

Effective Date: 8/30/13

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.

Additionally, this notice serves as the ongoing corporate compliance effort of The Willows, hereafter referred to as "Organization," to assure quality care and services to the individuals we serve.

Understanding Your Health Record

Each time you have a stay or visit with us, a record of your visit is made. This information, often referred to as your health or medical record, serves as a:

- basis for planning your care and treatment
- means of communication among the many health professionals who contribute to your care
- legal document describing the care you received
- means by which you or a third-party payer can verify that services billed were actually provided
- a tool in educating health professionals and a source of data for medical research
- a source of information for public health officials who oversee the delivery of health care in the United States
- a source of data for organizational planning and marketing
- a tool with which we can assess and continually work to improve the care we render and the outcomes we achieve

Understanding what is in your record and how your protected health information ("health information") is used helps you to: ensure its accuracy, better understand who, what, when, where, and why others may have a need to access your health information, and also, in order for you to learn about the privacy aspects of your health information so that you can make more informed decisions when authorizing the disclosure of your health information to others. Your health information may be stored electronically, on paper, or (most typically), using both paper and electronic means to obtain and store information as on paper, and our disclosure of this information to necessary parties may occur either in writing or electronically. The means by which we disclose your health information must comply with the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), as amended.

Our Responsibilities

Our Organization is required to:

- maintain the privacy of your health information

- provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you
- abide by the terms of the notice currently in effect
- accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations
- notify you if we are unable to agree to a requested accommodation
- accommodate your request for restriction on certain disclosures to health plans when you have paid in full for a health care item or service
- notify you of a breach of your personal health information
- obtain your authorization prior to using your health information for marketing purposes
- obtain your authorization prior to making a disclosure that would constitute a sale of your health information
- obtain your authorization before certain disclosures of psychotherapy notes
- provide you with an opportunity to opt-out of receiving fundraising communications

We reserve the right to change our practices and to make the new provisions effective for all health information we maintain. We will have available a copy of the current notice in the Organization. The notice will contain on the first page, the effective date.

We will not use or disclose your health information without your authorization, except as described in this notice.

How We Will Use or Disclose Your Health Information

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

(1) Treatment. We will use your health information for treatment. For example, information obtained by a nurse, physician, or other member of your health care team will be recorded in your record and used to determine your course of treatment. Members of your health care team will then record the actions they took and their observations.

(2) Payment. We will use your health information for payment. For example, a bill may be sent to you or a third-party payer, including Medicare or Medicaid. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.

(3) Health care operations. We will use your health information for regular health operations. For example, members of the medical staff, the risk or quality improvement manager, or members of the quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the health care and service we provide.

Additionally, regular health care operations may require periodic disclosures of your health information to Private and State or Federally governed agencies for any licensing,

credentialing, accreditation and/or certification process by which our community is licensed. For example, the state licensing body may conduct annual surveys to renew our operating license. In accordance with federal mandates, we as an Organization are required to maintain a record of these types of disclosures. You have the right to ask whether your personal health information was disclosed in these situations, and we have an obligation to provide you with an answer, specifying what sections of your health information may have been provided to such agencies.

(4) Business associates. There are some services provided in our organization through contacts with business associates. Examples include our accountants, consultants and attorneys. When these services are contracted, we may disclose your health information to our business associates so that they can perform the job we have asked them to do. Our business associates are also subject to direct government enforcement regarding the privacy and security of your health information.

(5) Notification. We may use or disclose health information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, of your location, and general condition. If we are unable to reach your family member or personal representative, then we may leave a message for them at the phone number that they have provided us, e.g., on an answering machine.

(6) Communication with people involved in your care or payment for your care. Health professionals, using their best judgment, may disclose to an authorized family member, other relative, close personal friend or any other person: your identity, health information relevant to that person's involvement in your care or payment related to your care. If you wish to list any specific family members or friends with whom you do not want your health information shared, please note this on the attached Acknowledgment form.

(7) Research. We may disclose health information to researchers when their 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.

(8) Coroners, medical examiners, funeral directors. We may disclose health information to funeral directors and coroners to carry out their duties consistent with applicable law.

(9) Marketing. We may contact you for purposes of informing you of health care products, services, or treatment options offered by this Organization that we think may be of particular interest to you. We may communicate with you for purposes of case management or care coordination or to recommend alternative treatments, therapies, health care providers, or settings of care.

