
BARTELS LUTHERAN RETIREMENT COMMUNITY NOTICE OF PRIVACY PRACTICES

THE FOLLOWING NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THE INFORMATION CAREFULLY.

OUR LEGAL DUTIES

Bartels Lutheran Retirement Community is required by law to maintain the privacy of your personal health information and to provide you with a notice of its legal duties and privacy practices. An explanation of our legal duties and privacy practices regarding your personal health information is provided below. We may not use or disclose your personal health information in a manner that is inconsistent with our current Notice of Privacy Practices.

Uses and disclosures of your personal health information will be made only with your written authorization, unless otherwise permitted or required by law as described in this Notice of Privacy Practices. You may revoke an authorization, at any time, in writing, except to the extent we have already taken action in reliance on it. We do not record or maintain psychotherapy notes, but for providers who do, most uses and disclosures of psychotherapy notes require your written authorization. Most uses and disclosures of your personal health information for marketing purposes and for the sale of your personal health information also require your written authorization.

If, despite our efforts to preserve and safeguard your personal health information, there is an impermissible use or disclosure of your personal health information to unauthorized persons in violation of federal privacy laws, and we determine that the breach of your information compromises the privacy or security of your information, we will notify you without unreasonable delay of the breach of your information.

We may use or disclose your personal health information without a written authorization for the following purposes:

- *Treatment.* We may use your personal health information for purposes of providing you treatment and services. We may also disclose your personal health information to other health care providers involved in your medical treatment. For example, we may disclose your personal health information to your physician to ensure your physician has the necessary information to diagnose or treat you.
- *Payment.* We may use and disclose your personal health information to bill for the treatment and services we provide to you and to obtain payment for those services from you, a health plan, or another third party payor. For example, we may use your personal health information to bill you or your personal representative for the health care services you received from us. We may disclose your personal health information to a health plan as a part of a claim for payment for the services provided to you.
- *Health Care Operations.* We may use or disclosure your personal health information in order to conduct certain activities that are necessary to operate our business or the business of others involved in your health care. Examples of these activities include quality assessment activities, case management and care coordination activities, regulatory compliance evaluations, employee review activities, student training activities, and contacting you about possible treatment alternatives that may be of interest to you.
- *Business Associates.* We may share your personal health information with third party "business associates" that perform various activities (e.g., billing, consulting, or administrative services) on our behalf. Whenever we have an arrangement with a business associate that involves the use or disclosure of your personal health information, we will have a written contract that contains terms that will protect the privacy of your personal health information.

- *Incidental Uses or Disclosures.* There may be other incidental uses or disclosures of your personal health information that may be permitted without your authorization, but are not specifically listed as examples in our Notice of Privacy Practices. One example of a permitted incidental disclosure of your personal health information is posting your name at the door of your room at the facility. We will make reasonable efforts within our means to limit our use and disclosure of your personal health information to the minimum necessary, and to employ reasonable safeguards to protect the privacy of your personal health information.
- *Facility Directory.* Unless you express an objection, we may use certain limited information about you to maintain a facility directory. This information may include your name, your location in the facility, a general description of your condition (e.g., recently released from the hospital), and your religious affiliation. Our directory does not include specific medical information about you. We may release information in our directory, except for your religious affiliation, to people who ask for you by name. We may provide the directory information, including your religious affiliation, to a member of the clergy.

You have the right to prohibit or restrict the use or disclosure of some or all of your personal health information for the facility directory. If you are not able to agree or object to our use or disclosure of your personal health information for the facility directory because you are incapacitated or because of a medical emergency situation, we may use or disclose the information contained in the facility directory provided that our use or disclosure of the information is consistent with your prior expressed preference or, in our professional judgment, we believe it is in your best interest to use or disclose the information.

- *Disclosures to Individuals Involved in Your Health Care or Payment of Your Health Care.* Unless you express an objection, we may disclose to a member of your family, another relative, a close personal friend of yours, or any other person you identify, your personal health information that relates directly to the person's involvement with your health care or payment of your health care. If you are unable to agree or object to such a disclosure, we may disclose your personal health information, as necessary, to these individuals, if we determine in our professional judgment that it is in your best interest to disclose the information.
- *Uses and Disclosures for Notification Purposes.* Unless you express an objection, we may use or disclose your personal health information to notify or assist a disaster relief organization in notifying a member of your family, your personal representative, or any other person that is responsible for your care, of your location, general condition, or death. If you are unable to agree or object to such a disclosure, we may disclose such information for notification purposes if we determine in our professional judgment that it is in your best interest to disclose the information.

