

SPRINGFIELD MASONIC COMMUNITY



NOTICE OF PRIVACY PRACTICES

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.

Springfield Masonic Community (the “Facility”) maintains records about you in order to provide services to you. State and federal laws restrict how the Facility may use or disclose your identifiable personal health information. The Facility is required by law maintain the privacy of your identifiable personal health information (or “protected health information,” referred to herein as “PHI”). This Notice of Privacy Practices (the “Notice”) describes how the Facility may use or disclose your PHI and other rights that you may have with respect to your information. This Notice applies both to PHI (i) contained in records generated by the Facility and (ii) received from other providers and maintained by the Facility.

The Facility is required to provide you with this Notice. The Facility will abide by the terms of the Notice currently in effect.

This Notice shall completely describe the Facility’s current policy and procedure concerning the Privacy Rule.

I. Scope of this Notice.

This Notice applies to the Facility, its employees, and any physicians who provide medical care to the residents at the facility as part of an Organizational Health Care Arrangement (OHCA). The Facility shares resident PHI, as permitted by law, with physicians and other health care professionals for the purposes described in this Notice. The Facility also has business associates who provide needed services and who may have access to your PHI.

Those who are provided access to your PHI are bound by the same laws requiring that the privacy of your PHI be maintained, and have agreed to abide by the terms of this Notice.

II. Treatment, Payment and Health Care Operations.

The three primary purposes for which the Facility may use or disclose your PHI involve providing treatment, obtaining payment, and carrying out health care operations. Generally, the Facility may use your PHI or disclose the information to another health care provider for purposes of providing treatment to you or obtaining payment for services rendered to you. The

Facility may also use your PHI to carry out health care operations and, in certain limited circumstances, disclose your information to assist another provider in carrying out health care operations.

A. Treatment:

The Facility may use PHI that it receives or collects about you to provide treatment to you. For example, the Facility may consult with your physician and use the information that it receives to develop a plan of care for you.

The Facility may also disclose your PHI to assist another health care provider in providing you with treatment. For example, the Facility may disclose information from your medical records to health care providers at the emergency room to aid in your diagnosis and treatment.

B. Payment:

The Facility may use your PHI to obtain payment for services which it rendered to you. Payment activities may include billing you directly, your insurance carrier, or other third party payors. Payment activities may include verifying your insurance coverage or your eligibility for benefits.

The Facility may also disclose your PHI to assist another health care provider in obtaining payment for services provided to you. For example, if your physician does not already have your insurance information, such as your policy or other identification number, the Facility may provide the information necessary for your physician to submit a claim for payment to your insurance carrier for services provided to you.

C. Health Care Operations:

The Facility may use your PHI to carry out health care operations. Health care operations may include functions such as quality improvement, reviewing the competence and qualification of physicians and other health care professionals, obtaining and maintaining accreditations, certification, licensing and credentialing, obtaining legal and auditing services, including fraud detection, business planning, business management, and administration, including complying with applicable privacy laws and regulations and resolving internal grievances.

For example, the Facility may review medical records of a sampling of residents for the purpose of identifying areas within which care could be improved.

In certain limited circumstances, the Facility may also provide your PHI to assist another health care provider in carrying out its own health care operations. The Facility is limited to assisting other health care providers with carrying out quality improvement and competence review activities and fraud and abuse detection.

III. Opportunity to Agree or Object.

In some circumstances, the Facility must give you the opportunity to agree or object, either orally or in writing, to the use or disclose of your PHI. The following instances are not inclusive.

Unless you provide the Facility with notice that you object;

The Facility may use your name, location in the facility, and telephone number for directory purposes. This information may be provided to people who ask for you by name. Additionally, such information may be provided to clergy or pastoral care staff who ask for you by name;

The Facility may make certain disclosures of your information to other residents, such as using your name on a nameplate next to or on your door in order to identify your room. The Facility may also communicate general information of your status or condition, such as including your name on the designated hospital board. The Facility may communicate special events, such as the day and month of your birthday and anniversary, in a social context. The Facility may also disclose other information in a social context through the Facility's publications and internal media;

The Facility 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 the Facility is unable to reach your family member or personal representative, the Facility may then leave a message for them at the phone number that has been provided by you, e.g., on an answering machine;

The Facility may disclose to a family member, other relative, close personal friend or any other person involved in your health care, health information relevant to that person's involvement in your care or payment related to your care.

