



Dear Resident, D.P.O.A, and/or Responsible Parties:

Attached to this letter you will find our Notice of Privacy Practices. We are required by law to provide this Notice to you and obtain your acknowledgment of its receipt prior to providing any services to you.

The following is a brief summary of the contents of the Notice. We encourage you to read the entire Notice and ask any questions you may have concerning its contents.

Your Rights Regarding Your Health Information. This section describes the following rights you have with respect to your health information and tells you how you may exercise these rights.

- Right to inspect and copy
- Right to request amendment
- Right to an accounting of disclosures
- Right to request restrictions on certain uses and disclosures
- Right to request alternative means of Communication
- Right to receive a paper copy of our Notice of Privacy Practices

How To File Complaints Concerning Our Privacy Practices. This section tells you what you can do if you believe any of your rights have been violated. You will not be penalized for filing any complaint.

How We May Use and Disclose Health Information About You Without Your Specific Authorization. This section describes the different ways we may use or disclose your health information without first obtaining from you a specific authorization. These types of uses and disclosures are specifically permitted by federal law because it is assumed you would want us to use or disclose your information for these purposes, or because such use or disclosure is recognized as critical to the proper functioning of our health care system.

You will be asked to acknowledge your receipt of this Notice, and your acknowledgment will be maintained in your permanent record. You should keep this copy of the Notice. Another copy of this Notice will not be provided automatically unless we materially revise the Notice, but you may request a copy of our Notice at any time. Also, the Notice is posted at our facility **[and on our website for your review, www.thecedars.org]**. If there is a material revision to the

Notice at some later date, you again will be provided with a copy of the Notice and asked to sign an acknowledgment.

Maintaining the privacy of your health information is very important to us. Again, if you have any questions concerning the attached Notice, please do not hesitate to call.

**The Cedars, Inc. A Continuing Care
Retirement Community (“The Cedars”)**

NOTICE OF PRIVACY PRACTICES

Effective Date: April 14, 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 our Privacy Officer:

Name: Beverly Diers
Title: Privacy Officer
Address: 1021 Cedars Drive
 McPherson, KS. 67460
Phone: (620) 241-0919
Fax: (620) 241-0254
E-Mail: bdiers@thecedars.org

The Cedars, Inc. (“The Cedars” hereafter) is committed to protecting and promoting the rights of each of its residents. This **Notice of Privacy Practices** has been prepared to notify you of the uses and disclosures of protected health information (PHI) that may be made by The Cedars, your rights with respect to protected health information, and The Cedars responsibilities with respect to protected health information.

A. WHO WILL FOLLOW THIS NOTICE.

This notice describes The Cedars practices and that of:

- Any health care professional authorized to enter information into your community chart.
- All departments and units of The Cedars
- Any member of a volunteer group we allow to help you while you are in The Cedars
- All employees, staff and other personnel of The Cedars

We respect the privacy of your personal health information and we are committed to maintaining our Residents' confidentiality. This notice applies to all information and records related to your care that The Cedars has received or created. It extends to information received or created by our employees, staff, volunteers, physicians, and board of trustees. This notice informs you about the possible uses and disclosures of your personal health information.

We are required by law to:

- make sure that health information that identifies you is kept private;
- give you this Notice of our legal duties and privacy practices with respect to your personal health information; and
- abide by the terms of the Notice that are currently in effect.

B. OUR PLEDGE REGARDING HEALTH INFORMATION.

We understand that health information about you and your health is personal. We are committed to protecting health information about you. We create a record of the care and services you receive at The Cedars. We need this record 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 Cedars, whether made by The Cedars personnel or your personal doctor. Your personal doctor may have different policies or notices regarding the doctor's use and disclosure of your health information created, or maintained in the doctor's office or clinic.

C. 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, but the ways we are permitted to use and disclose information without your authorization will fall within one of the following categories.

1. **For Care.** We may use health information about you to provide you with medical treatment, care, or services. We may disclose health information about you to doctors, nurses, certified nurse aides, certified medical aides, technicians, students, or other personnel of The Cedars who are involved in taking care of you at The Cedars. For example, if you are treated for a fall, it may be necessary to know if you have diabetes because diabetes may slow the healing process. In addition, the dietitian may need to be told if you have diabetes so that we can arrange for appropriate meals. Different departments of The Cedars also may share health information about you in order to coordinate the different things you

need, such as prescriptions, therapy, etc. We also may disclose health information about you to people outside The Cedars who may be involved in your medical care, either while you are a resident or after you leave The Cedars, such as family members, home health, chaplain, or others we use to provide services that are part of your care.

