

Avamere Family of Companies

NOTICE OF PRIVACY INFORMATION PRACTICES

Effective date: January 1, 2012

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.

A. General description and purpose of notice.

This notice describes our information privacy practices and that of:

1. Any health care professional authorized to enter information into your medical record created and/or maintained at our facility;
2. Any member of a volunteer group which we allow to help you while receiving services at our facility;
3. All facility employees, staff, and other personnel; and
4. Other entities under contract to assist in providing healthcare in a clinically integrated manner.

The above individuals or entities may share your health information with each other for purposes of treatment, payment, or health care operations, as further described in this notice.

B. Our facility's policy regarding your health information.

Certain state and federal laws and regulations require us to implement policies and procedures to safeguard the privacy of your health information. This notice will provide you with information regarding our privacy practices and applies to all of your health information created and/or maintained at our facility, including any information that we receive from other health care providers or facilities. The notice describes the ways in which we may use or disclose your health information and describes your rights and our obligations regarding any such uses or disclosures. We reserve the right to change the terms of this notice of privacy practices and to make new notice provisions effective for all health information we maintain. In the event of revision, new copies will be posted in the facility, on our website and available upon request.

C. Uses or disclosures of your health information.

We may use or disclose your health information in one of following ways:

- For purposes of treatment, payment or health care operations;
- Pursuant to your written authorization;
- Pursuant to your verbal agreement; or
- As permitted or required by law.

The following describes each of the different ways that we may use or disclose your health information.

1. Uses or disclosures made without your authorization.

We may use or disclose your health information for purposes of treatment, payment, or health care operations.

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- a. **Treatment.** We may use your health information to provide you with health care treatment and services. We may disclose your health information to personnel who are involved in your health care.
- b. **Payment.** We may use or disclose your health information so that we may bill and collect payment from you, an insurance company, or another third party for the health care services you receive at our facility.
- c. **Health care operations.** We may use or disclose your health information to perform certain functions within our facility. These uses or disclosures are necessary to operate our facility and to make sure that our residents receive quality care.

2. Uses or disclosures made pursuant to your written authorization.

We may use or disclose your health information pursuant to your written authorization for purposes other than treatment, payment or health care operations. You have the right to revoke a written authorization at any time as long as your revocation is provided to us in writing. If you revoke your written authorization, we will no longer use or disclose your health information for the purposes identified in the authorization. Uses or disclosures not described in this notice will be made only with your written authorization.

3. Uses or disclosures made pursuant to your verbal agreement.

We may use or disclose your health information, pursuant to your verbal agreement, for purposes of including you in our facility directory or for purposes of releasing information to persons involved in your care as described below.

- a. **Facility directory.** We may use or disclose certain limited health information about you in our facility directory while you are a resident at our facility. This information may include your name, your assigned unit and room number and your religious affiliation and a general description of your condition. Your religious affiliation may only be given to a member of the clergy. The directory information, except for religious affiliation, may be given to people who ask for you by name. If you would like to opt out of our facility directory please inform the admissions' staff.
- b. **Individuals directly involved in your care.** We may disclose your health information to individuals, such as family and friends, who are directly involved in your care or who help pay for your care. We also may disclose your health information to a person or organization assisting in disaster relief efforts for the purpose of notifying your family or friends involved in your care about your condition, status and location.

4. Uses or disclosures permitted or required by law

Certain state and federal laws and regulations either require or permit us to make certain uses or disclosures of your health information without your permission. These uses or disclosures are generally made to meet public health reporting obligations or to ensure the health and safety of the public at large. The uses or disclosures which we may make pursuant to these laws and regulations include the following:

- a. **Public health activities.** We may use or disclose your health information to public health authorities that are authorized by law to receive and collect health information for the purpose of preventing or controlling disease, injury or disability.

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- b. Health oversight activities.** We may use or disclose your health information to a health oversight agency that is authorized by law to conduct health oversight activities. These oversight activities may include audits, investigations, inspections, or licensure and certification surveys.
- c. Judicial or administrative proceedings.** We may use or disclose your health information to courts or administrative agencies charged with the authority to hear and resolve lawsuits or disputes.
- d. Worker's compensation.** We may use or disclose your health information to worker's compensation programs when your health condition arises out of a work-related illness or injury.
- e. Law Enforcement official.** We may use or disclose your health information in response to a request received from a law enforcement official.
- f. Coroners, medical examiners, or funeral directors.** We may use or disclose your health information to a coroner or medical examiner for the purpose of identifying a deceased individual or to determine the cause of death. We also may use or disclose your health information to a funeral director for the purpose of carrying out his/her necessary activities.
- g. Organ procurement organizations or tissue banks.** If you are an organ donor, we may use or disclose your health information to organizations that handle organ procurement, transplantation, or tissue banking for the purpose of facilitating organ or tissue donation or transplantation.
- h. Research.** We may use or disclose your health information for research purposes under certain limited circumstances.
- i. To avert a serious threat to health or safety.** We may use or disclose your health information when necessary to prevent a serious threat to the health or safety of you or other individuals.
- j. Military and veterans.** If you are a member of the armed forces, we may use or disclose your health information as required by military command authorities.
- k. National security and intelligence activities.** We may use or disclose your health information to authorized federal officials for purposes of intelligence, counterintelligence, and other national security activities, as authorized by law.
- l. Required by Law.** We may use or disclose your information where such uses or disclosures are required by federal, state or local law.

D. Your rights regarding your health information

You have the following rights regarding your health information which we create and/or maintain:

- 1. Right to inspect and copy.** You have the right to inspect and copy health information that may be used to make decisions about your care. Generally, this includes medical and billing records, but does not include psychotherapy notes. If this facility maintains an electronic health record

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you may request a copy in writing of your record in either electronic or paper format. This facility may charge for a copy of your records.

2. **Right to request an amendment.** If you feel that the health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for our facility.

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:

- a. was not created by us, unless the person or entity that created the information is no longer available to make the amendment
 - b. is not part of the health information kept by or for our facility
 - c. is not part of the information which you would be permitted to inspect and copy
 - d. is accurate and complete
3. **Right to an accounting of disclosures.** You have the right to request an accounting of the disclosures which we have made of your health information. This accounting will not include disclosures of health information that we made for purposes of treatment, payment, or health care operations.
 4. **Right to request restrictions.** 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, such as a family member or friend, who is involved in your care or in the payment of your care. In addition, you may restrict disclosures to a health plan if you are paying for your care entirely out-of-pocket.

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 emergency treatment to you.

5. **Right to request confidential communications.** You have the right to request that we communicate with you about your health care in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.
6. To exercise your rights under this section, contact the Medical Records department at this facility.

E. Complaints

If you believe your privacy rights have been violated, or you need more information regarding your rights, please contact our privacy officer or the secretary of the Department of Health and Human Services as follows:

Avamere Family of Companies Privacy Officer
25117 SW Parkway, Suite F
Wilsonville, OR 97070
(503) 570-3405

Office of Civil Rights
Instructions located at:
<http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html>

You will NOT be penalized for filing a complaint