

BEDFORD CARE CENTER / BEDFORD ALZHEIMER'S CARE CENTER
HIPAA / HITECH PRIVACY NOTICE

WHAT IS HIPAA / HITECH

The Health Insurance Portability Accountability Act of 1996 (HIPAA) and the Health Information Technology Economic Clinical Health Act of 2009 (HITECH) provides laws, guidelines and penalties regarding Protected Health Information. As required, this Notice describes how Protected Health Information (PHI) may be used and disclosed and how Residents can access PHI. Further, a person's medical record (PHI) is the property of the business entity that creates the record and is not the property of the patient/Resident of that Facility. Please review this notice carefully.

COMPLIANCE WITH THIS NOTICE

This Notice describes the Protected Health Information practices of Bedford Care Center / Bedford Alzheimer's Care Center, herein referred to as "**Facility**", that provides healthcare for you or the person for whom you serve as personal representative. Please note, "**You**" refers to the Patient / Resident of the Facility. This Notice applies to the practices of the Facility and its Business Associates.

PLEDGE REGARDING PROTECTED HEALTH INFORMATION

The Facility is committed to protection of Protected Health Information (PHI). This Notice applies to PHI in paper or electronic form, maintained and/or transmitted by healthcare providers, healthcare clearinghouses, such as agencies that help in electronic transmission of data and health plans, including insurance companies, HMOs, employee health plans, Medicare, Medicaid, and Champus. PHI covered under this Notice is information that could be identified with you, such as name, address, date of birth, medical record numbers, license numbers, and account numbers that relates to diagnoses, condition, healthcare services you have received or will receive, and payment for those services. This Notice gives you information required by law about the duties and privacy practices of the Facility that protect the privacy of PHI. The Facility is required by law to maintain the privacy of Protected Health Information. This Notice also describes your rights regarding the use and disclosure of PHI.

The effective date of this notice is as of the date referenced above. The Facility must follow the terms of this Notice until it is replaced. The Facility reserves the right to change the terms of this notice at any time. If the Facility makes changes to this notice, a new Notice will be sent to all residents or their personal representatives at that time. The Facility reserves the right to apply the changes to PHI maintained by the Facility before and after the effective date of the new Notice.

HOW PROTECTED HEALTH INFORMATION MAY BE USED AND DISCLOSED

The Facility may use and disclose Protected Health Information (PHI) for purposes, such as:

- The Facility may disclose PHI to a physician or other healthcare providers for your treatment and care
- The Facility may use or disclose PHI to your insurance companies, Medicaid, Medicare or others to be paid for services
- The Facility may use or use PHI for Quality Improvement purposes, conducting or arranging for medical review, legal services, audit services, data collection, care coordination, case management and business operations.
- The Facility may use PHI to contact you or your representative regarding treatment options or other health-related services.
- PHI must be released when required by federal, state, or local law. For example, the Facility must allow the U.S. Department of Health and Human Services to audit records. The Facility may also disclose PHI as authorized by and to the extent necessary to comply with Workers' Compensation or other similar laws.
- The Facility may disclose PHI to Business Associates, including but not limited to, accountants, administrators, actuaries, billing services, and other organizations or persons hired to assist the Facility. Each Business Associate must agree in writing to ensure the confidentiality and security of PHI. Business Associates must promptly inform the Facility of any violation of laws regarding PHI.

SPECIAL SITUATIONS

The Facility may also use and disclose PHI in these circumstances:

- To comply with legal proceedings, such as a Court Order or Subpoena
- To law enforcement officials for law enforcement purposes
- To a relative or other person responsible for of helping with your care or payment for care to the extent the information is relevant to the person's involvement with your care and/or payment for care, unless you object
- To a family member or other person who assists or is responsible for your care, condition or death, unless you object
- To your personal representatives appointed by you or designated by applicable law for research purposes in limited circumstances
- For a Facility Directory, unless you object, with your name, room number, general condition and religious affiliation. This information will be provided to members of the clergy and, except for religious affiliation, to other people who ask for you by name. Unless you notify us you object, we may also post your name on your door to identify your room.
- To a Coroner, Medical Examiner, or Funeral Director about a deceased person
- To an organ donor organization if you approve
- To prevent a serious threat to your health or safety or the health or safety of others, or during disaster situations
- To a government agency authorized to oversee healthcare systems or government programs
- To federal officials for lawful intelligence, counterintelligence and other national security purposes
- To Public Health Authorities for public health purposes
- To military authorities, if you were or are a member of the armed forces