Please contact the Facility's Privacy Officer if you object to the disclosure of your PHI under any of the aforementioned or any similar circumstances.

IV. Disclosures Required by Law.

In certain circumstances, the Facility is authorized or required by law to disclose your PHI without first notifying you or obtaining your consent.

The Facility is required to disclose information, which may include PHI, requested by the Secretary of the United States Department of Health and Human Services or when any other State or federal law requires disclosure of the information. The Secretary of Health and Human Services may request any information, including PHI, needed to verify that the Facility is in compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), as amended. When a State or federal law, other than HIPAA, requires the Facility to disclose health information, the Facility may disclose only as much information as is necessary to comply with the specific requirements of the law.

Ohio law contains a number of provisions that require the Facility to disclose PHI about individual residents. Licensed health professionals must report suspected cases of abuse or neglect of a nursing facility or residential care facility resident to the Ohio Department of Health. Similarly, suspected cases of abuse and neglect involving an individual in an independent living environment must be reported to the County Department of Job and Family Services. Finally, the Ohio Department of Health may review any records needed to verify that the Facility is in compliance with applicable licensing requirements.

The Facility is also permitted to release information, including PHI, necessary for public health activities. Public health activities include functions of agencies authorized to collect and receive information needed to prevent and control disease. An example of a public health activity would be the Facility reporting a suspected case of a communicable disease to the local Health District or the Ohio Department of Health. Public health activity also includes identifying and notifying individuals who may have been exposed to a suspected case of a communicable disease.

The Facility is authorized to disclose PHI as necessary to assist with health oversight activities. Health oversight activities are functions of governmental agencies with authority over licensed health care facilities and professionals. These activities include auditing health care providers, inspecting facilities, conducting civil, criminal and administrative investigations, verifying compliance with licensure requirements and taking disciplinary action against individuals or facilities.

If certain requirements are met, the Facility may release PHI in connection with a judicial or administrative proceeding. An Order issued by a Court or administrative tribunal is sufficient to require the Facility to release the information requested. A subpoena, discovery request or other legal process that is not accompanied by an Order from the Court or administrative tribunal must meet certain additional requirements before the Facility may release requested information. Specifically, the party requesting the information must satisfy the Facility that the party has made a reasonable effort to notify you. Disclosure is not required when a protective order has been issued by the appropriate judicial or administrative body which limits the information that may be disclosed or the purposes for which the information may be used.

Under a number of circumstances, the Facility may release PHI to assist law enforcement agencies. The Facility may report information as required by law to report cases of abuse or neglect or in response to a Warrant, Grand Jury Subpoena, or other Court Order. The Facility may also release PHI, as permitted by law, (i) to identify or locate a suspect, fugitive, material witness or missing person, (ii) about a death the Facility believes may have been caused by criminal conduct, (iii) about criminal conduct at the Facility. The Facility may also disclose information concerning the victim of a crime if the victim agrees to the disclosure or the information is necessary for immediate law enforcement activity against someone other than the victim and the disclosure is in the victim's best interest.

The Facility is authorized to make certain disclosures concerning decedents. Specifically, the Facility may disclose information required by a coroner, medical examiner, or funeral director to assist in carrying out his or her duties. The Facility may also disclose information to an organization to facilitate organ donation. Under certain circumstances, the Facility may disclose health information about its residents for research purposes. Ordinarily, disclosure of health information for research purposes requires the individual's specific authorization for the disclosure. However, an institutional review board or a privacy board organized under guidelines established by federal law may waive the authorization requirement for purposes of a specific research project. The Facility may also disclose information without individual authorization to a researcher who requires access to the information to prepare research protocols and who agrees not to remove any of the information from the facility. Similarly, the Facility may disclose information about decedents to assist in a research project based solely on information about decedents.

The Facility may disclose health information necessary to prevent or mitigate a serious threat to the health or safety of an individual or the public in general. The Facility may make disclosure, when the Facility has information that a particular individual poses a serious or imminent threat to his or her own health or safety or the health and safety of another.

Finally, the Facility may disclose health information which is necessary to assist in certain specialized governmental functions. Specialized governmental functions include military affairs such as determining eligibility for veteran's administration benefits, and national security purposes such as intelligence, counter-intelligence and other activities authorized by the National Security Act.

V. Special Notices.

The Facility may use your PHI to contact you concerning health related matters which might interest you. This includes contacting you to remind you of upcoming appointments, providing information about possible treatment alternatives, or advising you of other health related benefits or services that may be useful to you.

