

NOTICE OF PRIVACY PRACTICES

Lutheran Services for the Aging, Inc.

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.

If you have any questions about this notice, please contact the Lutheran Services for the Aging's Privacy Officer at (888) 523-7244.

WHO WILL FOLLOW THIS NOTICE.

This notice describes Lutheran Services for the Aging's (hereafter referred to as Facility) practices at all its locations and that of:

- Any independent health care professional who treats or cares for Participants/Residents at the Facility and is authorized to enter information into your medical record.
- All departments and units of Facility.
- All employees of Facility.
- Any volunteers we allow to help you while you are in Facility.
- Any vendors or independent contractors who have access to protected health information of Participants/Residents at Facility.
- All students or trainees.
- Any Facility corporate office staff.
- All the above listed persons, entities, sites and locations follow the terms of this notice. In addition, these persons, entities, sites and locations may share medical information with each other for your treatment or Facility operations purposes and the purposes described in this notice. The independent health care professionals, who provide care at Facility and have agreed to follow the terms of this notice, are not employees or agents of Facility and Facility is not responsible for how they fulfill their professional responsibilities.

THE MEDICAL INFORMATION TO WHICH NOTICE APPLIES:

This notice applies to all of the records of your care and billing for care that are created at Facility, whether made by Facility personnel, your independent personal doctor or other independent health care personnel, who are responsible for their own actions. These records are the physical property of and are owned by Facility. Your personal doctor or other independent health care personnel treating you may have different policies regarding confidentiality and disclosure of your medical information that is created in their office or locations other than Facility.

WHAT THIS NOTICE DOES:

This notice will tell you about the ways in which the people listed above may use and disclose medical information about you at Facility. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information at Facility.

We are required by law to:

- Make sure that medical information that identifies you is kept private;
- Give you this notice of our legal duties and privacy practices at Facility with respect to medical information about you; and
- Follow the terms of the notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU.

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

- **For Treatment.** We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you, to persons who are involved in taking care of you at Facility, such as independent doctors and other independent health care professionals who are permitted to treat or care for Participants/Residents of Facility, nurses, nurses aides and other Facility personnel or to students and faculty who are participating in clinical teaching experiences at Facility. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell the dietitian if you have diabetes so that we can arrange for appropriate meals. Different departments of the Facility also may share medical information about you in order to coordinate what you need, such as therapy, lab work and activities. We also may need to disclose medical information about you to people outside Facility who may be involved in your medical care before, during or after you leave Facility, such as family members, or others who provide services, such as hospitals, therapists, or medical specialists, that are

part of your care. We may provide, without your consent, medical information about you in connection with any transfer of you to obtain health care elsewhere. We will otherwise only disclose medical information about you to people outside Facility, who are not currently involved in your care at Facility, with your consent, except for disclosures that are required or permitted by law.