If you have the capacity to agree or object to a disclosure of your personal health information to a disaster relief organization, we will first obtain your agreement or provide you with an opportunity to object to the disclosure; provided, however, that we determine, in our professional judgment, that obtaining your agreement or objection does not interfere with the ability of disaster relief organizations to respond to emergency circumstances.

If you reside in our nursing facility, we are required by law to notify an interested family member under certain circumstances, including when you have an accident causing injury, a significant change in your condition, a need to alter your treatment significantly, or you are transferred or discharged from the facility.

- *Uses and Disclosures Required by Law.* We may use or disclose your personal health information, without providing you with an opportunity to agree or object, to the extent required by law.
- *Disclosures to the U.S. Department of Health and Human Services.* We are required by law to disclose your personal health information to the U.S. Department of Health and Human Services during an investigation of our compliance with federal laws protecting the privacy of your personal health information.
- *Reports of Dependent Adult Abuse.* We are required by law to disclose your personal health information to the Iowa Department of Inspections and Appeals or the Iowa Department of Human Services, if we believe you are

a victim of dependent adult abuse. If we believe immediate protection is advisable, we are also required by law to make an oral report to the appropriate law enforcement agency.

- *Disclosures in a Judicial or Administrative Proceeding.* We may disclose your personal health information in response to, and to the extent required by, a court or administrative order. We may also disclose your personal health information in response to a subpoena, discovery request, or other lawful process, provided that we receive satisfactory assurance from the party seeking the information that reasonable efforts have been made to notify you of the request or to obtain an order or agreement protecting the information.
- *Disclosures for Law Enforcement Purposes.* We may disclose your personal health information for a law enforcement purpose to a law enforcement official in certain circumstances, without providing you with an opportunity to agree or object, involving the reporting or investigation of a crime.
- *Disclosures for Public Health Activities.* We may disclose your personal health information to a public health authority, without providing you with an opportunity to agree or object, for purposes of preventing or controlling disease, injury, or disability; to a representative of the federal Food and Drug Administration for authorized activities related to the quality, safety, or effectiveness of FDA-related products or activities; or to your employer, if we provided health care to you at your employer's request, concerning a work-related illness or injury or a workplace-related medical surveillance, in order for the employer to comply with its legal obligations.
- *Disclosures for Health Oversight Activities.* We may disclose your personal health information to a health oversight agency, without providing you with an opportunity to agree or object, for oversight activities authorized by law, such as audits, inspections, or investigations, conducted for the purpose of overseeing the health care system, government health benefit programs, other government regulatory programs for which health information is necessary to determine compliance with program standards, or entities subject to civil rights laws for which health information is necessary for determining compliance with the laws.
- *Disclosures to Coroners and Funeral Directors and Organ Procurement Organizations.* We may disclose your personal health information to a coroner or medical examiner for identification purposes, to determine cause of death, or to carry out other duties authorized by law. We may also disclose your personal health information to funeral directors or persons responsible for transporting deceased individuals, in accordance with law, as necessary to carry out their duties. If you are a donor, your personal health information may be used or disclosed for cadaveric organ, eye, or tissue donation purposes. Such disclosures may be made without providing you with an opportunity to agree or object.
- *Disclosures for Research Purposes.* We may use or disclose your personal health information, without providing you with an opportunity to agree or object, for authorized research purposes, provided that the research adheres to certain privacy practices, including obtaining approvals from an authorized Privacy Board or an Institutional Review Board. Your personal health information may be used for research purposes only if the researcher is collecting information in preparing a research protocol, if the research occurs after your death, or you have authorized the use or disclosure of the information. Participation in experimental research requires your written informed consent, which consent may be combined in a written authorization to use or disclose your personal health information for the experimental research study.
- *Use and Disclosure of a Limited Data Set.* We may use your personal health information to create a limited data set and use or disclose your limited data set for purposes of research, public health, or health care operations pursuant to a data use agreement between us and the limited data set recipient.
- *Use and Disclosure of De-Identified Health Information.* We may use your personal health information to create de-identified health information and disclose your de-identified health information to others.
- *Uses and Disclosures to Avert a Serious Threat to Health or Safety.* We may use or disclose your personal health information, without providing you with an opportunity to agree or object, if we believe the use or disclosure is necessary to prevent or lessen a serious and imminent threat to your health or safety or the

health or safety of others, and the disclosure is made to persons reasonably able to prevent or lessen the threat.

