



NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY

I. The Loomis Communities has a legal duty to safeguard your protected health information.

We are legally required to protect the privacy of information that is related to your health care that can be used to identify you. This information is called “protected health information” or PHI for short. PHI includes information that we have created or received about you and your health condition. We are required by law to provide you with this Privacy Notice that explains our privacy practices and how, when, and why we use and/or disclose your PHI.

This notice will tell you about the ways in which the Loomis Communities may use and disclose the medical information it has about you. We are required to abide by the terms of this notice. We reserve the right to change our privacy policies and the terms of this notice at any time, and to make the new provisions effective for all PHI we maintain. Before any important policy change goes into effect, we will change this notice. The new notice will be posted on our bulletin boards for public viewing, and also on our website, www.LoomisCommunities.org.

You may request a copy of this notice at any time by contacting the Administrative Assistant at Loomis House, Loomis Village, Applewood, or Loomis Lakeside at Reeds Landing.

II. This notice applies to the following entities and individuals:

- A. The Loomis Communities including: Loomis House, Loomis Village, Applewood, and Reeds Landing.
- B. The health care professionals, staff and personnel of the Loomis Communities.
- C. Any volunteer working at Loomis Communities.

III. How we may use and disclose your protected health information.

Personal information about you, your medical history and health care treatment may be recorded, either on paper or in computer files, as part of providing you with health care. This information is vital to the normal business operation of the Loomis Communities, and is necessary in order to provide you and others with the highest quality health care.

A. We may disclose your PHI for the following reasons:

- 1. We may disclose your PHI for treatment.** We may use medical information about you to provide you with medical treatment or services. For example: the Loomis Communities may disclose medical information about you to physicians, nurses, CNAs, RAs, nursing students or other personnel who are involved with the administration of your care.
- 2. We may disclose your PHI in order to bill and collect payment for the treatment and services provided to you.** We may send a bill to you or to a third party payor for the rendering of services by the Loomis Communities. The bill may contain information that identifies you, your diagnosis, and procedures and supplies used. We may need to disclose this information to insurance companies to establish insurance eligibility benefits for you. We may also provide your PHI to our business associates, such as billing companies, claims processing companies and others that process our health care claims.
- 3. We may disclose your PHI for health care operations.** We may use your PHI to evaluate the performance of the health care services you received. We may also provide your PHI to our accountants, attorneys, consultants and others in order to make sure we comply with the laws that govern us.
- 4. We may disclose your PHI in the event you require emergency treatment.** If you need emergency treatment or if you are unable to communicate with us, we may disclose your PHI if it is in your best interest.
- 5. We may disclose your PHI when required by federal, state or local law, administrative or legal proceedings, health oversight activities, or by law enforcement.** Some examples of these disclosures include PHI regarding victims of abuse, neglect, or domestic violence. In addition, the Loomis Communities must disclose PHI when ordered to comply with a legal or administrative proceeding. We may also provide PHI in response to a subpoena, discovery request or other lawful process, but only if efforts have been made to contact you about the request.
- 6. We may disclose your PHI for public health activities.** We may disclose your PHI to public health or legal authorities charged with preventing or controlling disease, injury or disability.
- 7. We may disclose your PHI to Business Associates.** Some services in our organization are provided through contracts with outside people and entities known as our “business associates”. Examples of business associates include our accountants, consultants, and attorneys. We may disclose PHI to our business associates so that they can perform the job we have requested and/or bill a third party for services rendered. To protect your PHI, however, we require our business associates to appropriately safeguard your information and they are required to do so by law.
- 8. We may disclose your PHI for purposes of organ donation.** Consistent with applicable law, 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.

9. **We may disclose your PHI for research purposes.** In certain circumstances, we may provide PHI in order to conduct medical research. Your PHI will only be used or disclosed to researchers when the Loomis Communities determines that protocols have been established to ensure the privacy of your health information.
10. **We may disclose your PHI to avoid harm.** In order to avoid a serious threat to the health and safety of a person or the public, we may provide PHI to law enforcement personnel or person able to prevent or lessen such harm.
11. **We may disclose your PHI for specific government functions.** We may disclose PHI of military personnel and veterans as required by military command authorities.
12. **We may disclose your PHI for worker's compensation claims.** We may provide PHI to comply with laws relating to worker's compensation and other similar programs established by law.
13. **We may disclose your PHI for appointment reminders and health related benefits or services.** We may use and disclose medical information to contact you as a reminder that you have an appointment for a treatment or medical care at the Loomis Communities and to inform you of treatment alternatives or other health care services or benefits that we offer.
14. **We may disclose your PHI for fundraising activities.** PHI, in the form of basic demographic information and dates of health service, may be used to support fundraising efforts. If you do not wish to be contacted as part of our fundraising efforts, please contact the Administrator of Loomis House, Loomis Village, Applewood, or Loomis Lakeside at Reeds Landing.
15. **We may disclose your PHI for law enforcement purposes.** We may disclose PHI for law enforcement purposes as required by law or in response to a valid subpoena, including but not limited to assisting officials in locating a suspect, fugitive, material witness or missing person. In addition, we may disclose PHI to officials regarding criminal conduct.
16. **We may disclose your PHI to 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 residents of the Loomis Communities to funeral directors as necessary to carry out their duties consistent with applicable law.
17. **We may disclose your PHI to correctional facilities.** If you are an inmate of a correctional institution or law enforcement official, we may release PHI to the institution or an agent thereof if the information is necessary (1) for the institution to provide you with health care (2) to protect your health and the safety of others or (3) for the safety and security of the correctional institution.