- **For Payment.** We may need to use and disclose medical information about you so that the treatment and services you receive at Facility or as given by other providers may be billed to and payment may be collected from you, Medicare and Medicaid, an insurance company/health plan, or a third party. For example, we may need to give Medicare or Medicaid information about lab work or therapy you received at Facility so Medicare or Medicaid will pay us or reimburse you for the lab work or therapy. We are permitted by law to disclose the amount of medical information necessary for us to obtain payment for the care and services provided to you. Our disclosure of medical information for the purpose of obtaining payment for the care and services provided to you, may also include our giving information to your family members who are involved in your care, insured on your policy or help pay for your care.
- **For Health Care Operations.** We may use and disclose medical information about you for Facility operations. These uses and disclosures are necessary to run the Facility and make sure that all of our Participants/Residents receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the qualifications and performance of our staff in caring for you. We may also combine medical information about many Facility Participants/Residents to decide what additional services the Facility should offer, what services are not needed, and whether improvements can be made. We may also disclose information to nurses, technicians and other Facility personnel, independent doctors and health care professionals who are involved in treatment of Participants/Residents at Facility or faculty and students who are having clinical education experiences at Facility for review and learning purposes. We will only disclose, with your consent, medical information about you that identifies you to people outside Facility, who are not currently involved in your care, except for disclosures that are required or permitted by law.
- **Treatment Alternatives.** We may use and disclose medical information to tell you about or recommend different ways to treat you.
- **Health-Related Benefits and Services.** We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.
- **Fundraising Activities.** We will not share information about you with people or organizations that are involved in general fund-raising activities. We may share information about you with people or organizations that are involved in fund-raising activities by or for the benefit of Facility. We only would release contact information, such as your name and room number. If you do not want the Facility to contact you for fundraising efforts, you must notify the Administrator or Executive Director in writing.
- **Adult Day Services/Nursing Home Roster or Directory.** Unless you tell us otherwise, we will include certain limited information about you in the Facility roster or directory while you are a Participant/Resident at Facility. This information may include your name, room number and religious affiliation. This directory information, except for your religious affiliation, may be released to people who ask for you by name. Your religious affiliation may be given to a member of the clergy, such as a priest or rabbi, even if they do not ask for you by name. This is so your family, friends and clergy can visit you in the Facility and generally know how you are doing. If you choose not to be listed in the directory, then we may not be able to acknowledge that you are in the Facility to your family, friends, clergy or delivery people. If you do not want anyone to know this information about you, if you want to limit the amount of information that is disclosed, or if you want to limit who gets this information, you must notify the Administrator or Executive Director in writing or indicate your choice on the Facility's Participant/Resident Directory Instructions Form.
- **Individuals Involved in Your Care.** Except as explained above concerning information furnished in connection with the Facility Roster or Directory, we may disclose medical information about you to a friend or family member who is involved in your medical care, unless you are able to and object. 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 condition, status, and location. You can object to these disclosures by telling us that you do not wish any or all individuals involved in your care to receive this information. If you cannot agree or object, we will use our professional judgment to decide whether it is in your best interest to disclose relevant information to someone who is involved in your care or to an entity assisting in a disaster relief effort.
- **Research.** Under rare 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 Participants/Residents who received one medication to those who received another for the same condition. All research projects, however, will require your written consent if the researchers will know who you are. Medical information about you that has had identifying information removed may be used for research without your consent.
- **As Required By Law.** We will disclose medical information about you when required to do so by federal, state, or local law.
- **To Avert a Serious Threat to Health or Safety.** We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat and limited to the information needed.

SPECIAL SITUATIONS:

- **Organ and Tissue Donation.** If you are an organ or tissue donor, we are required by law to provide medical information about you to the person or entity who receives the organ or tissue donation.
- **Public Health Risks.** We may disclose without your consent medical information about you for public health activities. These activities generally include the following:
 - to prevent or control disease, injury, or disability;
 - to report cancer, deaths or other items required to be reported;
 - to report suspected abuse or neglect as required by law;
 - to report reactions to medications or problems with products;
 - to notify people of recalls of products they may be using; and
 - to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.
- **Surveys and Other Health Oversight Activities.** We may disclose without your consent medical information to a health oversight agency when authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with applicable laws. The Department of Health and Human Services has authority to inspect nursing homes and to review any records of the current or former Participants/Residents of the nursing home unless you object in writing to review of your records. The state ombudsman can review your records with your consent or the consent of your legal representative. Some professional licensing boards, such as the board that governs licensing of physicians, have the right to review your records when investigating a particular physician.
- **Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we must disclose medical information about you in response to a court or administrative order. We also may disclose medical information about you in response to a subpoena or other lawful process from someone involved in a dispute by furnishing your medical records or information under seal to the court. The copies of your medical record under seal may only be opened by the judge, the parties to the case, or their attorneys unless a judge orders otherwise.
- **Law Enforcement.** We may release without your consent medical information to a law enforcement official:
 - In response to a court order, grand jury demand, or search warrant;
 - To report a death or injury we believe may be the result of criminal conduct; or
 - To report criminal conduct committed at the Nursing Home.
- **Coroners, Medical Examiners, and Funeral Directors.** We may release without your consent medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about the identity of Participants/Residents at Facility to funeral directors as necessary to carry out their duties.
- **Behavioral Health Care.** Regardless of the other parts of this Notice, any information relating to alcohol and drug treatment or other behavioral health care treatment, including psychotherapy notes, will not be disclosed outside the Facility except as authorized by you in writing, pursuant to a court order, or as required by law. Psychotherapy notes about you will not be disclosed to personnel working within the Facility, other than to the person who wrote the notes, except for training purposes or to defend a legal action brought against the Facility, unless you have properly authorized such disclosure in writing.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU.

