

## **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 are required by law to maintain the privacy of your protected health information and to provide you with this notice regarding our legal duties and our privacy practices with respect to your protected health information so that you will understand your rights, our legal duties, and how we may use or disclose medical information about you.

### **A. HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU.**

The following categories describe the ways that we use and disclose medical information about you. Not every use or disclosure in a category will be listed. However, all of the ways we use and disclose medical information about you will fall into one of these categories.

- 1. For Treatment:** We may use or disclose medical information about you to provide you with medical treatment. We may disclose medical information about you to doctors, nurses, therapists or other personnel who are involved in taking care of you in order to coordinate your care. This would include, for example, therapy assessments and progress notes.
- 2. For Payment:** We may use or disclose medical information about you so that the services you receive may be billed to you, an insurance company, or a third party. For example, if you have health insurance we will disclose information to your health plan about services 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.
- 3. For Health Care Operations:** We may use or disclose medical information about you for health care operations. For example, members of the medical staff, nursing staff, or the quality improvement team may use medical information about you to assess the care provided and the outcomes from that care in an effort to continually improve the quality and effectiveness of the healthcare and services we provide.
- 4. Other Uses and Disclosures of Medical Information About You:**

**Business Associates:** There are some services provided through contracts with business associates. Examples could include attorneys, consultants, or a copy service used when making copies of your health record. When these services are contracted, we will disclose information to these business associates so that they can perform their jobs, and so they can bill for the services rendered. To protect the medical information about you, however, we require the business associate to appropriately safeguard the information.

**Individuals Involved in Your Care or Payment for Your Care:** We may disclose medical information about you to a family member, a close personal friend, or any other person identified by you. We will disclose only the information that is directly relevant to that individual's involvement with your care or with the payment for your care. We may also use or disclose information about you to notify, or to assist in the notification of, family members, personal representatives, or others responsible for your care of your location and general condition. In addition, 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 location and condition. You have the right to object to these disclosures to the extent that your objection does not interfere with the ability to respond to emergency circumstances.

**Required by Law:** We may use or disclose medical information about you as required by state or federal law, but only to authorized persons, and only to the extent necessary to meet the requirements of those laws.

**Public Health Activities:** We may disclose medical information about you to a public health authority that is authorized to receive such information for public health purposes, including:

- 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 recalls of products;
- Notifying a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease.

**Abuse, Neglect, or Domestic Violence:** We may disclose information about you to the appropriate authorities if we believe that you have been the victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

**Health Oversight Activities:** We may disclose medical information about you to a health oversight agency for activities authorized by law. These oversight activities may include audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

**Judicial or Administrative Proceedings:** We may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

**Law Enforcement:** We may disclose medical information about you when requested by law enforcement official:

- In response to a court order, subpoena, warrant, summons or similar process;
- To identify or locate a suspect, fugitive, material witness, or missing person;
- About you, if you are the victim of a crime and, under certain limited circumstances, we are unable to obtain your agreement;
- About a death we believe may be the result of criminal conduct;
- About criminal conduct regarding the Facility; or
- In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

**Research:** We may disclose medical information about you to researchers when we have documentation that the research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of the health information.

**To Avert a Serious Threat to Health or Safety:** We may disclose medical information about you to prevent a serious threat to your health and safety or the health and safety of the public or another person.

**Specialized Government Functions:** We may disclose medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law. If you are a member of the armed forces, we may disclose medical information about you as required by military authorities. We may also disclose medical information about foreign military personnel to the appropriate foreign military authority. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose medical information about you to the correctional institution or law enforcement official. This disclosure would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

**Workers' Compensation:** We may disclose medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

**Benefits and Services:** We may use or disclose medical information about you to tell you about possible treatment options or alternatives that may be of interest to you, or to tell you about health-related benefits or services that may be of interest to you. For example, we may use information about you to provide appointment reminders to you.

