

EPISCOPAL

— ◆ ◆ ◆ ◆ —

SENIOR COMMUNITIES

NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION

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. INTRODUCTION

During the course of providing services and care to you, Episcopal Senior Communities gathers, creates, and retains certain personal information about you that identifies who you are and relates to your past, present, or future physical or mental condition, the provision of health care to you, and payment for your health care services. This personal information is characterized as your “protected health information.” Protected health information consists of any information relating to your physical or mental health, to any health care provided to you, or to payment for such care and that either identifies you or provides information that can be used to identify you. This Notice of Privacy Practices describes how Episcopal Senior Communities maintains the confidentiality of your protected health information, and informs you about the possible uses and disclosures of such information. It also informs you about your rights with respect to your protected health information.

B. EPISCOPAL SENIOR COMMUNITIES’S RESPONSIBILITIES

Episcopal Senior Communities is required by federal and state law to maintain the privacy of your protected health information. Episcopal Senior Communities is also required by law to provide you with this Notice of Privacy Practices that describes Episcopal Senior Communities’ legal duties and privacy practices with respect to your protected health information. Episcopal Senior Communities will abide by the terms of this Notice of Privacy Practices. Episcopal Senior Communities reserves the right to change this or any future Notice of Privacy Practices and to make the new notice provisions effective for all protected health information that it maintains, including protected health information already in its possession. The notice will be made available

to you upon request. In addition, the notice will be posted in a clear and prominent place in the facility and on the Episcopal Senior Communities website.

C. USE AND DISCLOSURE WITH YOUR AUTHORIZATION

Episcopal Senior Communities will require a written authorization from you before it uses or discloses your protected health information, unless a particular use or disclosure is expressly permitted or required by law without your authorization. An authorization is generally required for the following uses or disclosures, except in very limited circumstances: (1) uses or disclosures of psychotherapy notes; (2) uses or disclosures of protected health information for marketing purposes; and (3) disclosures of protected health information that constitute its sale.

Episcopal Senior Communities has prepared an authorization form for you to use that authorizes Episcopal Senior Communities to use or disclose your protected health information for the purposes set forth in the form. You are not required to sign the form as a condition to obtaining treatment or having your care paid for. If you sign an authorization, you may revoke it at any time by written notice. Episcopal Senior Communities then will not use or disclose your protected health information, except where it has already relied on your authorization.

D. HOW EPISCOPAL SENIOR COMMUNITIES MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION WITHOUT YOUR AUTHORIZATION

Episcopal Senior Communities may use or disclose your protected health without your written authorization in the following circumstances:

1. Your Care and Treatment

Episcopal Senior Communities may use or disclose your protected health information to provide you with or assist in your treatment, care and services. For example, Episcopal Senior Communities may disclose your health information to health care providers who are involved in your care to assist them in your diagnosis and treatment, as necessary.

2. Billing and Payment

- a. Medicare, Medi-Cal and Other Public or Private Health Insurers – Episcopal Senior Communities may use or disclose your protected health information to public or private health insurers (including medical insurance carriers, HMOs, Medicare, and Medi-Cal) in order to bill and receive payment for your treatment and services that you receive. The information on or accompanying a bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.
- b. Health Care Providers – Episcopal Senior Communities may also disclose your protected health information to health care providers in order to

allow them to determine if they are owed any reimbursement for care that they have furnished to you and, if so, how much is owed.

3. Provision of Basic Information about Residents

Episcopal Senior Communities allows staff to provide certain basic information about a resident to persons who ask for the resident by name and to members of the clergy. Unless you notify Episcopal Senior Communities that you object, it will disclose your name, your location in the community, and your general condition to anyone who asks for you by name. It will disclose your name, your location in the community, your general condition, and your religious affiliation to members of the clergy.

4. Individuals Involved in Your Care or Payment for Your Care

Unless you specifically object, Episcopal Senior Communities may disclose to a family member, other relative, a close personal friend, or to any other person identified by you, all protected health information directly relevant to such person's involvement with your care or directly relevant to payment related to your care. Episcopal Senior Communities may also disclose your protected health information to a family member, personal representative, or other person responsible for your care to assist in notifying them of your location, general condition, or death.

5. Disclosures within Provider Community

Unless you specifically object, Episcopal Senior Communities may disclose certain general information about you (e.g., past activities, present interests, birthday, and location if hospitalized) to members of its community, including other residents and staff, by means such as newsletter or bulletin board.

6. Health Care and Community Operations

Episcopal Senior Communities may use your protected health information for its health care and community operations. These uses and disclosures are necessary to manage Episcopal Senior Communities and to monitor our quality of services and care. For example, we may use your protected health information to review our services and to evaluate the performance of our staff in caring for you.

