

LeRoy Village Green Living & Rehabilitation Center, Inc.

PRIVACY NOTICE

THIS NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THAT INFORMATION.

PLEASE REVIEW THIS NOTICE CAREFULLY.

This Facility is committed to maintaining the privacy of your protected health information ("PHI"), which includes information about your medical condition and the care and treatment you receive from the Facility and other health care providers. This Notice details how your PHI may be used and disclosed to third parties for purposes of your care, payment for your care, health care operations of the Facility, and for other purposes permitted or required by law. This Notice also details your rights regarding your PHI.

USE OR DISCLOSURE OF PHI

1. The Facility may use and/or disclose your PHI for purposes related to your care, payment for your care, and health care operations of the Facility. The following are examples of the types of uses and/or disclosures of your PHI that may occur. These examples are not meant to include all possible types of use and/or disclosure.

(a) **Care** – In order to care for you, the Facility will provide your PHI to those health care professionals, whether on the Facility's staff or not, directly involved in your care so that they may understand your medical condition and needs and provide advice or treatment. For example, a physician treating you for a condition such as arthritis may need to know what medications have been prescribed for you by the Facility's physicians.

(b) **Payment** – In order to get paid for some or all of the health care provided by the Facility, the Facility may provide your PHI, directly or through a billing service, to appropriate third party payers. For example, the Facility may need to provide the Medicare program with information about health care services that you receive from the Facility so that the Facility can be properly reimbursed.

(c) **Health Care Operations** – In order for the Facility to operate in accordance with applicable law and in order for the Facility to provide quality and efficient care, it may be necessary for the Facility to compile, use and/or disclose your PHI. For example, the Facility may use your PHI in order to evaluate the performance of the Facility's personnel.

AUTHORIZATION NOT REQUIRED

1. The Facility may use and/or disclose your PHI, without a written Authorization from you, in the following instances:
 - (a) **De-identified Information** – Your PHI is altered so that it does not identify you and, even without your name, cannot be used to identify you.
 - (b) **Business Associate** – To a business associate, which is someone who the Facility contracts with to provide a service necessary for your treatment, payment for your treatment and health care operations (e.g., billing service). The Facility will obtain satisfactory written assurance, in accordance with applicable law, that the business associate will appropriately safeguard your PHI.
 - (c) **Personal Representative** – To a person who, under applicable law, has the authority to represent you in making decisions related to your health care.
 - (d) **Public Health Activities** - Such activities include, for example, information collected by a public health authority, as authorized by law, to prevent or control disease, injury or disability.
 - (e) **Federal Drug Administration** - If required by the Food and Drug Administration to report adverse events, product defects or problems or biological product deviations, or to track products, or to enable product recalls, repairs or replacements, or to conduct post marketing surveillance.
 - (f) **Abuse, Neglect or Domestic Violence** - To a government authority if the Facility is required by law to make such disclosure. If the Facility is authorized by law to make such a disclosure, it will do so if it believes that the disclosure is necessary to prevent serious harm or if the Facility believes that you have been the victim of abuse, neglect or domestic violence. Any such disclosure will be made in accordance with the requirements of law, which may also involve notice to you of the disclosure.
 - (g) **Health Oversight Activities** - Such activities, which must be required by law, involve government agencies involved in oversight activities that relate to the health care system, government benefit programs, government regulatory programs and civil rights law. Those activities include, for example, criminal investigations, audits, disciplinary actions, or general oversight activities relating to the community's health care system.
 - (h) **Judicial and Administrative Proceeding** - For example, the Facility may be required to disclose your PHI in response to a court order or a lawfully issued subpoena.

(i) **Law Enforcement Purposes** - In certain instances, your PHI may have to be disclosed to a law enforcement official for law enforcement purposes. Law enforcement purposes include: (1) complying with a legal process (i.e., subpoena) or as required by law; (2) information for identification and location purposes (e.g., suspect or missing person); (3) information regarding a person who is or is suspected to be a crime victim; (4) in situations where the death of an individual may have resulted from criminal conduct; (5) in the event of a crime occurring on the premises of the Facility; and (6) a medical emergency (not on the Facility's premises) has occurred, and it appears that a crime has occurred.

(j) **Coroner or Medical Examiner** - The Facility may disclose your PHI to a coroner or medical examiner for the purpose of identifying you or determining your cause of death, or to a funeral director as permitted by law and as necessary to carry out its duties.

(k) **Organ, Eye or Tissue Donation** - If you are an organ donor, the Facility may disclose your PHI to the entity to whom you have agreed to donate your organs.

(l) **Research** - If the Facility is involved in research activities, your PHI may be used, but such use is subject to numerous governmental requirements intended to protect the privacy of your PHI such as approval of the research by an institutional review board and the requirement that protocols must be followed.

(m) **Avert a Threat to Health or Safety** - The Facility may disclose your PHI if it believes that such disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public and the disclosure is to an individual who is reasonably able to prevent or lessen the threat.

(n) **Specialized Government Functions** - When the appropriate conditions apply, the Facility may use PHI of individuals who are Armed Forces personnel: (1) for activities deemed necessary by appropriate military command authorities; (2) for the purpose of a determination by the Department of Veteran Affairs of eligibility for benefits; or (3) to a foreign military authority if you are a member of that foreign military service. The Facility may also disclose your PHI to authorized federal officials for conducting national security and intelligence activities including the provision of protective services to the President or others legally authorized.

(o) **Inmates** - The Facility may disclose your PHI to a correctional institution or a law enforcement official if you are an inmate of that correctional facility and your PHI is necessary to provide care and treatment to you or is necessary for the health and safety of other individuals or inmates.