2. **For Payment.** We may use and disclose health information about you so that the treatment and services you receive at The Cedars may be billed to and payment may be collected from you, a government payer, or a third party. For example, we may need to give your health plan or Medicare information about services you received at The Cedars so Medicare or the health plan will pay us for the services. We may also tell Medicaid, Medicare or your health plan about a treatment you are going to receive to obtain prior approval or to determine whether they will cover the treatment. We may also provide information about you to other health care providers or health plans so they can obtain or arrange for payment for treatment and service provided to you.
3. **For Health Care Operations.** We may use and disclose health information about you for health care operations in The Cedars. These uses and disclosures are necessary to run The Cedars and make sure that our residents receive quality care. For example, we may use health information to review our care and services and to evaluate the performance of our staff in caring for you. We may also combine health information about many residents to decide what additional services The Cedars should offer, what services are not needed, and whether certain new services are warranted. We may also disclose information to doctors, nurses, technicians, certified nurse or medical aides, students, and other personnel of The Cedars for review and learning purposes. We may also combine the health information we have with health information from other communities 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 health information so others may use it to study health care and health care delivery without knowing the identity of specific residents.
4. **Appointment Reminders.** We may use and disclose health information to contact you as a reminder that you have an appointment for medical care or services.
5. **Service Alternatives.** We may use and disclose health information to tell you about or recommend possible service options or alternatives that may be of interest to you.
6. **Health-Related Benefits and Services.** We may use and disclose health information to tell you about health-related benefits or services that may be of interest to you.
7. **Fund-raising Activities.** We may use health information about you to contact you in an effort to raise money for The Cedars and its operations. We may disclose health information to a foundation related to The Cedars so that the foundation may contact you in raising money for The Cedars. We only would release contact information, such as your name, address and phone number and

the dates you received care or services at The Cedars. If you do not want The Cedars to contact you for Fund-raising efforts, you must notify our Privacy Officer in writing.

8. **Community Directory/Bulletin Board Notices/Newsprint/Newsletters and our website.** We may include certain limited information about you in The Cedars directory while you are a resident. This information may include your name and room number. The directory information may also be released to people who ask for you by name. This is so your family, friends and clergy can visit you in The Cedars. We may include certain limited information about you in newsprint or newsletters distributed by The Cedars. We may include certain limited information about you on our website. This information may include your name, room number, photo, and non PHI information. In the event you are admitted to the hospital or at the time of your death limited information will be posted.

9. **Statement: Our policy of photographing residents is in compliance with HIPAA law.**

Community Directory/Bulletin Board Notices/Newsprint/Newsletters

and our website. We may include certain limited information about you in The Cedars directory while you are a resident. This information may include your name and room number. The directory information may also be released to people who ask for you by name. This is so your family, friends and clergy can visit you in The Cedars. We may include certain limited information about you in newsprint or information about you on our website. This information may include your name, room number, photo but not PHI (private health information). In the event you are admitted to the hospital or at the time of your death , limited information will be posted.

10. **Individuals Involved in Your Care or Payment for Your Care.** We may release health information about you to a friend or family member who is involved in your care. We may also give health information to someone who helps pay for your care. We may also tell your family or friends your condition.
11. **Research.** Under certain circumstances, we may use and disclose information about you for research purposes. For example, a research project may involve comparing the health and recovery of all residents who received one medication to those who received another, for the same condition. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of health information, trying to balance the research needs with residents' need for privacy of their health information. Before we use or disclose health information for research, the project will have been approved through this research approval process, but we may, however, disclose health information about you to people preparing to conduct a research project, for example, to help them look for residents with specific medical needs, so long as the health information they review does not leave The Cedars. We will almost always ask for your prior permission if the researcher will have access to your

name, address or other information that reveals who you are, or will be involved in your care at The Cedars

12. **As Required By Law.** We will disclose health information about you when required to do so by federal, state or local law.
13. **To Avert a Serious Threat to Health or Safety.** We may use and disclose health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of another person or the public at large. Any such disclosure will only be to a person or agency able to prevent the threat.
14. **Surveys.** We may use and disclose health information to conduct surveys to assess resident satisfaction with the services we provide.
15. **Business Associates.** In the event we arrange for our business associates to provide some of the services we perform, such as having a printing company photocopy your medical record, we may be required to disclose your health information to enable the associates to provide the services. Our associates are also required to protect your health information.

D. SPECIAL SITUATIONS.

1. **Organ and Tissue Donation.** If you are an organ donor, we may release health information to organizations involved in organ procurement or transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.
2. **Military and Veterans.** If you are a member of the U.S. or foreign armed forces, we may release health information about you as required by the appropriate military authorities.
3. **Employers.** If you are employed and we provide health care services to you at the request of your employer to provide an evaluation of your ability to do a job or in connection with a work-related illness or injury, we may disclose health information to your employer. If so, we will inform you in writing. No health information will be given to your employer for any other purpose unless you authorize us to do so.
4. **Workers' Compensation.** We may release health information about you for workers' compensation or similar programs that provide benefits for work-related injuries or illness.
5. **Public Health Risks.** We may disclose health 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 a resident has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when otherwise required or authorized by law.