7. Reporting

Episcopal Senior Communities will disclose protected health information about a resident who is suspected to be the victim of child, dependent adult, or elder abuse to the extent necessary to complete any oral or written report mandated by law. Under certain circumstances, Episcopal Senior Communities may disclose further protected health information about the resident to aid the investigating agency in performing its duties. Episcopal Senior Communities will promptly inform the resident about any disclosure unless Episcopal Senior Communities believes that informing the resident would place the resident in danger of serious harm, or would be informing the resident's personal representative, whom the Provider

believes to be responsible for the abuse, and believes that informing such person would not be in the resident's best interest.

8. Legal Process

Episcopal Senior Communities will disclose protected health information in accordance with an order of a court or of an administrative tribunal of a government agency. In addition, Episcopal Senior Communities will disclose protected health information in accordance with a valid subpoena issued by a party to adjudication before a court, an administrative tribunal, or a private arbitrator. Reasonable efforts will be made to notify you of the subpoena, or attempts will be made to obtain an order or agreement protecting your protected health information.

9. Law Enforcement Agencies and Officials

Episcopal Senior Communities will disclose protected health information to law enforcement agencies in accordance with a search warrant, a court order or court-ordered subpoena, or an investigative subpoena or summons. In addition, it may disclose such information as necessary to assist law enforcement officials investigating crimes involving residents.

10. National Security and Intelligence Activities

Episcopal Senior Communities will disclose protected health information about a resident to authorized federal officials conducting national security and intelligence activities or as needed to protect federal and foreign officials.

11. Licensing, Certification, and Accreditation

Episcopal Senior Communities may disclose your protected health information to any government or private agency, such as to the Medical Board of California, responsible for licensure or accreditation, so that the agency can carry out its oversight activities. These oversight activities include audits; civil, administrative, or criminal investigations; inspections; licensure or disciplinary actions; civil, administrative, or criminal proceedings or actions; or other activities necessary for appropriate oversight.

12. Public Health Activities

Episcopal Senior Communities may disclose your protected health information to any public health authority that is authorized by law to collect it for purposes of preventing or controlling disease, injury, or disability.

13. Business Associates

Episcopal Senior Communities may contract with certain individuals or entities, called "business associates," to provide services on its behalf. Examples include data processing, quality assurance, legal, or accounting services. Episcopal Senior Communities may disclose your protected health information to a business associate, as necessary, to allow the business associate to perform its functions.

Episcopal Senior Communities will have a contract with each business associate that obligate the business associate to maintain the confidentiality of your protected health information.

14. Marketing

Episcopal Senior Communities may use protected health information or disclose it to business associates in certain limited circumstances in order to encourage you to use a service or product. This includes, for example, making face-to-face communications with you about the service or product, providing you with a promotional gift of nominal value, or communicating about drug refills. Otherwise, it will obtain a specific written authorization from you before using or disclosing protected health information for marketing purposes.

15. Fundraising

Episcopal Senior Communities may use certain protected health information to contact you in an effort to raise money for Episcopal Senior Communities and its operations. Episcopal Senior Communities may disclose the protected health information to business associates or to related foundations that it uses to raise funds for its own benefit. The information to be used or disclosed for these purposes will be limited to certain demographic information, the dates of treatment, the department where services were provided, the treating physician, outcome information, and health insurance status. Each fundraising communication will provide a means by which you can opt out of receiving further such communications.

16. Sale of Protected Health Information

Episcopal Senior Communities may disclose your protected health information for remuneration in certain very narrow circumstances such as where a governmental agency reimburses it for its expenses in providing information for public health purposes. Otherwise, it will obtain a specific written authorization from you or your personal representative before receiving reimbursement for using or disclosing your protected health information.

17. Coroner

Episcopal Senior Communities will disclose protected health information to a coroner where the coroner requests the information to identify a decedent; to notify next of kin; or to investigate deaths that may involve public health concerns, suspicious circumstances, elder abuse, or organ or tissue donation. In other cases, Episcopal Senior Communities may disclose protected health information to the coroner to allow the coroner to perform its duties.

18. Organ Procurement

If you are an organ donor, Episcopal Senior Communities may disclose your protected health information following your death to an organ procurement agency or tissue bank in order to aid in using your organs or tissues in transplant.

19. Workers' Compensation

Episcopal Senior Communities may disclose your protected health information in order to comply with California workers' compensation laws.

20. Preventing Danger to Identified Persons

Episcopal Senior Communities may disclose your protected health information to prevent an immediate, serious threat to the safety of an identified person.

21. Disaster Relief

Episcopal Senior Communities may disclose your protected health information to a public or private entity authorized to assist in disaster relief efforts.

22. Research

Episcopal Senior Communities may disclose your protected health information for research purposes, provided that an outside Institutional Review Board overseeing the research approves the disclosure of the information without a written authorization.

23. Hospital Peer Review

Episcopal Senior Communities may disclose your protected health information to hospital medical staffs to aid in the credentialing of applicants and in the peer review of members.