- *Uses and Disclosures for Specialized Government Functions.* We may disclose the personal health information of military personnel and veterans, when requested by military command authorities. We may disclose your personal health information to authorized federal officials for the purposes of intelligence, counterintelligence, and other national security activities; for the purpose of providing protective services to authorized persons (such as protection of the President or foreign heads of state); or in connection with conducting authorized investigations. We may disclose necessary personal health information of an inmate to a correctional institution or a law enforcement official with lawful custody of the inmate. Such uses and disclosures may be made without providing you with an opportunity to agree or object.
- *Disclosures for Workers' Compensation.* We may disclose your personal health information, without providing you with an opportunity to agree or object, to comply with laws relating to workers' compensation or other similar legally established programs that provide benefits for work-related injuries or illness.
- *Uses and Disclosures for Fundraising Activities.* We may use, or disclose to a business associate or to an institutionally-related foundation, certain information about you, including demographic information, such as your name and address; the dates you received treatment or services from us; department of service information; treating physician; outcome information; and your health insurance status, for the purpose of contacting you to raise funds for the organization. You have the right, at any time, to opt out of receiving fundraising communications.
- *More Stringent Laws.* In some circumstances, your personal health information may be subject to other laws and regulations that afford greater protections than what is outlined in this Notice of Privacy Practices. For example, disclosure of information pertaining to HIV/AIDS related testing, substance abuse, and mental health information may be subject to more stringent standards than described here. In the event your personal health information is afforded greater protection under federal or state law, we will comply with the requirements of those laws.

YOUR RIGHTS

You have certain legal rights regarding your personal health information maintained by or for us.

- *Right of Access.* You have the right to inspect and obtain a copy of your personal health information contained in a designated record set for as long as we maintain the information. A "designated record set" contains your clinical records, personal records, financial records, and other records used by us to make decisions about your health care. You do not have a right of access to information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, or to other personal health information prohibited by law from access. Any request to inspect and obtain a copy of your personal health information may be made orally or in writing to the Privacy Official.

You have a right to obtain a copy of your personal health information contained in an electronic health record in an electronic format and, if you choose, to direct us to transmit an electronic copy to an entity or person designated by you, provided that your instructions are clear, conspicuous, and specific.

We may in some instances, have the right to deny you access to your personal health information. If we deny you access, you have the right, under some circumstances, to have the denial reviewed by a licensed health care professional who did not participate in the original decision to deny. We will provide or deny access in accordance with the determination of the reviewing official, and promptly provide you with written notice of the reviewing official's determination.

- *Right to Amend Your Protected Health Information.* You have the right to request that we amend your personal health information contained in a designated record set for as long as we maintain the information.

Your request for an amendment to your personal health information must be submitted in writing to our Privacy Official and must provide a reason for the request. You may obtain a *Request for Amendment of PHI* form from the Privacy Official for this purpose. If we grant your request for an amendment, we will make the appropriate amendment to your personal health information in the designated record set and will notify appropriate parties of the amendment.

We may deny your request for amendment under certain circumstances permitted by law. If we deny your request for an amendment, we will provide you with a timely, written denial explaining the basis for our denial. If we deny your request for an amendment, you have the right to file a statement of disagreement with us. We may prepare a rebuttal to your statement of disagreement and, if we do so, will provide you with a copy of our rebuttal.