6. **Health Oversight Activities.** We may disclose health information to a health oversight agency for activities authorized by law. These oversight activities include such things as audits, investigations, surveys, and the licensure process. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

7. **Lawsuits and Disputes.** If you are involved in a lawsuit or a legal dispute, we may disclose health information about you in response to a court or administrative order. We may also disclose health information about you in response to a subpoena, discovery request, or other lawful process initiated by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

8. **Law Enforcement.** We may release health information if asked to do so by a law enforcement official under these circumstances:

- In response to a court order, subpoena, 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 the person's agreement;
- About a death we believe may be the result of criminal conduct;
- About possible criminal conduct at The Cedars; and

- 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.
9. **Coroners, Medical Examiners and Funeral Directors**. We may release health information to a coroner or medical examiner. This may be necessary to identify a deceased person or determine the cause of death. We may also release health information about residents of The Cedars to funeral directors so that they may carry out their duties.
 10. **National Security and Intelligence Activities**. We may release health information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

E. OTHER USES OF HEALTH INFORMATION.

Other uses and disclosures of health 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 health 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 health 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.

F. YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU.

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

1. **Right to Inspect and Copy**. You have the right to inspect and copy health information that may be used to make decisions about your care. This includes medical and billing records, but does not include any psychotherapy notes.

To inspect and copy health information that may be used to make decisions about you, you must submit your request in writing to our Privacy Officer. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with any portion of your request.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to inspect and/or copy your health information, you may request that the denial be reviewed. Another licensed health care professional chosen by The Cedars will review your request and the denial. The reviewer will not be the person who denied your request. We will comply with the outcome of the review.

2. **Right to Amend.** If you feel that health information we have about you is incorrect or incomplete, you may ask us to amend the information for as long as the information is kept by or for The Cedars.

To request an amendment, your request must be made in writing and submitted to our Privacy Officer. In addition, you must provide the reasons you are requesting the amendment.

We may deny your request if it is not in writing or does not include a reason to support the request. We may also deny your request if you ask us to amend information that:

- Was not created by The Cedars, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the health information kept by or for The Cedars;
- Is not part of the information that you would otherwise be permitted to inspect and copy; or
- Is accurate and complete.

You will be informed of the reason for any denial. You may submit a written statement disagreeing with the decision and the statement will be made a part of your health records.

3. **Right to an Accounting of Disclosures.** You have the right to request an "accounting of disclosures" we have made of health information about you, with certain exceptions.

To request an accounting of the disclosures, you must submit your request in writing to our Privacy Officer, who has forms for the request. Your request must state the time period for which you want an accounting, however, the period 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 or electronically). The first accounting you request within any 12 month period will be free. For additional accountings, we may charge you for the costs of providing them. We will notify you of the costs in advance and you may choose to withdraw or modify your request at that time before any costs are incurred.

4. **Right to Request Restrictions.** You have the right to request a restriction or limitation on the health information we use or disclose about you for care, payment or health care operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for your care, such as a family member or a friend. For

example, you might ask that we not use or disclose information about a surgery you had to your friends.

We are not required to agree to your request, but if we do, we will comply with your request unless the information is needed to provide emergency treatment to you.

To request restrictions, you must make your request in writing to our Privacy Officer. 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, no disclosures to your spouse).

5. **Right to Request Confidential Communications.** You have the right to request that we communicate with you about health related matters in a certain way or at a certain location. For example, you can ask that we contact you only at some address other than your home address or by mail.

To request confidential communications, you must make your request in writing to our Privacy Officer. We will not ask you the reason for your request. We will accommodate all reasonable requests. You must specify how or where you wish to be contacted.

G. CHANGES TO THIS NOTICE.

We reserve the right to change this Notice at any time. We reserve the right to make the revised or changed Notice effective for health information at any time about you that we already have, as well as any we receive in the future. We will post a copy of the current Notice in The Cedars. The Notice will show the effective date on the first page, in the top right-hand corner of the first page. In addition, each time you are admitted as a resident, we will offer you a copy of the Notice then in effect.

H. COMPLAINTS.

If you believe that your rights as described in this Notice have been violated by The Cedars, you may file a complaint with The Cedars or with the Secretary of the Department of Health and Human Services.

To file a complaint with The Cedars, contact Beverly Diers, Privacy Officer, (620) 241-0919. All complaints must be in writing.

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

I. ACKNOWLEDGMENT.

You will be asked to provide a written acknowledgment that you received your own copy of this Notice of Privacy Practices. We are required by law to make a good faith effort to provide you with our Notice of Privacy Practices and obtain an acknowledgment of receipt from you.

However, your care and treatment by The Cedars is not conditioned upon your providing the written acknowledgment.

Also, the Notice is posted at our facility [**and on our website for your review, www.thecedars.org**]. If there is a material revision to the Notice at some later date, you again will be provided with a copy of the Notice and asked to sign an acknowledgment.

Maintaining the privacy of your health information is very important to us. Again, if you have any questions concerning the attached Notice, please do not hesitate to call.

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DOCUMENTATION OF GOOD FAITH EFFORTS

Resident Name: _____

Date: _____

The above named Resident was provided with a copy of The Cedars' Notice of Privacy Practices on the above date. A good faith effort was made to obtain from the Resident a written acknowledgment of his/her receipt of the Notice. However, such acknowledgment was not obtained because:

Resident refused to sign.

Resident was unable to sign for initial because:

The Resident had a medical emergency, and an attempt to obtain the acknowledgment will be made at the next available opportunity.

Other reason (describe below):

Signature of Workforce Member Completing Form:

Original to be maintained in Resident's permanent medical record.