24. Disclosures Otherwise Required by Law

Episcopal Senior Communities will disclose protected health information about a resident when otherwise required by law.

E. YOUR RIGHTS REGARDING PROTECTED HEALTH INFORMATION

You have the following rights with respect to your protected health information. To exercise these rights, contact Episcopal Senior Communities at the following address: Episcopal Senior Communities, 2185 North California Boulevard, Suite 575, Walnut Creek, CA 94596, Attention: Privacy Officer.

1. Right to Receive a Copy of the Notice of Privacy Practices

You have the right to request and receive a copy of Episcopal Senior Communities' Notice of Privacy Practices for Protected Health Information in written or electronic form.

2. Right to Request Special Privacy Protections

You have the right to request restrictions on the use and disclosure of your protected health information for treatment, payment or health care operations, or providing notifications regarding your identity and status to persons inquiring about or involved in your care. Episcopal Senior Communities is not required to

grant your request except where you ask it not disclose information to your health plan regarding care paid for by you or someone else out of pocket. Whenever the Provider agrees to comply with your request, it will do so, unless there is an emergency or until the Provider or you terminate the restriction. You also have the right to request that Episcopal Senior Communities communicate protected health information to you or another recipient by alternative means or at alternative locations.

3. Right to Request Access

You have the right to inspect and copy your health records maintained by Episcopal Senior Communities. This includes the right to have electronic records made available in electronic format to you or to someone whom you designate. In certain limited circumstances, Episcopal Senior Communities may deny your request as permitted by law. However, you may be given an opportunity to have such denial reviewed by an independent licensed health care professional.

4. Right to Request Amendment

You have the right to request an amendment to your health records maintained by Episcopal Senior Communities. If your request for an amendment is denied, you will receive a written denial, including the reasons for such denial, and an opportunity to submit a written statement disagreeing with the denial.

5. Right to an Accounting

You have the right to receive an accounting of disclosures of your protected health information created and maintained by Episcopal Senior Communities over the six years prior to the date of your request or for a lesser period of time. Episcopal Senior Communities is not required to provide an accounting of certain routine disclosures or of disclosures of which you already are aware.

F. NOTICE OF SECURITY BREACHES

Episcopal Senior Communities will provide you with written notification in the event of a security breach involving your protected health information. The notification will describe what happened, the types of information involved, the steps that Episcopal Senior Communities is taking to deal with the situation, what you should do to protect yourself against any harmful consequences, and contacts for obtaining further information.

G. COMPLAINTS

If you believe that your privacy rights have been violated, you may file a complaint with Episcopal Senior Communities at the following address: Privacy Officer, Episcopal Senior Communities, 2185 North California Boulevard, Suite 575, Walnut Creek, CA 94596 or by phone at 800-596-7359. You also have the right to submit a complaint to the Secretary of the U.S. Department of Health and Human Services, 90 7th Street, Suite 4-100, San Francisco, CA 94103, Telephone: (415)437-8310, Fax: (415)437-8329, TDD:

(415) 437-8311, Attention OCR Regional Manager. **Episcopal Senior Communities will not retaliate against you if you file a complaint.**

H. FURTHER INFORMATION

If you have questions about this Notice of Privacy Practices or would like further information about your privacy rights, contact Episcopal Senior Communities at the following address: Privacy Officer, Episcopal Senior Communities, 2185 North California Boulevard, Suite 575, Walnut Creek, CA 94596 or by phone at 800-596-7359.

[remainder of this page intentionally blank]

**NOTICE OF PRIVACY PRACTICES
ACKNOWLEDGEMENT OF RECEIPT**

The effective date of this Notice of Privacy Practices is _____

I hereby acknowledge receipt from Episcopal Senior Communities of a copy of its Notice of Privacy Practices for Protected Health Information effective on the date set forth above.

RESIDENT:

PERSONAL REPRESENTATIVE:
(if signed on resident's behalf)

OR

Signature of Resident

Signature of Personal Representative

Print Name of Resident

Print Name and Relationship to Resident

Address

Address

City State ZIP

City State ZIP

Telephone

Telephone

Date

Date

**CONFIRMATION OF RECEIPT
OF NOTICE OF PRIVACY PRACTICES FOR
PROTECTED HEALTH INFORMATION**

Name of Resident: _____

Episcopal Senior Communities hereby certifies that it provided:

- the above named resident; or
- _____ [*Name of Personal Representative*],
the personal representative of the above-named resident with a copy of its Notice of Privacy Practices for Protected Health Information on _____ [*Insert Date*], and at the same time made a good faith effort to obtain a written acknowledgment of his/her receipt of such Notice of Privacy Practices.

Episcopal Senior Communities did not receive a written acknowledgment of receipt because:

EPISCOPAL SENIOR COMMUNITIES:

Signature: _____

Printed Name: _____

Title: _____

Date: _____