The Facility may use limited information about you to contact you about the Facility's fund-raising activities. Specifically, the Facility may use information concerning your name, address, and dates of admission or discharge to contact you about fund-raising. The Facility may also share information with The Ohio Masonic Home Benevolent Endowment Foundation, Inc. (the "Foundation"), an affiliated supporting foundation, to assist in fund-raising activities.

You have the right to opt out of receiving fund-raising information from the Facility or the Foundation. If you wish to opt out of receiving fund-raising information, we request that you provide the Facility with written notice of your intentions. If you would like additional information on opting out of receiving fund-raising information, please contact the Foundation by telephone at the (937) 525-3003.

VI. Other Uses and Disclosures.

With certain limited exceptions, the facility may not, without your written authorization, disclose your PHI to any company or individual for marketing purposes.

Other than as described in this Notice, the Facility will not use or disclose your health information without your specific written authorization. If you provide your authorization, you have the right to revoke the authorization at any time. Your revocation must be made in writing and delivered to the Facility. Your revocation will not be effective for disclosures which were made prior to the Facility's receipt of the revocation.

VII. Health Information Rights.

You have additional rights to monitor and control how your PHI is used by the Facility. You may restrict certain uses and disclosures of your information, receive confidential communications of personal information, inspect and copy your personal information, request an amendment to personal information, receive an accounting of disclosures of your PHI, and receive a paper copy of the Facility's Notice of Privacy Practices. This Section contains a description of each of these rights.

A. Right to Request Additional Restrictions.

In addition to the restrictions imposed by law, you have the right to request restrictions on certain uses and disclosures of your PHI to carry out treatment, payment or health care operation functions. Your request for additional restrictions must be in writing. A request form for additional restrictions on the use and disclosure of your personal information is available from the Facility's Privacy Officer (contact information for the Privacy Officer is provided below).

The Facility is not required to agree to your request for additional restrictions unless (i) you request a restriction on disclosure to a health plan for payment or health care operations purposes and (ii) the PHI for which you request additional restrictions pertains solely to services or health care items for which you paid, in full, on an out-of-pocket basis. If the Facility agrees to the requested restriction, the Facility is bound by the restriction for as long as the agreement is in effect, except for purposes of treatment in a medical emergency. The Facility may cancel the agreement for additional restrictions either with or without your consent. If you do not agree to cancel the agreement for restrictions, the Facility will honor the agreement with respect to any information received by the Facility prior to the cancellation.

B. Right to Receive Alternative Communications.

You have the right to request to receive communications regarding PHI by an alternative method or at an alternative location. Alternative methods of communicating PHI may include facsimile or email transmission. Providing information at an alternative location may include sending information to a post office box or work address rather than a

facility address. Due to technological limitations, the Facility may not be able to honor a request to communicate information through email.

The Facility may need to verify that contact information is correct before sending personal information to an alternative location. For example, the Facility can accommodate a request by you to send information by fax. Before sending the information, however, the Facility may require verification that the fax number is correct and that only you or another individual authorized by you to receive the information will have access to the fax transmission. Requests to receive communications by an alternative method or an alternative location must be made in writing. Please submit your written request, including type of alternative means of communication and/ or location, to the Privacy Officer.

C. Right to Access and Copy.

You have the right to access and receive copies of your PHI that are maintained by the Facility except for psychotherapy notes, information compiled for legal proceedings, and when disclosures are prohibited or otherwise protected by law.

If the Facility uses or maintains your PHI as an Electronic Health Record (EHR), you have the right to request that a copy of the PHI be provided to you in electronic format.

A request to access or copy PHI must be in writing, signed and dated by you or your authorized representative. You or your authorized representative may access the medical record within 24 hours of the Facility's receipt of the request, excluding weekends and holidays.

Copies will be provided within two (2) working days, excluding weekends and holidays. If you request to have copies made you will be charged a reasonable fee, subject to limitations on the amount that can be charged for copying medical records under Ohio law. The written request should specify whether the records are to be sent to you, your physician, an authorized representative, or if the records are to be held at the Facility.

If the Facility is unable to comply with your request within the time specified in this Notice, the Facility will notify you, in writing to explain the delay and advise of the date by which the Facility will fulfill your request.

The Facility is not required to provide access or copies of medical records to you if the Facility determines that providing such access would endanger either your health or safety or that of others. In that situation, the Facility is required to provide a copy of the records to a physician of your choice for a second opinion.

