

***“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.”***

### **Understanding Your Medical Record**

Medical records are also referred to as personal health records. They are legal documents and are subject to federal and state laws. Documentation of your visit must be made each time you visit a physician, clinic, hospital or other health care provider. These records may be kept electronically. Information that is recorded about you includes health information, including, but not limited to: medical and family history, demographics, symptoms, treatments, diagnosis, test results, surgeries, consultations, medications and plan of care. The health information contained in your medical records serves as a basis for planning your care and treatment. The health information contained in your medical records is a means of communicating information across all levels of medical care and residential life at Mid-Atlantic Health Care, LLC and its managed skilled nursing and rehabilitation centers, including independent living, assisted living, skilled nursing facilities and the medical suite, and among the health care providers who contribute to your care to ensure continuity of care and integration into residential life. They are also a means by which you or a third party can verify that services billed actually were provided.

Mid-Atlantic Health Care, LLC and its managed skilled nursing and rehabilitation centers is committed to safeguarding the privacy and confidentiality of your health information including all records and information created and/or maintained at our organization. This includes any information we receive from other providers or facilities.

We are required to:

- Provide you with a Notice as to our legal duties with respect to protecting the privacy of your personal health information and our privacy practices related to the use and disclosure of your protected health information.
- Abide by the terms of this Notice including any future revisions as required or authorized by law.
- Notify you of changes made to the Notice; we reserve the right to change this Notice and to make the revised or new Notice changes effective for all protected health information that we already maintain about you as well as information we may receive in the future. We will mail a revised Notice to the address you have provided to us.
- Notify you if we are unable to agree to a requested restriction.
- Inform you of your rights related to your protected health information.
- Provide information in the form or format you request if it is readily producible or if not, in a readable hard copy form or
- Notify you promptly if a breach occurs that may have compromised the privacy or security of your protected health information.

**We will provide you with a copy of the Notice of Privacy Practices upon admission and at each time you transition from one level of care to another. You will be required to review**

## **NOTICE OF PRIVACY PRACTICES**

**the Notice of Privacy Practices and sign an acknowledgement documenting your receipt and review of the Notice of Privacy Practices.**

**We may use and disclose your protected health information for treatment, payment and health care operations without needing to obtain your consent or authorization.** For example:

### For Purposes of Treatment:

We may use and disclose your protected health information to personnel who may be involved in the management and coordination of your care such as physicians, nurses, therapists, dieticians, nurse aides, students in various health studies and other personnel throughout each level of care offered at Mid-Atlantic Health Care, LLC and its managed skilled nursing and rehabilitation centers . We may communicate with hospital staff and provide copies of various reports when transferred to and from acute care; or with home health agencies upon discharge, to ensure that such health care providers have the necessary information to diagnose and treat you.

### For Purposes of Payment:

We may use and disclose your protected health information so that we may bill and receive payment from you, an insurance company or other third party payer for the health care and other items and services you received at Mid-Atlantic Health Care, LLC and its managed skilled nursing and rehabilitation centers . When billing we may need to include protected health information that identifies you, as well as your diagnosis, procedures and supplies used.

### For Purposes of Health Care Operations:

We may use and disclose your protected health information as necessary for the day-to-day health care operations of the facility, including in connection with pre-admission and evaluation of potential applicants and for enrollment purposes, as well as in connection with resident transfers among the different levels of care offered at Mid-Atlantic Health Care, LLC and its managed skilled nursing and rehabilitation centers . For example, protected health information from your medical record may be used by members of medical staff, risk or quality improvement team members to assess the care and outcomes of health care that is provided to you. This information is used in an effort to continually improve the quality and effectiveness of health care and services.

Protected health information about you may be used by our corporate office for business development and planning, cost management analyses, insurance claims management, risk management activities, and in developing and testing information systems and programs. We may also use and disclose information for professional review, performance evaluation, and for training programs. Other aspects of health care operations that may require use and disclosure of your health information include accreditation, certification, licensing and credentialing activities, review and auditing, including compliance reviews, medical reviews, legal services and compliance

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programs. Your health information may be used and disclosed for the business management and general activities of the facility including resolution of internal grievances, customer service and due diligence in connection with a sale or transfer of the facility. In limited circumstances, we may disclose your protected health information to another entity subject to HIPAA for its own health care operations. We may remove information that identifies you so that de-identified health information may be used to study health care and health care delivery without revealing the identities of residents. We may disclose your age, birth date and general information about you in facility newsletters, on activities calendars, and to entities in the community that wish to acknowledge your birthday or commemorate your achievements on special occasions.