## **B. YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU.**

Although your health record is the property of the Facility, the information belongs to you. You have the following rights regarding your medical information:

**Right to Request Restrictions:** You have the right to request a restriction or limitation on the medical information we use or disclose about you. For example, you may request that we not disclose information about a surgery you had to a certain family member.

We are not required to agree to your 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 in writing to the Facility's business office. In your request, you must tell us (1) what information you want to limit; and (2) to whom you want the limits to apply, for example, disclosures to your spouse.

**Right to Request Alternate Communications:** You have the right to request that we communicate with you in a confidential manner or at a specific location. For example, you may ask that we only contact you via mail at a post office box. You must submit your request in writing to the Facility's business office. Your request must specify how or where you wish to be contacted. We will not ask you the reason for your request. We will accommodate all reasonable requests.

**Right to Inspect and Copy:** With some limited exceptions, you have the right to review and copy your medical information. You must submit your request in writing to the Facility's business office. We may charge a fee for the costs of copying, mailing or other supplies associated with your request.

**Right to Amend:** If you feel that medical information in your record is incorrect or incomplete, you may ask us to amend the information. You have this right for as long as the information is kept by or for the Facility. You must submit your request in writing to the Facility's business office. In addition, you must provide a reason for your request.

We may deny your request for an amendment if it is not in writing or it does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the medical information kept by or for us; or
- Is accurate and complete.

If your request for an amendment is denied, and you disagree with the reason for the denial, you may file a statement of disagreement in your record.

**Right to an Accounting of Disclosures:** You have the right to request an "accounting of disclosures". This is a list of certain disclosures we made of your medical

information, other than those made for purposes such as treatment, payment, or health care operations.

You must submit your request in writing to the Facility's business office. Your request must state a time period which may not be longer than six(6) years from the date the request is submitted and may not include dates before April 14, 2003. 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, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

- **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 the notice electronically. You may ask us to give you a copy of this notice at any time.

#### **C. OTHER USES AND DISCLOSURES OF MEDICAL INFORMATION ABOUT YOU.**

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 authorization. If you provide us authorization to use or disclose medical information about you, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your authorization, and that we are required to retain our records of the care that we provided to you.

#### **D. CHANGES TO THIS NOTICE.**

We are required to abide by the terms of this notice, as it may be updated from time to time. We reserve the right to change this notice and to make the changed notice effective for information we already have about you as well as any information we receive in the future. If we change this notice, the new notice will specify the effective date for the changed notice, and we will distribute the new notice to all patients/clients on service at the time of the change. Copies of the current notice can be obtained by contacting the Facility's business office.

#### **E. COMPLAINTS.**

If you believe your privacy rights have been violated, you may file a complaint with us at the location described below under "Contacting Us" or with the Secretary of the Department of Health and Human Services. All complaints must be submitted in writing. You will not be retaliated against for filing a complaint.

**F. CONTACTING US.**

To request additional copies of this notice or to receive more information about our privacy practices or your rights, please contact our Privacy Officer at:

GOLDEN LIVING  
1000 FIANNA WAY  
FORT SMITH, ARKANSAS 72919  
1-877-823-8375

**G. EFFECTIVE DATE.** THE EFFECTIVE DATE OF THIS NOTICE IS APRIL 14, 2003.

**H. ACKNOWLEDGMENT.**

I acknowledge that I have been provided a copy of the facility's Notice of Privacy Practices.

\_\_\_\_\_  
Resident (Print Name)                      **OR**                      Resident's Representative (Print Name and Relationship to Resident)

\_\_\_\_\_  
Resident's Signature                      **OR**                      Resident's Representative - Signature

\_\_\_\_\_  
Date

For AEGIS Therapies use

If an acknowledgment signature could not be obtained, document our good faith effort to obtain the acknowledgment signature and the reason why it was not obtained:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

By (Aegis Therapies representative):

\_\_\_\_\_

Date: \_\_\_\_\_