Please contact your Privacy Officer for assistance.

D. Right to Request Amendments.

You have the right to request that amendments be made to your PHI. The Facility may deny a request to amend PHI if the record in question was not created by the Facility, is not part of the records maintained by the Facility, is not a record that the resident is entitled to inspect or copy, or if the record is accurate and complete.

A request to amend personal information must be made in writing on the form specified by the Facility. Please contact your Privacy Officer.

Within sixty (60) days of receiving a request to amend PHI, the Facility will notify you whether the amendment has been accepted or denied. If the Facility is unable to act within sixty (60) days of receiving a request, the Facility will provide written notice to you that it has extended, once, for thirty (30) days the period of time to respond to your request.

If the Facility accepts an amendment, the Facility will notify you and make appropriate changes to its own records. In addition, the Facility will make reasonable efforts to notify others, including other health care providers and business associates of the Facility, who have received the records in question and would be affected by the amendment.

If the Facility denies the request for an amendment, the Facility will notify you of the basis for the denial and your right to challenge the denial.

E. Right to Request an Accounting of Disclosures of Information.

You have the right to receive an accounting of disclosures of your PHI that the Facility has made. You may request an accounting of disclosures made during any period up to and including the past six years. The Facility is not required to track disclosures which may have been made prior to April 14, 2003.

With the exception of PHI maintained and disclosed in electronic format, the Facility is not required to account for any of the following disclosures:

1. For treatment, obtaining payment and carrying out health care operations (the exception does not apply to disclosures made through an EHR);
2. To you or your personal representative of your own information;
3. For notification of or to persons involved in your health care or payment for health care, for disaster relief or for the Facility's resident directory;
4. Authorized in writing by you;
5. For national security or intelligence purposes;
6. To a correctional institution or law enforcement official;
7. Incident to otherwise permitted or required disclosures;
8. Occurring more than 6 years preceding the accounting request;
9. Occurring prior to April 14, 2003.

You may request an accounting of the uses and disclosures of PHI through an EHR for treatment, payment and health care operations purposes for any period up to and including the past three years.

At the request of a health oversight or law enforcement agency, the Facility may be required to temporarily suspend your right to receive an accounting of disclosures made to such agency. In order for the suspension to take effect, the agency must notify the Facility that providing an accounting to the resident is likely to interfere with the agency's activities. The agency must also specify the time period during which the suspension will apply.

The Facility will provide you with an accounting of disclosures of PHI within sixty (60) days of receipt of a written request for the accounting. If the Facility is unable to comply within the sixty (60) day period, the Facility will provide you with a written notice that extends, one-time the period to respond by thirty (30) days. The extension will explain the reasons for the delay.

You are entitled to one (1) accounting within any twelve (12) month period free of charge. If you request a second accounting within the same twelve month period, the Facility reserves the right to charge a reasonable cost based fee for providing the accounting.

Please contact your Privacy Officer to request an accounting of disclosures of your personal information.

F. Right to Receive a Copy of This Notice

You have the right to receive a paper copy of this Notice, at any time, upon request.

VIII. Changes to this Notice.

The Facility reserves the right to amend and/ or change the terms of its Notice and to make new Notice provisions effective for PHI maintained by the Facility. Should the Facility revise its Notice, the revised Notice will be posted on the bulletin board at the Facility and on the Facility's website. A copy of the revised Notice will be available after the effective date of the changes, upon request.

IX. Complaint Procedures.

If you believe the Facility has violated your privacy rights, you may file a complaint with us or with the Secretary of the Department of Health and Human Services. Complaints filed with the Facility must be in writing on a form provided by the Facility. The complaint form may be obtained from the Facility's Privacy Officer.

You may also call the corporate hotline at 1-877-218-0220 to leave a message for the Corporate Privacy Officer. **The Facility will not retaliate against any individual in any way for filing a complaint regarding the potential violation of the privacy rights of any current or former resident.**

X. Contact Information for Privacy Officer.

The Facility has designated a Privacy Officer who is responsible for developing and implementing Privacy policies and practices under applicable State and federal laws. Any comments or questions regarding the Facility's Privacy practices may be directed to the following address and telephone number: 3 Masonic Dr. Springfield, OH 45504. (937)525-3067.

XI. Effective Date.

This Notice of Privacy Practices effective as of the 17th day February, 2010.