### For purposes related to emergencies / disasters:

Uses or disclosures in emergency / disaster situations to share information as necessary to identify, locate and notify family members, guardians, or anyone else responsible for the individual's care of the individual's location, general condition or death.

### **We may use and disclose your personal health information for other special purposes.**

For example:

#### Business Associates:

Some services that we provide are contracted with business associates for example billing services companies and other service providers. When these services are contracted we may disclose your health information so that they may be able to deliver care and bill you or your third party payer for services rendered. To protect your information, however, we require the business associate to appropriately safeguard your protected health information.

#### Mid-Atlantic Health Care, LLC and its managed skilled nursing and rehabilitation centers Directory:

Unless you notify us that you object, we will use your name, photograph, your location in the facility and your telephone number in our resident directories. The directory information may be given to people who ask for you by name.

#### Clergy:

Certain limited information about you may be given to a member of the clergy such as your religious affiliation.

#### Family and Friends:

Unless you object, family, friends, close relatives and any other person you indicated as being involved in your care or who help pay for your care may receive information from us relevant to that person's involvement in your care.

#### Fund Raising Activities:

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You may be contacted for fund raising activities for the facility and its operations. You will be given the opportunity to “opt out” (not participate) if you do not want to receive any further fundraising communications.

### As Permitted by Law:

Disclosures may be made about you to someone who has the legal right to act for you (personal representative), or to the Secretary of the Department of Health and Human Services, and where required by law, or as permitted by law for:

- Oversight by State and Federal Agencies that may include audits and investigations, inspections or licensure and certification surveys.
- Public Health Activities and Protective Services Agencies such as reporting fraud or suspected abuse or neglect; disease outbreaks, adverse reactions to medications, supplements or food, or problems with health care products.
- Workers Compensation to the extent authorized by law related to workers compensation or other similar programs established by law.
- Judicial and Administrative Proceedings as response to court orders, summons, warrants or subpoenas.
- Law Enforcement Officials requests for the purpose to locate a missing person, a suspect, or material witness, to report criminal conduct on our premises or in an emergency to report the commission of a crime or imminent threat to health or safety of staff or residents.
- Coroners, Medical Examiners, Funeral Directors or Organ Procurement Organizations for the purpose of identifying a deceased individual, to determine the cause of death, or facilitate organ or tissue donation. Also to provide funeral directors with information in order to carry out their duties.
- National Security, Military and Veterans for purposes of intelligence, counterintelligence and other national security activities.
- Decedent: disclosure to family members and others who were involved in the care or payment prior to death, unless it is inconsistent with your prior expressed preference.

**Your written authorization is required for all other uses of protected health information other than as described in this notice or if not permitted by law.** Examples of disclosures that require your written authorization include disclosure of psychotherapy notes, use of your protected health information for marketing and disclosures that constitute a sale of protected health information. You may revoke your authorization at any time as long as it is in writing. If you revoke your authorization, we will no longer use or disclose your information as you specified, except where we have already acted upon your authorization.

### **Your Rights regarding your protected health information**

#### Right of Notification of Breaches:

We must notify you following a breach of your unsecured protected health information.

## NOTICE OF PRIVACY PRACTICES

### Right to Request Restrictions:

You have the right to request a restriction or limitation on our use and disclosure of your protected health information. For example, you may ask us not to disclose your protected health information for purposes of treatment, payment or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices.

**We are not required to agree to your request EXCEPT when you request restriction of disclosures by Mid-Atlantic Health Care, LLC and its managed skilled nursing and rehabilitation centers to a health plan where you or a family member or other person have paid out of pocket in full for health care item or service; we must then comply with such a request unless we are required by law to disclose.** If we do agree, we will comply with your request unless the information is needed to provide emergency treatment to you or the request impedes Mid-Atlantic Health Care, LLC and its managed skilled nursing and rehabilitation centers' ability to carry out its operations or its ability to manage its residential facilities. You must make your request for restrictions in writing to the facility's Compliance Officer on the form entitled "Resident Request to Restrict Use and Disclosure of Protected Health Information." You must tell us what you want to limit, whether you want us to limit our use, disclosure or both, and to whom you want the limits to apply (example: to a family member).

Right to Receive Confidential Communication We must accommodate your reasonable requests of communicating your protected health information by alternative means or at alternative locations. To request confidential communications, you must make your request in writing to the Compliance Officer on the form entitled "Resident Request to Restrict Use and Disclosure of Protected Health Information" and tell us how or where you wish to be contacted. You do not need to give us a reason for your request.

