

**NOTICE OF PRIVACY PRACTICES
FOR PROTECTED HEALTH INFORMATION
(Healthcare Centers, Pharmacies & Assisted Living Centers)**

Effective Date: April, 2003

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
UHS-Pruitt Corporation at (770) 279 - 6200.

WHO WILL FOLLOW THIS NOTICE:

This notice describes our healthcare center/agency's practices and that of:

- All departments and units of the healthcare center/agency.
- Any member of a volunteer group we allow to help you while you are in the healthcare center/agency.
- All employees, staff and other healthcare center/agency personnel.

OUR PLEDGE REGARDING YOUR HEALTH INFORMATION:

We understand that information about you and your health is personal. We are committed to protecting your health information. We create a record of the care and services you receive at the healthcare center/agency, as well as records regarding payment for those services. We need these records to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by the healthcare center/agency, whether made by healthcare center/agency personnel or your personal doctor. Your personal doctor may have different policies or notices regarding the doctor's use and disclosure of your medical information created in the doctor's office or clinic.

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

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 with respect to medical information about you.

- Follow the terms of the notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU:

The following categories describe different ways that we use and disclose health 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 health information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students, or other healthcare center/agency personnel who are involved in taking care of you at the healthcare center/agency. 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 healthcare center/agency also may share medical information about you in order to coordinate the different things you need, such as prescriptions and lab work.
- ▶ **For Payment.** We may use and disclose health information about you so that the treatment and services you receive at the healthcare center/agency may be billed, and that payment may be collected from you, an insurance company or another third party. For example, we may need to give your health plan information about services that you received at the healthcare center/agency so your health plan will pay us or reimburse you for the services. 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.
- ▶ **For Health Care Operations.** We may use and disclose medical information about you for health care operations. These uses and disclosures are necessary to run the healthcare center/agency and to make sure that all residents receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine medical information about many healthcare center/agency patients/residents to decide what additional services the healthcare center/agency should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, therapists, consultants, technicians, medical students, and other healthcare center/agency personnel for review and learning purposes. We may also combine the medical information we have with medical information from other healthcare centers/agencies to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning who the specific residents/patients are.
- ▶ **Treatment Alternatives.** We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to 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.
- ▶ Name Placement. We may place your name on the door to your room, on your meal tray, and on pieces of equipment that you might use, including a wheelchair. This aids our staff in identifying your items in order to provide you the best possible care. Further, this practice will assist you in locating your room and equipment.
- ▶ Individuals Involved in Your Care or Payment for Your Care. Unless you object, we may release medical information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care. We may also tell your family or friends of your condition. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort.
- ▶ 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.
- ▶ To Those Involved in Your Care. We may disclose medical information about you to people who may be involved in your care, such as your family members, close personal friends and, if applicable, a private sitter. If, at any time you do not want such people involved in your care, you may instruct us not to make any disclosures to them.
- ▶ Private Sitters. If you hire a private sitter, we will disclose medical information about you to aid your sitter in caring for you. There may be private sitters working for other patients/residents of the healthcare center/agency. These sitters may hear incidental information about you.

SPECIAL SITUATIONS:

- ▶ Organ and Tissue Donation. If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.
- ▶ Military and Veterans. If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

- ▶ Workers' Compensation. If applicable, we may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.
- ▶ Public Health Risks. We may disclose medical information about you for public health activities. These activities generally include the following:
 - To prevent or control disease, injury or disability.
 - To report deaths.
 - To report reactions to medications or problems with products.
 - To notify people of recalls of products they may be using.
 - 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.
 - To notify the appropriate government authority if we believe 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 to a health oversight agency for activities 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 civil rights laws.
- ▶ Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, 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 we receive satisfactory assurances that the party seeking the information has made efforts to tell you about the request or to obtain an order protecting the information requested.
- ▶ Law Enforcement. We may release medical information if asked to do so by a law enforcement official:
 - In response to a court order, subpoena (after we attempt to notify you), warrant, summons or similar process.
 - To identify or locate a suspect, fugitive, material witness, or missing person.
 - About the victim of a crime if, 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 at our offices.
 - 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.
- ▶ Coroners, Medical Examiners and Funeral Directors. We may release 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 patients of the healthcare center/agency to funeral directors as necessary to carry out their duties.

- ▶ National Security and Intelligence Activities. We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.
- ▶ Protective Services for the President and Others. We may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU:

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

- ▶ Right to Inspect and Copy. You or your legal representative has the right to inspect and copy medical information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes. We must provide you with access to your records within 24 hours of your request, not including weekends or holidays. We must provide you with a copy of your records within two (2) working days following your request.

To inspect and copy medical information that may be used to make decisions about you, submit your request orally or in writing to UHS-Pruitt Corporation.

If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.

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 if the denial is made for certain reasons. Another licensed health care professional chosen by the healthcare center/agency will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

- ▶ 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 the healthcare center/agency.

To request an amendment, your request must be made in writing and submitted to the UHS-Pruitt Corporation. 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 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 the healthcare center/agency.
- Is not part of the information which you would be permitted to inspect and copy.
- Is accurate and complete.

- ▶ 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 medical information about you.

To request this list or accounting of disclosures, you must submit your request in writing to UHS-Pruitt Corporation. Your request must state a time period which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper, 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 Request Restrictions. You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations purposes. You may also request a limit on the medical 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. For example, you could ask that we not use or disclose information to your daughter, or that we not use your information in any quality assurance activities.

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.

To request restrictions, you must make your request in writing to UHS-Pruitt Corporation. 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 Confidential Communications. You 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 at work or by mail.

To request confidential communications, you must make your request in writing to UHS-Pruitt Corporation.. We will not ask you the reason for your request. We will accommodate reasonable requests. Your request must specify how or where you wish to be contacted.

- ▶ Right to a Paper Copy of This Notice. You have the right to a paper copy of this 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.

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 healthcare center/agency. The notice will contain on the first page, in the top right-hand corner, the effective date.

COMPLAINTS:

If you believe your privacy rights have been violated, you may file a complaint with the healthcare center/agency or with the Secretary of the Department of Health and Human Services. To file a complaint with the agency, contact UHS-Pruitt at (770) 279 - 6200.

All complaints must be submitted in writing. A complaint may be filed with the Secretary of the Department of Health and Human Services at:

Secretary
The U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201

Telephone: 202-619-0257
Toll Free: 1-877-696-6775

You will not be penalized in any way for filing a complaint.

OTHER USES OF MEDICAL INFORMATION:

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 permission. 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 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.