

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.

If you have any questions about this Notice please contact: Wildflower Court's Human Resources Department/Privacy Official at 463-8734.

Uses and Disclosures: We use health information about you for treatment, to obtain payment for treatment, for administrative purposes, and to evaluate the quality of care that you receive. Continuity of care is part of treatment and your records may be shared with other providers to whom you are referred. Information may be shared by paper mail, electronic mail, fax, or other methods. We may use or disclose identifiable health information about you without your authorization in certain situations (see 'Without Opportunity to Object' below), but beyond those situations, we will ask for your written authorization before using or disclosing any identifiable health information about you.

Your Rights: In most cases, you have the right to look at or get a copy of health information about you. If you request copies, we will charge you normal photocopy fees. You also have the right to receive a list of certain types of disclosures of your information that we have made. If you believe that information in your record is incorrect, you have the right to request that we correct the existing information.

Complaints: If you are concerned that we have violated your privacy rights or you disagree with a decision we made about access to your records, you may contact our Privacy Official and there will be no retaliation against you for complaining. You also may send a written complaint to the U.S. Department of Health and Social Services. Our Privacy Official can provide you with the appropriate address upon request.

Our Legal Duty: We are required by law to protect the privacy of your protected health information, provide this notice about our information practices, follow the information practices that are described in this notice, and seek your acknowledgement of receipt of this notice. If we make a significant change in our policies, we will change our Privacy Notice, post the new notice at our office, and make the new Notice available to you. You can also request a copy of our notice at any time.

1. Uses and Disclosures of Protected Health Information (PHI)

Following are examples of the types of uses and disclosures of your Protected Health Information (PHI) that the provider is permitted to make. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures.

Treatment: We will use and disclose your PHI to provide, coordinate, or manage your care and any related services. For example, your PHI may be provided to a doctor to whom you have been referred to ensure that the doctor has the necessary information to diagnose or treat you.

Payment: Your PHI will be used, as needed, in activities related to obtaining payment for services provided. For example, obtaining approval for services may require that your relevant PHI be disclosed to your health insurance company, if you have one, to obtain approval for necessary treatment or services.

Healthcare Operations: We may use or disclose, as needed, your PHI in order to support our business activities. For example, when we review employee performance, we may need to look at what an employee has documented in your case file record.

Business Associates: We will share your PHI with third party 'business associates' that perform various activities (i.e., accounting, legal consulting). Whenever an arrangement between us and a business associate involves the use or disclosure of your PHI, we will have a written contract that contains terms that will protect the privacy of your PHI.

Facility Directories: Unless you object, we will use and disclose in our facility directory your name, the location at which you are receiving care, and your condition (in general terms).

Treatment Alternatives: We may use and disclose medical information 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.

Written Authorization

Other uses and disclosures of your PHI will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke this authorization, at any time, in writing.

Opportunity to Object

We may use and disclose your PHI in the following instances. You have the opportunity to object. If you are not present or able to object, then your provider may, using his/her professional judgment, determine whether the disclosure is in your best interest.

Others Involved in Your Healthcare: Unless you object, we may disclose to a member of your family, a relative, a close friend, an attorney-in-fact, a guardian/conservator, or any other person you identify, your PHI that directly relates to that person's involvement in your health care.

Emergencies: In an emergency treatment situation, your provider shall try to provide you a Notice of Privacy Practices as soon as is reasonable, after the delivery of treatment.

Communication Barriers: We may use and disclose your PHI if we attempt to obtain acknowledgement from you of the Notice of Privacy Practices but are unable to do so due to substantial communication barriers and we determine, using professional judgment, that you would agree.

Without Opportunity to Object

We may use or disclose your PHI in the following situations without your authorization or opportunity to object:

Public Health: for public health purposes to a public health authority or to a person who is at risk of contracting or spreading your disease.

Health Oversight: to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections.

Abuse or Neglect: to an appropriate authority to report child abuse or neglect, if we believe that you have been a victim of abuse, neglect, or domestic violence.

Food and Drug Administration: as required by the Food and Drug Administration to track products.

Legal Proceedings: in the course of legal proceedings.

Law Enforcement: for law enforcement purposes, such as pertaining to victims of a crime or to prevent a crime.

Coroners, Funeral Directors, and Organ Donation: for the coroner, medical examiner, or funeral director to perform duties authorized by law and for organ donation purposes.

Research: to researchers, when their research has been approved by an Institutional Review Board.

Soldiers, Inmates, and National Security: to military supervisors of Armed Forces personnel or to custodians of inmates, as necessary. Preserving national security may also necessitate sharing PHI.

Compliance: to the Department of Health and Human Services to investigate our compliance. In general, we may use or disclose your PHI as required by law and limited to the relevant requirements of the law.

2. Your Rights

Following is a statement of your rights with respect to your PHI and a brief description of how you may exercise these rights.

You have the right to inspect and copy your PHI. However, we may refuse to provide access to certain psychotherapy notes or information relating to a civil or criminal proceeding.

You have the right to request a restriction of your PHI. You may ask us not to use or disclose certain parts of your PHI for treatment, payment or healthcare operations. You may also request that information not be disclosed to family members or friends or others who may be involved in your care. Your request must state the specific restriction requested and to whom you want the restriction to apply. We are not required to agree to a restriction that you may request, but if we do agree, then we must behave accordingly.

You have the right to request to receive confidential communications from us by alternative means or at an alternative location. We will accommodate reasonable requests. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not necessarily request an explanation from you as to the basis for the request.

You have the right to request that your provider amend your PHI. You may request an amendment of PHI about you. If we deny your request for amendment, you have the right to file a statement of disagreement with us, and your record will note the disputed information.

You have the right to receive an accounting of certain disclosures we may have made. This right applies to disclosures for purposes other than treatment, payment or healthcare operations. It excludes disclosures we have made to family members or friends involved in your care, or for emergency purposes. You have the right to receive specific information regarding these disclosures. The right to receive this information is subject to certain exceptions, restrictions and limitations.

You have the right to obtain a paper copy of this notice from us, upon request, even if you have agreed to accept this notice electronically.

END of Notice of Privacy Practices