

Epiphany Senior Housing

NOTICE OF PRIVACY PRACTICE

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.

This document describes the type of health information the Epiphany Assisted Living, LLC gather about you, with whom that information may be shared, and the safeguards we have in place to protect it. You have the right to approve or refuse the release of specific information except when the release is required by law. If the practices described in this notice meet you exceptions, there is nothing you need to do. If you prefer that we not share information, we may honor your written request in certain circumstances described below. If you have any questions regarding this privacy notice, please contact the facility's Privacy Contact:

Name: Mary McCarty Phone: 763-755-0320

Who Will Follow This Notice?

This Notice of Privacy Practices describes the privacy practice of Epiphany Assisted Living, LLC. These privacy practices will be followed by:

- Any health care professional authorized to enter information into your chart;
- All departments and units of Epiphany Assisted Living;
- Any member of a volunteer group or student we allow to help you while you are in one of our facilities;
- All employees, staff and other facility personnel.

All these entities, sites and locations follow the terms of this notice. In addition, these entities, sites and locations may share medical information with each other for purposes of treatment, payment, or healthcare operations described in this notice.

Our Pledge Regarding Medical Information

We understand that medical information we collect about you and your health is private. We are required by Federal and State law to protect this information, and we are committed to protecting the privacy of the residents and patients we serve. As part of our routine operations, we create a record of the care and services you receive. 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 Epiphany Assisted Living, whether made by Epiphany Assisted Living personnel 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 the doctor's office or clinic.

This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

Federal law requires us to:

- Make sure that medical information that identifies you is kept private;
- Give you this notice of our legal duties and privacy practices with respect to medical information about you;
- Follow the terms of the notice that is currently in effect.

How We May Use and Disclose Medical Information About You

The following categories describe different ways that we use and disclose medical 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. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

- **For Treatment.** We may use medical information about you to provide you with medical treatment or services. We may disclose information about you to health care providers involved in your care, such as doctors, nurses, technicians, or other facility personnel who are involved in taking care of you at the facility. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell the dietitian if you have diabetes so that we can arrange for appropriate meals. Different departments of the facility also may share medical information about you in order to coordinate the different things you need, such as prescriptions, lab work, and x-rays. We also may disclose

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medical information about you to people outside the facility who may be involved in your medical care or to others we use to provide services that are part of your care.

- **For Payment.** We may use and disclose medical information about you so that the treatment and services you receive at the facility may be billed to and payment may be collected from you, an insurance company, or a third party. For example, we may need to give you health plan information about the care you received at Epiphany Assisted Living so your health plan will pay us or reimburse you for the care. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.
- **For Health Care Operations.** We may use and disclose medical information about you for facility operations. These uses and disclosures are necessary to run the facility and make sure that all of our residents receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may use and disclose medical information about you for accreditation and licensing activities. We may also combine medical information about many facility residents to decide what additional services the facility should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, students, and other facility personnel for review and learning purposes. We may also combine the medical information we have with medical information from other facilities to compare how we are doing and see where we can make improvements in the care and services that we offer. We may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning the names of specific residents.
 - **Treatment Alternatives.** We may use and disclose medical information about you to tell you about or recommend possible treatment options or alternatives that may be of interest to you.
 - **Health-Related Benefits and Services.** We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.
 - **Facility Directory.** We may include certain limited information about you in the facility directory while you are a resident at the facility. This information may include your name, location in the facility, your general condition (e.g., fair stable etc.) and your religious affiliation, may be released to people who ask for you by name. Your religious affiliation may be given to a member of the clergy, such as a priest or rabbi, even if they don't ask for you by name. Epiphany Assisted Living offer this service so your family, friends and clergy can visit you in the facility and generally know how you are doing. If you would prefer not to have your name or other information included in a facility directory, or you wish to limit the release of this information, please notify the facility's Privacy Contact Person (listed above).
 - **Disclosures to Family, Friends, and Others.** We may disclose medical information about you to a friend, family member, or other persons involved in your medical care. You have the right to object to the sharing if this information. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your family can be notified about your condition, status and location.
 - **As Required By Law.** We may disclose medical information about you when required by law.

To request restrictions, you must make your request in writing to the facility privacy contact person (listed above). 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, disclosures to you spouse. You can request, either in writing or verbally, that any restrictions you put in place be terminated.

- **Right to Request Confidential Communications.** 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 may ask us to send information to a post office box or your work address instead of your home address.

To request confidential communications, you must make your request in writing to the facility privacy contact person (listed above). We will not ask you the reason for your request. We will accommodate all reasonable requests. Your requests must specify how or where you wish to be contacted.

- **Right to a Paper Copy of this Notice.** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. You may obtain a copy of this notice at our facility.

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Changes in this Notice

We reserve the right to change this notice. Any changes will apply to health information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in the facility and will make a paper version available to you upon request. The notice will contain an effective date on the first page, in the top right-handed corner. In addition, if you are discharged from this facility for an extended time then return to the facility, we will offer you a copy of the current notice.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with Secretary of the Department of Health and Human Service. All complaints must be submitted in writing.

There will be no retaliation to client because of complaint.

Acknowledgment of Receipt of the Notice of Privacy Practices

Epiphany Senior Housing

I, _____ acknowledge that I have received a current copy of Epiphany Assisted Living Notice of Privacy Practices.

Signed:

Resident or

Date

Resident's Legal Representative

Date

Relationship to Resident

Resident Name

Notice of Privacy Practices Acknowledgment