating to workers' compensation or other similar programs. These programs provide benefits for work-related illness or injuries.

**Reporting.** Federal and state laws may require or permit us to disclose certain medical information related to the following:

- *Public health risks:*
  - prevention or control of disease, injury or disability;
  - reporting births and deaths;
  - reporting child abuse or neglect;
  - reporting reactions to medications or problems with products;
  - notifying people of product recalls; and
  - notifying persons who may have been exposed to a disease.

- *Reporting abuse, neglect or domestic violence:* Notifying the appropriate government agency if we believe a resident/patient has been the victim of abuse, neglect, or domestic violence.
- *Health oversight:* We may disclose medical information to a health oversight agency for activities such as audits, investigations, inspections, and licensure.
- *Judicial and Administrative proceedings:* If you are involved in a lawsuit or dispute, we may disclose medical information about you in response to a court or administrative order, subpoena, discovery request, or other lawful process.

**Law Enforcement.** We may disclose your medical information for law enforcement purposes as required by law or in response to a valid subpoena.

**Correctional Institution.** Should you be an inmate of a correctional institution, we may disclose to the institution or its agents the medical information necessary for your health and the health and safety of others.

**Funeral Directors, Medical Examiners, and Coroners.** We may disclose medical information to a coroner or medical examiner. This may be necessary to identify a deceased person or determine the cause of death. We may also disclose medical information to funeral directors as necessary.

**Organ and Tissue Donation.** If you are an organ donor, we may disclose medical information to organizations that handle organ procurement to facilitate donation and transplantation.

**As Required by Law.** We may use or disclose medical information if the use or disclosure is required by law and the use or disclosure complies with and is limited to the relevant requirements of the law.

We may, in accordance with the law, disclose medical information that it believes in good faith is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or public. We would disclose such information to a person reasonably able to prevent or lessen the serious and imminent threat.

## **OTHER USES OF MEDICAL INFORMATION REQUIRING WRITTEN PERMISSION**

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. This includes most disclosures of psychotherapy notes, the use of your medical information for marketing purposes, disclosures that constitute the sale of medical information, and other uses and disclosures not described in this Notice. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written permission. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you. You also will be unable to revoke written permission to disclose medical information that you gave as a condition of obtaining insurance coverage where the law allows the insurer to contest a claim under the policy or the policy itself.

## YOUR MEDICAL INFORMATION RIGHTS

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

**Right to Request Restrictions.** You may request that we not use or disclose your medical information for a particular reason related to treatment, payment, or health care operations or that we not disclose medical information to a family member or other specific relative or close friend involved in your care. We must comply with this request if you pay for your care entirely out-of-pocket and the disclosure is not required by law. If we are unable to agree to a requested restriction, we are not required to comply with the request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. *You must submit your request for restrictions in writing to the Privacy Officer. In your request, you must tell us 1) what information you want to limit; 2) whether you want to limit our use, disclosure or both; and 3) to whom you want the limits to apply, for example, disclosures to your spouse.*

**Right to Request Alternative Locations or Confidential Communications.** During the course of treatment, we will routinely communicate with you regarding your care. As stated above, we will only disclose to other authorized people the information which is directly relevant to the person's involvement in your care or payment related to your care. You have the right to request that we communicate with you about medical matters in a confidential manner or at a specific location. For example, you may ask that we contact you via mail to a post office box. *You must submit your request in writing to the Privacy Officer. We will not ask you the reason for your request. Your request must specify how or where you wish to be contacted. We will accommodate all reasonable requests.*

**Right to Inspect and Copy.** You have the right to review and copy your medical information. You have the right to request an electronic copy of your medical information. You may request that we send a copy of your medical information directly to another person. *You may verbally request to review your record. You must submit your request for a paper or electronic copy of your medical record in writing to the Privacy Officer. We may charge a fee for the costs of copying, mailing or other supplies (including electronic media, if applicable) associated with your request.*

**Right to Amend.** If you believe that any medical information in your records is incorrect or if you believe that important information is missing, you may request that we amend the existing information or add the missing information. We may deny your request for an amendment if it is not in writing or does not specify in what way the information is incorrect or incomplete. In addition, we may deny your request if you ask us to amend information that was not created by us, is not part of the medical information kept by us, or is accurate and complete. *You must submit your request in writing to the Privacy Officer. In addition, you must provide a reason for your request.*

**Right to an Accounting of Disclosures.** You may request that we provide you with a written accounting of all disclosures made by us during a certain time period. This is a list of certain disclosures we made of your medical information. It will not include certain disclosures such as those made for treatment, payment or healthcare operations purposes. *You must submit your request in writing to the Privacy Officer. Your request must state a time period, which may not be longer than six years from the date the request is submitted. Your request should indicate in*

*what form you want the list (for example, on paper or electronically). The first list you request within a 12-month period will be free. For additional lists during any 12-month period, we may charge you for the costs of providing the list.*

**Right to a Paper Copy of This Notice.** You have the right to obtain a paper copy of our Notice of Information Practices upon request, even if you agreed to receive the notice electronically. *You may obtain a copy of this notice at our website, <https://www.ACCElerateLakewood.com>, by clicking on the Privacy link and selecting the Notice of Privacy Practices. You may obtain a paper copy of this notice from the Privacy Officer.*

## **COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the Department of Health and Human Services. To file a complaint with us, contact us by calling 1-800-944-7776 or by contacting ReachOut@genesishcc.com. There will be no retaliation for filing a complaint.

## **CHANGES TO THIS NOTICE**

We reserve the right to change its privacy practices as set forth in this notice and to make the new provisions effective for all medical information that we maintain. We will post a copy of the current notice at <https://www.ACCElerateLakewood.com>. The notice will specify the effective date (on the first page in the bottom left corner). In addition, if material changes are made to this notice, the notice will contain an effective date of the revisions and copies can be obtained by contacting the Privacy Officer.

## **FOR QUESTIONS, MORE INFORMATION, OR TO REPORT A PROBLEM**

If you have questions and would like additional information, you may contact the Privacy Officer listed in your Admission Packet or Documents. The Privacy Officer or representative will advise you in the steps necessary to exercise these rights.