

# NOTICE OF PRIVACY PRACTICES

Effective January 2016

**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, please contact the Privacy Officer available at the administrative office of your community. All written requests or appeals should be submitted to the Privacy Officer.

## Who will follow this notice

Ascension Senior Living provides health care to our patients, residents and clients through the services of doctors and other health professionals.

The information privacy practices in this notice will be followed by:

- All health care professionals, including doctors, who treat you at any Ascension Senior Living or Ascension locations.
- Business Associates and their Contractors.
- All Ascension Senior Living associates, staff or volunteers and any Ascension associates with whom we may share information.

## Our pledge to you

We understand that medical information about you is personal, and are committed to protecting the privacy of your medical information. We create a record of the care and services you receive to provide quality care and to comply with legal requirements. This notice applies to all of the records of your care that we maintain, whether created by senior living community staff or your personal doctor. Your personal doctor may have different policies or notices regarding the doctor's use and disclosure of your medical information created in his or her office. Please consult with your doctor about such practices.

The law requires us to:

- Keep medical information about you private.
- Give you this notice of our legal duties and privacy practices with respect to your medical information.
- Follow the terms of the notice currently in effect.

## Changes to this Notice

We may change our privacy policies and this notice at any time. Changes will apply to medical information we already hold, as well as new information held after the change occurs. Before a policy change affecting the privacy of your medical information is made, we will change this notice and post the new notice in a public area. You can receive a copy of the current notice at any time. The effective date is listed above. You will be offered a copy of the current notice during the registration or admission process to an Ascension Senior Living community or program and will be asked to acknowledge your receipt of this notice in writing.

## How we may use and disclose medical information about you

We may use and disclose medical information about you for treatment (such as sending medical information about you to a specialist as part of a referral); to obtain payment for treatment (such as sending billing information to your insurance company or Medicare); and to support our health care operations (such as comparing patient data to improve treatment methods). In all cases, we will use and disclose the minimum necessary information to accomplish the intended purpose.

We may use or disclose medical information about you without your prior authorization for several other reasons. Subject to certain requirements, we may give out medical information about you without prior authorization for public health purposes (such as reporting deaths or preventing/controlling disease, injury or disability), abuse or neglect reporting, health oversight audits or inspections, research studies, funeral arrangements, organ/tissue donation, coroner/ medical examiner reviews, workers' compensation purposes, governmental functions (such as protection of public officials or reporting to various branches of the armed services) and emergencies.

We may also disclose medical information when required by law and for law enforcement purposes, such as in response to a request from law enforcement in specific circumstances or in response to valid judicial or administrative orders, if

you are a member of the armed forces or foreign military personnel or if you are an inmate or under the custody of a law enforcement official.

We must obtain your written authorization before we may use or disclose your protected health information for marketing purposes, except for face-to-face communications made by us to you or a promotional gift of nominal value provided by us to you.

We must obtain your written authorization before we may sell your protected health information.

We also may contact you for appointment reminders or aftercare follow-up, to tell you about or recommend possible treatment options, alternatives, or health-related benefits or services that may be of interest to you. We may communicate with you as part of our fundraising activities, but you have the right to opt out of receiving such communications. We may disclose your medical information to our business associates, each of whom has entered into a written contract with us regarding the privacy of your medical information.

We are required to notify you in the event of a breach of your unsecured protected health information. If admitted as a resident or enrolled as a participant, unless you tell us otherwise, we will list your name, location in the community, religious affiliation in the patient directory, and will release all but your religious affiliation to anyone who asks about you by name. Your religious affiliation may be disclosed to an outside clergy member only if you give permission.

We may disclose medical information about you to a friend or family member who is involved in your medical care or who helps pay for your care or to disaster relief authorities so that your family can be notified of your location and condition.

#### **Other uses of medical information**

In any other situation not covered by this notice, we will ask for your written authorization before using or disclosing medical information about you. If you chose to authorize use or disclosure of your medical information, you can later revoke that authorization by notifying us in writing. However, we cannot take back any disclosures already made with your permission.

#### **Your rights regarding medical information about you**

In most cases, you have the right to review or get a copy of medical information that we use to make decisions about your care. To review or get a copy, you must submit a written request. We may charge a fee for the cost of copying, mailing or other related supplies. If we deny your request to review or obtain a copy, you may submit a written request for a review of that decision.

You have the right to request restrictions on how we use and disclose your protected health information. We are not required to agree to these requests, except for when you request that we not disclose information to your health plan about services for which you paid out-of-pocket in full. In those cases, we will honor your request, unless the disclosure is necessary for your treatment or is required by law.

If you believe that information in your record is incorrect or if important information is missing, you have the right to request that we correct or amend the records, by submitting a request in writing that provides your reason for requesting the correction/ amendment. We could deny your request to correct or amend a record if the information was not created by us; if it is not part of the medical information maintained by us; if it is not part of the information you have a right to look at; or if we determine that record is accurate and complete. You may appeal, in writing, a decision by us not to correct or amend your record.

You have the right to a list of certain instances where we have disclosed medical information about you, when you submit a written request. The request must state the time period desired for the accounting, which must be less than a 3-year period and starting after April 14, 2003. You may receive the list in paper or electronic form. The first disclosure list requested in a 12-month period is free; other requests within the same 12-month period will be charged according to our cost of producing the list. We will inform you of the fee before you incur any costs.

If this notice was sent to you electronically, you have the right to a paper copy of this notice.

You have the right to request that medical information about you be communicated to you in a confidential manner, such as sending mail to an address other than your home, by notifying us in writing of the specific way or location for us to use to communicate with you. We will not ask you the reason for your request, and will accommodate all reasonable requests.

## **Complaints**

If you are concerned that your privacy rights may have been violated, or you disagree with a decision we made about access to your records, you may contact the community Privacy Officer. You may also contact the Ascension Senior Living Corporate Responsibility Officer at: 314-729-3562 or at 12250 Weber Hill Road, Suite 200, St. Louis MO 63127.

Finally, you may send a written complaint to the U.S. Department of Health and Human Services, Office for Civil Rights. The community Corporate Responsibility Officer can provide you with the address.

Under no circumstance will you be penalized or retaliated against for filing a complaint.