- *Right to Request a Restriction of Your Protected Health Information.* You have the right to request restrictions on our use or disclosure of your personal health information for treatment, payment, or health care operations. You also have the right to restrict the personal health information that we disclose to a member of your family, another relative, a close personal friend, or any other person identified by you, who is involved in your health care or payment of your health care, or for notification purposes, as described in this Notice of Privacy Practices. You may obtain a *Request for Restriction on Use/Disclosure of PHI* form from the Privacy Official for this purpose.

We are not required to agree to a restriction requested by you for treatment, payment, or health care operations, except that you may restrict disclosures to a health plan for payment and health care operations, provided that the personal health information pertains solely to an item or service for which you, or your personal representative, have paid us in full. If we agree to a requested restriction, we will comply with your request, except when the use or disclosure of your personal health information is needed to provide you with emergency treatment. We may terminate a restriction when you agree or request the termination and the termination is properly documented; or when we inform you that we are terminating the restriction, except when we are required by law to honor your request to restrict a disclosure to your health plan. We may not agree to a restriction that prevents uses or disclosures required by law.

- *Right to Receive Confidential Communications.* You have the right to request to receive confidential communications from us by alternative means or at an alternative location. We will accommodate reasonable requests made to us in writing to our Privacy Official. We may condition our accommodation of your request upon receiving information from you, when appropriate, about how payment for treatment and services will be handled and specifying an alternative address or other method of contact. We will not require any explanation from you of the reasons for your request as a condition of providing communications to you on a confidential basis.
- *Right to Receive an Accounting of Disclosures.* You have the right to receive an accounting of disclosures of your personal health information made by us to others in the six years prior to your request (or such shorter time period as requested by you). This right applies to disclosures for purposes other than treatment, payment, or health care operations and excludes, among others, disclosures made to you, disclosures made to your family members or friends involved in your care, disclosures of information contained in the facility directory, disclosures made for notification purposes, and disclosures made pursuant to an authorization. Your right to receive an accounting of disclosures is subject to certain exceptions, restrictions, and limitations.

To request an accounting of disclosures, you must submit a request in writing to our Privacy Official, stating a time period that is within six years from the date of your request. An accounting will generally include the following information: (1) the date of the disclosures; (2) the name and, if known, the address of the entity or person who received your personal health information; (3) a brief description of the personal health information disclosed; and (4) a brief statement of the purpose of the disclosure or a copy of the written request. In lieu of the information listed above, we may provide you with a summary instead, if the disclosures involved multiple similar disclosures. The first accounting provided to you within a 12-month period will be provided for free. We

reserve the right to charge a reasonable, cost-based fee for each subsequent request made within the same 12-month period.

- Right to Receive a Paper Copy of this Notice. You have the right to receive a paper copy of our Notice of Privacy Practices, even if you have agreed to receive the notice electronically. You may request a copy of our Notice of Privacy Practices at any time. You may also obtain a copy of our Notice of Privacy Practices at our web site at www.bartelscommunity.org.

CHANGES TO THIS NOTICE

We will promptly revise and distribute our Notice of Privacy Practices to new clients whenever there is a material change to uses or disclosures, your rights, our legal duties, or other privacy practices stated in this notice. We reserve the right to change the terms of this notice and to make the new notice provisions effective for all personal health information maintained by us, including the personal health information created or received by us prior to the effective date of the new notice. We will post a copy of the current notice in a clear and prominent location in the facility, and will provide a copy of the revised notice to all of our residents upon request.

COMPLAINTS

If you believe that we have violated your privacy rights, you may file a complaint in writing with us or with the U.S. Department of Health and Human Services Office for Civil Rights. You may file a complaint with us by notifying our Privacy Official of your complaint. We will not retaliate against you for filing a complaint.

CONTACT INFORMATION

The responsibilities of the Privacy Official are carried out by the Vice President of Admissions/Linden Place Team Leader. You may contact the Privacy Official if you have questions about your privacy rights, or to file a complaint about a violation of your privacy rights, by contacting the Privacy Official at _____.

EFFECTIVE DATE

The effective date of this Notice of Privacy Practices is September 23, 2013.

ACKNOWLEDGMENT

I acknowledge that I have received a copy of the Notice of Privacy Practices of Bartels Lutheran Retirement Community dated September 23, 2013, explaining my rights and its legal obligations concerning the use and disclosure of my protected health information.

Resident or Resident's Legal Representative

Date