18. We may disclose your PHI to the Food and Drug Administration (FDA). We may disclose to the FDA, or to a person or entity subject to the jurisdiction of the FDA, PHI relative to adverse events with respect to food, supplements, product and product defects, or post-marketing surveillance information to enable product recalls, repairs, or replacements.

19. We may disclose PHI in order to Provide Notification. We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, of your location, and general condition. If we are unable to reach your family member or personal representative, then we may leave a message for them at the phone number that they have provided us, *e.g.* on an answering machine.

B. You may object the following uses and disclosures:

1. Resident Directories. We may include your name, location in this community, general condition and religious affiliation in our resident directory for use by clergy and visitors who ask for you by name, unless you object in whole or in part.

2. Disclosures to family, friends, or others. Health professionals, using their best judgment, may disclose to a family member, friend or other person that you indicate, unless you object in whole or in part, health information relevant to that person's involvement in your care or payment related to your care.

C. All Other Uses and Disclosures Require Your Prior Written Application. In any other situation not described in this Section III, we will ask for your authorization before using or disclosing any of your PHI.

IV. Rights you have regarding your PHI.

Although your health record is the physical property of Loomis Communities, the information in your health record belongs to you. You have the following rights with respect to your PHI:

A. Right to Inspect and Copy. You have 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. To inspect and copy medical information that may be used to make decisions about you, you must submit your request to the Administrator at Loomis House, Loomis Village, Applewood, or Loomis Lakeside at Reeds Landing. 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 Loomis Communities' standard form. If you request a copy of the information, we may charge a fee according to our Fees for Additional Services for copying and the costs of postage and supplies associated with your request.

We may deny your request to inspect and copy in certain limited circumstances. If you are denied access to medical information, you may request the denial be reviewed. Another licensed health care professional chosen by the Loomis Communities will review your request and the denial.

B. 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 Loomis Communities. We may deny your request if you ask us to amend information that:

- was not created by us
- is not medical information that is kept by or for the Loomis Communities
- is not medical information you are permitted to inspect or copy
- is accurate and complete

To request an amendment, your request must be made in writing and submitted to the Administrator at Loomis House, Loomis Village, Applewood, or Loomis Lakeside at Reeds Landing.

C. 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. You also have the right to 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. Although we will consider your requests with regard to the use of your health information, please be aware that we are under no obligation to accept it or 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. We will abide by your requests with regard to the disclosure of your clinical and personal records to anyone outside of Loomis Communities, except in an emergency, if you are being transferred to another health care institution, or the disclosure is required by law.” 42 C.F.R. § 483.10(e) provides that a nursing facility must abide by a resident’s right to refuse the release of his/her personal or clinical records to any individual outside of the facility, unless the release is necessary because the resident is being transferred to another health care institution, or it is required by law. To request such a restriction or limitation, your request must be made in writing and submitted to Administrator at Loomis House, Loomis Village, Applewood, or Loomis Lakeside at Reeds Landing.

D. Right to Choose How We Send PHI. 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 e-mail.

To request confidential communications, you must make your request in writing to the Administrator at Loomis House, Loomis Village, Applewood, or Loomis Lakeside at Reeds Landing. Your request must specify how or where you wish to be contacted.

E. Accounting of Disclosures. You have the right to request that we provide you with a written accounting of all disclosures made by us during the time period for which you request (not to exceed six years). We ask that such requests be made in writing. Please note that an accounting will not apply to any of the following types of disclosures: disclosures made for reasons of treatment, payment, or health care operations; disclosures made to you or your legal representative, or any other individual involved with your care; disclosures made pursuant to a valid authorization; disclosures to correctional institutions or law enforcement officials; and disclosures for national security purposes. You will not be

charged for your first accounting request in any 12-month period. However, for any request you make thereafter, you will be charge a reasonable, cost-based fee.

V. For more information or to file a complaint.

If you have questions and would like additional information, you may contact the Loomis Communities' Privacy Officer at (413)532-5325, extension 5104.

If you believe your privacy rights have been violated, you may file a written complaint with the Loomis Communities or with the Secretary of the Department of Health and Human Services ("HHS") at 200 Independence Avenue, S.W., Washington D.C. 20201 or by sending HHS an e-mail at HHS.MAIL@hhs.gov. We will not take retaliatory action against you if you file a complaint about our privacy practices.

VI. Effective date. This notice shall have an effective date of September 23, 2013.



Acknowledgement of Receipt of Notice of Privacy Practices

Resident Name: _____ AOD Profile ID: _____

Address: _____

Facility Name: _____

I have been given a copy of Loomis Communities' Notice of Privacy Practices ("Notice"), which describes how my health information is used and shared. I understand that Loomis Communities has the right to change this Notice at any time. I may obtain a current copy by contacting the Loomis Communities Privacy Officer, or by visiting the web site at www.LoomisCommunities.org.

My signature below acknowledges that I have been provided with a copy of the Notice of Privacy Practices.

Signature of Resident or Personal Representative

Date

Printed Name of Resident or Personal Representative

Personal Representative's Title (e.g., *Guardian, Executor of Estate, Health Care Power of Attorney*)

For Loomis Communities Use Only: Complete this section if you are unable to obtain a signature.

If the resident or personal representative is unable or unwilling to sign this Acknowledgement, or the Acknowledgement is not signed for any other reason, state the reason:

Describe the steps taken to obtain the resident's (or personal representative's) signature on the Acknowledgement:

Completed by: _____

Printed Name of Loomis Representative

Signature of Loomis Representative

Date