

FOUNDATIONS HEALTH SOLUTIONS, INC.

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.

We have summarized our responsibilities and your rights on this first page. For a complete description of our privacy practices, please refer to the pages that follow.

Our Responsibilities

Our facility is required to:

- Maintain the privacy and security of your health information
- Provide you with this notice of our legal duties and privacy practices
- Abide by the terms of this notice
- Not use or disclose your information without your authorization, except as described in this notice
- Notify you following a breach of your health information

Your Rights

You have the right to:

- View or obtain a copy of your paper or electronic medical record
- Request a correction to information in your medical record
- Request that we not use or disclose your health information in certain ways
- Request confidential communications
- Receive a list of disclosures we have made of your health information
- Request a paper copy of this notice
- Choose a personal representative to act on your behalf
- File a complaint if you believe that your privacy rights have been violated

Our Uses and Disclosures

We may use and disclose information in your medical record to:

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests;
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, or other government requests
- Respond to lawsuits and legal actions

You have the opportunity to prohibit or restrict how we use or disclose your information to:

- Tell family and friends about your condition
- Include you in a facility directory
- Provide disaster relief
- Market our services and sell your information
- **[if applicable:] Raise funds**

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

Understanding Your Health Record/Information

Each time you stay at a nursing facility, a record of your care is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and care plan. 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 health professionals who contribute to your care, and source of information for public oversight and quality assurance purposes.

Our Responsibilities

- We are required by law to maintain the privacy and security of your health information, to provide you with this notice as to our legal duties and privacy practices, and to abide by the terms of this notice.
- We will not use or disclose your information without your authorization, except as described in this notice. If you authorize a disclosure, you may revoke that authorization at any time, except to the extent that action has already been taken. Requests to revoke an authorization must be made in writing.
- We will notify you in the event a breach occurs that may compromise the privacy or security of your health information.

We reserve the right to change our privacy practices and to make the new provisions effective for all protected health information we maintain. Should our privacy practices change, a revised Notice of Privacy Practices will be posted in our facility, as well as on our website, and will be made available upon request.

How We Will Use or Disclose Your Health Information

- **Treatment:** We may use or disclose your information for your treatment, including sharing it with other health care providers who are treating you. For example, we may provide your physician with requested health information to assist him in treating you.
- **Payment:** We may use or disclose your information to bill and obtain payment, including for the payment activities of other health care providers or payers. For example, we may share information about you with your health plan to obtain payment for your care.
- **Health care operations:** We may use or disclose your health information for our regular health care operations, including to run our business, to improve the quality of our services, and to contact you. For example, we use information about you to manage your treatment and services. We may also disclose your health information for certain health care operations of other entities that have a relationship with you.
- **Business associates:** We sometimes contract with outside entities, such as accountants, lawyers, and consultants. We may disclose your health information to these business associates in connection with the services that they provide to us, but we require them to also safeguard your information.
- **Research:** We may use or disclose your information for health research when certain conditions have been met.
- **Transfer of information at death:** We may disclose health information to funeral directors, medical examiners, and coroners to carry out their duties consistent with applicable law.
- **Organ donation:** We may disclose health information to organ procurement organizations in accordance with law.
- **Workers' compensation:** We may disclose health information as authorized by and to comply with laws relating to workers' compensation or other similar programs established by law.
- **Public health activities:** We may disclose your health information to public health or legal authorities to assist with preventing or controlling disease, injury, or disability; to help with product recalls; to report adverse reactions to medications; to report suspected abuse, neglect, or domestic violence; or to prevent or reduce a serious threat to anyone's health or safety.
- **Compliance with law:** We may disclose your information as required by state, federal, or local laws.
- **Government requests:** We may disclose your health information to appropriate health oversight agencies for oversight activities that are authorized by law. We may also disclose health information for law enforcement purposes to a law enforcement official as permitted by law. We may also disclose your health information for certain specialized government functions, including military, veterans, and presidential protection services.
- **Legal proceedings:** We may disclose your health information in response to a court or administrative order or in response to a valid subpoena.

In some instances, you have the opportunity to prohibit or ask that we restrict the use of your information. If you have a preference for how we share your information in the following situations, please let us know. Note that if you are unable to tell

us your preference, we may disclose your information if we believe it is in your best interest or to avert a threat to health or safety:

- **Directory:** Unless you notify us that you object, we may use your name, location in the facility, general condition, and religious affiliation for directory purposes, provide this information to clergy and people who ask for you by name, and mark your name on a nameplate next to your door.
- **Family:** We may disclose to a family member, friend, or other person involved in your care health information relevant to that person's involvement in your care or payment for your care, including notifying them of your location and general condition. If appropriate, these communications may also be made after your death.
- **Disaster relief:** We may use or disclose your information to assist in a disaster relief situation
- **[if appropriate]: Fundraising:** We may contact you for fundraising efforts, but you will be provided an opportunity to opt out of these communications.

In other instances, we will never share your information unless you give us written permission. Specifically, we will not sell your health information, use your health information for marketing purposes, or use or disclose your psychotherapy notes, with some limited exceptions, without your written authorization.

Your Health Information Rights

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

- **Limit use or disclosure:** You may request that we not use or disclose your health information for a particular reason related to treatment, payment, or our operations. We ask that such requests be made in writing on a form provided by our facility. We will consider your request, but we are not required to abide by it, unless it is a request to prohibit disclosures to your health care plan relating to a service for which you have already paid in full out of pocket.
- **Confidential communications:** You may request that we contact and provide you with information by alternative means or at alternative locations. Such requests must be made in writing and submitted to _____. We will attempt to accommodate all reasonable requests.
- **Access to medical record:** You may request to view or obtain a paper or electronic copy of your medical record, which will be provided to you in the time frames established by law. You may make such requests orally or in writing; however, in order to better respond to your request, we ask that you make such requests in writing on our facility's standard form. We will charge you a reasonable, cost-based fee for paper or electronic copies.
- **Correct medical record:** If you believe that any health information in your record is incorrect or incomplete, you may request that we correct the existing information or add the missing information. Such requests must be made in writing, and must provide a reason to support the amendment. We ask that you use the form provided by our facility to make such requests. For a request form, please contact _____. If we deny your request, we will tell you why it was denied.
- **Obtain accounting:** You may request a written accounting of all disclosures of your information we have made during a specific time period (not to exceed 6 years). We ask that such requests be made in writing on a form provided by our facility. For a request form, please contact _____. Please note that the accounting will not include treatment, payment, health care operations, or certain other disclosures. You will not be charged for your first accounting request in any 12-month period, but for any requests that you make thereafter, you will be charged a reasonable, cost-based fee.
- **Copy of notice:** You have the right to obtain a paper copy of this Notice of Privacy Practices upon request. You may also access and print a copy of our notice from our website at _____.
- **File a complaint:** If you believe your privacy rights have been violated, you may file a complaint by calling _____ or by submitting a written complaint. The complaint form may be obtained from _____, and when completed should be returned to _____. You may also file a complaint with the Secretary of the Department of Health and Human Services. There will be no retaliation for filing a complaint.

For more information on your health information rights, see <http://www.hhs.gov/hipaa/for-individuals/guidance-materials-for-consumers/index.html>.

Effective Date: _____