Right of Access to Protected Health Information You have the right to inspect and obtain a copy of your medical information and billing records. This does not include psychotherapy notes.

- You must submit your request in writing to the Compliance Officer. Complete the form entitled "Current or Former Resident Access to Protected Health Information." If you request a copy, you will be charged a reasonable, cost-based fee for the costs of copying, mailing or other supplies associated with your request of your medical and billing records in accordance with HIPAA and applicable state laws.
- We may deny your request to inspect or obtain copies in certain limited circumstances. If you are denied access, you may request a review of the denial. Another licensed professional at Mid-Atlantic Health Care, LLC and its managed skilled nursing and rehabilitation centers will review your request and denial. This will be a different person than the one who initially denied your request. We will comply with the outcome of this review.

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Right to Request an Amendment You have the right to request to amend your protected health information if you think it is wrong or incomplete, as long as the information is kept by or for Mid-Atlantic Health Care, LLC and its managed skilled nursing and rehabilitation centers . Your request for an amendment must be made in writing. Complete the form entitled “Resident Request to Amend Protected Health Information” and submit it to the Compliance Officer. We may deny your request if it is not in writing or does not include a reason to support the request.

Also your request to amend may be denied if the information:

- Was not created by us, unless you can provide a reasonable basis to believe that the originator of protected health information is no longer available to act on the requested amendment.
- Is not part of the information that you have a right to inspect or copy: psychotherapy notes, information compiled in reasonable anticipation of, or for use in a civil, criminal or administrative action or proceeding.
- Is accurate and complete.
- Is not part of the protected health information kept by Mid-Atlantic Health Care, LLC and its managed skilled nursing and rehabilitation centers .

If your request is denied a written reason for denial will be given to you and instructions on how you can give us a statement of disagreement. Your statement of disagreement may be added to your protected health information.

Right to an Accounting of Disclosures Subject to implementation of final regulations, you have the right to request a listing (account) of the disclosures of your protected health information that we made except for disclosures:

- made prior to April 14, 2013;
- made to carry out treatment, payment or health care operations;
- made to you or your personal representative;
- made pursuant to a valid and effective authorization (one that complies with the requirements of state law as well as with HIPAA) signed by you or your personal representative;
- made to persons involved in your care or other notification and location purposes;
- to federal officials for national security or intelligence purposes;
- to a correctional institution or law enforcement official that has custody of you;
- that are part of a limited data set; and
- to a health oversight or law enforcement official or agency provided the official or agency notifies us in writing that providing an Accounting of Disclosures to you would be reasonably likely to impede the official’s or agency’s activities.

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To request a listing of disclosures you must submit your request in writing to the Compliance Officer on the form entitled "Resident Request for an Accounting of Disclosures of Protected Health Information" and state a time period (it cannot be earlier than six (6) years prior to the date of your request or include dates before April 14, 2003). You need to tell us in what form you want to receive the listing. For example: on paper or via electronic means.

You will not be charged for the listing of disclosures for the first time in a twelve (12) month period. You may be charged a reasonable, cost-based fee for any additional requests you make within the time frame and will be told the cost of each. You can decide whether to withdraw or modify your request before any costs are incurred.

Right to Receive a Paper Copy of this Notice You may ask us for a copy of this Notice at any time. If you have agreed to receive this Notice electronically, you may also have a paper copy of this Notice. To receive a copy of this Notice, contact the Compliance Officer.

### Complaints

If you believe that your privacy rights have been violated, you may file a complaint in writing to the Compliance Officer listed below at Mid-Atlantic Health Care, LLC and its managed skilled nursing and rehabilitation centers or with the Secretary of the Department of Health and Human Services. The complaint form may be obtained from the Compliance Officer. **You will not be penalized in any way for filing a complaint.**

Donna Rooney, JD, BSN, CHC, CPC  
Vice President of Corporate Compliance  
**(410) 308-2300 Ext. 227**

OR

The U.S. Department of Health and Human Services  
200 Independence Avenue, S.W.  
Washington, D.C. 20201  
202-619-0257  
Toll Free: 1-877-696-6775

### ACKNOWLEDGEMENT

**I CERTIFY THAT I HAVE RECEIVED A COPY OF THIS FACILITIES NOTICE OF PRIVACY PRACTICES. I HAVE HAD AN OPPORTUNITY TO REVIEW THIS DOCUMENT AND ASK QUESTIONS TO ASSIST ME IN UNDERSTANDING MY RIGHTS RELATIVE TO THE PROTECTION OF MY HEALTH INFORMATION. I AM**