You have the following rights regarding medical information we maintain about you:

- **Right to Inspect and Copy.** If you are a current Participant/Resident, you or your representative have the right to inspect your records within 24 hours of your request, excluding weekends and holidays. If you are a current Participant/Resident, you or your legal representative have a right to purchase copies of your records or any portions of your records on two working days' advance notice to the Facility. If you are no longer a current Participant/Resident at the time of your request to inspect or copy your records, the Facility has a longer time within which to respond to your request up to 60 days from the date of your request.
To inspect or receive a copy of your records, you must submit your request in writing to the Business Office. If you request a copy of the information, we may charge a fee not to exceed the community standard rate for the costs of copying, mailing, or other supplies associated with your request and may collect the fee before providing the copy to you. If you agree, we may provide you with a summary of the information instead of providing you with access to it, or with an explanation of the information instead of a copy. Before providing you with such a summary or explanation, we first will obtain your agreement to pay and will collect the fees, if any, for preparing the summary or explanation.
- **Right to Amend.** If you feel that medical 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 Facility. To request an amendment, your request must be made in writing and submitted to the Medical Records Department. In addition, you must provide a reason that supports your request.

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:

- Was created by a provider other than the Facility, unless the provider who created the information is no longer available to consider or make the amendment;
- Is not part of the medical information kept by or for Facility;
- Is not part of the information that you would be permitted to inspect and copy; or
- Has been determined to be accurate and complete.

- **Right to an Accounting of Disclosures.** You have the right to request a list of certain disclosures we have made of medical information about you.

To request this list or accounting of disclosures, you must submit your request in writing to Facility's Privacy Officer. Your request must state a time period that may not be longer than six years prior to the request 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. We may collect the fee before providing the list to you.

- **Right to Request Restrictions.** Except where we are required to disclose the information by law, you have the right to request a restriction or limitation on the medical information we use or disclose about you. For example, you could ask that we not use or disclose information about a treatment you had to a family member or friend.

We are not required to agree to your request to restrict use or disclosure of your information within Facility or among the health care professionals currently involved in your care at Facility except with regard to psychotherapy notes. If we do agree, we will comply with your requested restriction unless the information is needed to provide you emergency treatment. Except as permitted or required by law, we will only disclose your confidential medical information to persons outside Facility who are not currently involved in your care at Facility, in accordance with your written authorization.

To request restrictions, you must make your request in writing to the Medical Records Department. 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 Communications.** You or your representative have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you by speaking with you in a certain location or contacting your representative at work or at a certain mailing address.

To request communications by certain means, you must make your request in writing to the Medical Records Department and 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 a Paper Copy of This Notice.** You have the right to a paper copy of this notice or any revised notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

You may obtain a copy of this notice at our website, www.lsanc.net.

To obtain a paper copy of this notice, contact the Director or personnel responsible for Admissions.

OTHER USES OF MEDICAL INFORMATION.

Other uses and disclosures of medical information not covered by this notice will be made only with your written permission or as required by law. 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 purposes that you had authorized in writing. 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.

CHANGES TO THIS NOTICE.

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in the Facility. The notice will remain in effect for each subsequent visit unless changed. If the notice changes, a copy will be made available to you upon request.

COMPLAINTS.

If you believe your privacy rights have been violated, you may file a complaint with Facility or with the Secretary of the United States Department of Health and Human Services. To file a complaint, contact the Privacy Officer, at (888) 523-7244. All complaints must be submitted in writing.

You will not be penalized for filing a complaint.

EFFECTIVE DATE: MARCH 1, 2003, Revised 10/8/07