(p) **Workers' Compensation** - If you are involved in a Workers' Compensation claim, the Facility may be required to disclose your PHI to an individual or entity that is part of the Workers' Compensation system.

(q) **Disaster Relief Efforts** – The Facility may use or disclose your PHI to a public or private entity authorized to assist in disaster relief efforts.

(r) **Required by Law** - If otherwise required by law, but such use or disclosure will be made in compliance with the law and limited to the requirements of the law.

AUTHORIZATION

Uses and/or disclosures, other than those described above, will be made only with your written authorization, which you may revoke at any time.

MARKETING

The Facility may only use and/or disclose your PHI for marketing activities if we obtain from you a prior written Authorization. "Marketing" activities include communications to you that encourage you to purchase or use a product or service, and the communication is not made for your care or treatment. However, marketing does not include, for example, sending you a newsletter about this Facility. Marketing also includes the receipt by the Facility of remuneration, directly or indirectly, from a third party whose product or service is being marketed. The Facility will inform you if it engages in marketing and will obtain your prior Authorization.

FUNDRAISING

The Facility may use and/or disclose some of your PHI in order to contact you for fundraising activities supportive of the Facility. Any fundraising materials sent to you will describe how you may opt out of receiving any further communications.

FAMILY/FRIENDS

The Facility may disclose to your family member, other relative, a close personal friend, or any other person identified by you, your PHI directly relevant to such person's involvement with your care or the payment for your care. The Facility may also use or disclose your PHI to notify or assist in the notification (including identifying or locating) a family member, a personal representative, or another person responsible for your care, of your location, general condition or death. However, in both cases, the following conditions will apply:

(a) The Facility may use or disclose your PHI if you agree, or if the Facility provides you with opportunity to object and you do not object, or if the Facility can reasonably infer from the circumstances, based on the exercise of its judgment, that you do not object to the use or disclosure.

(b) If you are not present, the Facility will, in the exercise of its judgment, determine whether the use or disclosure is in your best interests and, if so, disclose only the PHI that is directly relevant to the person's involvement with your care.

FACILITY DIRECTORY

The Facility will maintain a Directory of individuals who reside in the Facility. You will be included in that Directory, which will indicate your name, your room number, your health condition described in general terms, and your religious affiliation. The Facility will provide your information to a member of the clergy. Your information, except for religious affiliation, will also be provided to any other person who asks for you by name. However, you have the right to object to the use of your information in the Directory and you have the right to request that some or all of that information not be used or disclosed as described herein. If, because of your condition or an emergency situation, you cannot exercise your right to object, the Facility will use or disclose your information in the Directory if that is consistent with your prior expressed preference and the Facility determines that such use or disclosure is in your best interest.

ROOM LOCATION

The Facility posts, your name beneath the room number. This is done for your safety and to promote efficient, quality care.

YOUR RIGHTS

1. You have the right to:

(a) Revoke any Authorization, in writing, at any time. To request a revocation, you must submit a written request to the Administrator, Daniel Morphet.

(b) Request restrictions on certain use and/or disclosure of your PHI as provided by law. However, the Facility is not obligated to agree to any requested restrictions. To request restrictions, you must submit a written request to the Facility's Privacy Officer.

(c) Receive confidential communications of PHI by alternative means or at alternative locations. You must make your request in writing to the Facility's Privacy Officer. The Facility will accommodate all reasonable requests.

(d) Inspect and copy your PHI as provided by law. To inspect and copy your PHI, you must submit a written request to the Facility's Privacy Officer. In certain situations that are defined by law, the Facility may deny your request, but you will have the right to have the denial reviewed.

(e) Amend your PHI as provided by law. To request an amendment, you must submit a written request to the Facility's Privacy Officer. You must provide a reason that supports your request. The Facility may for various reasons deny your request. If you disagree with the Facility's denial, you will have the right to submit a written statement of disagreement.

(f) Receive an accounting of disclosures of your PHI as provided by law. To request an accounting, you must submit a written request to the Facility's Privacy Officer.

(g) Receive a paper copy of this Privacy Notice from the Facility upon request to the Facility's Privacy Officer.

(h) Complain to the Facility, or to the Secretary of Health and Human Services, Office of Civil Rights, U.S. Department of Health and Human Services, Jacob Javits Federal Plaza – Suite 3312, New York, NY 10278. Or you may contact a regional office of the Office of Civil Rights, by telephone at (212) 264-3313 or www.hhs.gov/ocr/regmail.html. To file a complaint with the Facility, you must contact the Facility's Privacy Officer. All complaints must be in writing.

(i) To obtain more information on, or have your questions about your rights answered, you may contact the Facility's Administrator, Daniel Morphet.

PRACTICE'S REQUIREMENTS

1. The Facility:

(a) Is required by law to maintain the privacy of your PHI and to provide you with this Privacy Notice of the Facility's legal duties and privacy practices with respect to your PHI.

(b) Is required to abide by the terms of this Privacy Notice.

(c) Reserves the right to change the terms of this Privacy Notice and to make the new Privacy Notice provisions effective for all of your PHI that it maintains.

(d) Will not retaliate against you for making a complaint.

(e) Must make a good faith effort to obtain from you an acknowledgement of receipt of this Notice.

(f) Will post this Privacy Notice on the Facility's web site, at www/bhcg.com.

(g) Will provide this Privacy Notice to you by e-mail if you so request. However, you also have the right to obtain a paper copy of this Privacy Notice.

EFFECTIVE DATE

This Notice is in effect as of 7/7/2010.

ACKNOWLEDGEMENT

I acknowledge that I have received a copy of this Notice.

Name of Individual (Printed)

Signature of Individual

Signature of Designated Representative

Relationship (e.g. Power of Attorney
Designated Representative)

Date Signed ____/____/____

Witness: _____