(10) Fund-raising. We may contact you as part of a fund-raising effort. You have the right, at any time, to opt-out of fund-raising communications. Any fund-raising materials sent to you on behalf of St. Andrew's Charitable Foundation provide you with an opportunity and instructions for opting-out of receiving future such communications.

(11) Food and Drug Administration (FDA). We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and

product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

(12) Law enforcement. We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.

(13) Lawsuits and disputes. If you are involved in a lawsuit or dispute, we may disclose health 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 in the dispute.

(14) Reports. Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public.

(15) Required by Law. We may disclose your health information as may be required by state and federal law.

(16) National Security. We may disclose your health information to federal and state officials as may be required for national security.

Other Uses of Health Information

Other uses and disclosures of health information not covered by this notice, or the laws that apply to us, will be made only with your written permission. If you provide us permission to use or disclose health 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 health 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 permission, and that we are required to retain our records of the care that we provided to you.

Your Health Information Rights

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

- You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. Such a request must be made in writing and submitted to the Privacy Officer. We are not required to agree to your request, however, if we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

- You have the right to request that we communicate with you about health matters by alternative means or at alternative locations. Such a request must be made in writing, and submitted to the Privacy Officer. We will attempt to accommodate all reasonable requests.
- You have the right to inspect and copy health information about you, which will be provided to you in the time frames established by law. Usually this includes medical and billing records, but does not include psychotherapy notes. To inspect or copy your medical records, please contact the Privacy Officer. If you request copies, we will charge you a reasonable fee. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by the Organization will review your request and denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.
- If you believe that any health information in your record is incorrect or if you believe that important information is missing, you may request that we correct or amend the existing information or add the missing information. Such requests must be made in writing to the Privacy Officer, and must provide a reason to support the amendment. We ask that you use the form provided by our Organization to make such requests. For a request form, please contact the Privacy Officer. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that: (1) was not created by us; (2) is not part of the medical information kept by the Organization; (3) is not part of the information which you would be permitted to inspect and copy; or (4) is accurate and complete.
- You may request that we provide you with a written accounting of disclosures made by us during the time period for which you request (not to exceed six years). Such requests must be made in writing to the Privacy Officer. Please note that an accounting will not apply to any of the following types of disclosures: disclosures made for reasons of treatment, payment or health care operations; disclosures made to you or your legal representative, or any other individual involved with your care; disclosures to correctional institutions or law enforcement officials; and disclosures for national security purposes. You will not be charged for your first accounting request in any 12 month period. However, for any requests that you make thereafter, you will be charged a reasonable, cost-based fee.
- You have the right to request a restriction or limitation on the health information we disclose about you to a health plan for purposes of payment or health care operations if you, or someone on your behalf, has paid for the health care item or service out of pocket in full. Such a request must be made in writing and submitted to the Privacy Officer.
- You have the right to obtain a paper copy of our Notice of Privacy Practices upon request.

For More Information or to Report a Problem

If you have questions and would like additional information, you may contact our Privacy Officer, Heather Finkelston.

If you believe that your privacy rights have been violated, you may file a complaint with us. These complaints must be filed in writing on the "Compliance Direct Mail Access" form. This form may be obtained from the reception desk, and when completed should be returned to the Administrator. You may also file a complaint with the Secretary of the federal Department of Health and Human Services. There will be no retaliation for filing a complaint.

Acknowledgment of Receipt of Notice of Privacy Practices

I acknowledge that I have received a copy of _____ (“Organization”) Notice of Privacy Practices. I understand that as part of my health care, the organization originates and maintains records describing my health history, symptoms, examination and test results, diagnoses, treatment and any plans for future care or treatment. I understand this information serves as:

- A basis for planning my care and treatment
- A means of communication among the many professionals who contribute to my care
- A means by which insurance companies can certify that services billed were actually provided, and
- A tool for routine health care operations, such as assessing quality and reviewing the competence of the health care professionals

I request the following restrictions to the use or disclosure of my health information:

Signature of participant or personal representative

Date

You may refuse to sign this form.

For Official Use Only

On _____ this Organization attempted to obtain written acknowledgment of receipt of Notice of Privacy Practices. A copy of the foregoing was given to Individual but written acknowledgement could not be obtained because:

- Individual refused to sign
- Communication with individual was impossible
- Other (*please describe*) _____

Print Name

Title

Signature