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- On a limited basis for fundraising only to the extent of demographic information and dates of service
- To the extent authorized by laws relating to workers' compensation or similar programs
- To the extent authorized by law, relating to abuse or neglect to you or another vulnerable adult

USES AND DISCLOSURES WITH YOUR AUTHORIZATION

The Facility will not use or disclose PHI for other purposes without your authorization. If you give authorization to use or disclose PHI for a purpose not described in this notice, you may revoke it at any time. If you revoke your authorization, the Facility will no longer use or disclose PHI for the reasons revoked. You should be aware that the Facility is unable to take back any disclosures made with your authorization before you revoke an authorization.

YOUR RIGHTS REGARDING PROTECTED HEALTH INFORMATION

1. RIGHT TO REQUEST RESTRICTIONS

You have the right to place additional restrictions on the Facility's use and disclosure of Protected Health Information. To request such restrictions, you must put your request in writing to the Facility's Administrator / Privacy Officer.

Your request must describe the information you want to limit, whether you want to limit the information's use or disclosure, and to whom you want the limits to apply. However, the Facility may not always be able to agree to your request.

2. RIGHT TO REQUEST CONFIDENTIAL COMMUNICATIONS

You have the right to ask that the Facility communicate only with you or certain others about Protected Health Information. For example, you may request that the Facility not call any relative by telephone not leave voice messages, and/or send mail to a post office box. Your request must be in writing and must state the details of your request regarding communications.

The Facility may not be able to agree to some requests when a method of communication is necessary to avoid endangering you, or if your request would prevent the Facility to receive payment.

3. RIGHT TO INSPECT AND COPY

You have the right to inspect and obtain copies of PHI about your care at the facility. The Facility will charge a fee for the costs of copying, mailing and other charges related to PHI. This fee is regulated by state statute, MS Code § 11-1-51.

4. RIGHT TO AMEND

If you feel that your PHI is incorrect or incomplete, you may submit a written statement regarding your PHI, which will be reviewed. If your submitted information is validated, your PHI will be amended. Your request must be in writing with supporting documentation and must be submitted to the facility's Administrator.

The Facility may deny your request for an amendment if it is not in writing or does not include acceptable supporting documentation. The Facility may also deny your request if you ask the Facility to amend information that is not part of PHI kept by, or for the Facility; was not created by the Facility, unless the person or entity that created the information is no longer available to make the amendment. If the Facility does not agree to amend your PHI, you may submit a written statement of your disagreement, which may be added to your PHI.

5. RIGHT TO AN ACCOUNTING OF DISCLOSURES

You have the right to request an "accounting of disclosures" made for any purpose other than treatment, payment, or healthcare operations, disclosures to correctional institutions or law enforcement officials, disclosures for national security or intelligence purposes, or disclosures authorized by you.

To request a list of disclosures, you must submit your request in writing to the Facility's Administrator. Your request must state a time period. However, requests are not valid for longer than six years, or for dates prior to April 2003. The Facility may charge a fee for providing the list. The Facility will notify you in advance of the cost and you may choose to withdraw or modify your request at that time.

6. RIGHT TO A PAPER COPY OF THIS NOTICE

You have the right to obtain a paper copy of this notice at the Facility, or you may also obtain a copy of this notice electronically at the Facility's web site at www.bedfordcarecenters.com.

QUESTIONS OR COMPLAINTS

If you have any questions about our privacy practices, please contact the Facility's Privacy Officer / Administrator, or you may contact Corporate Compliance at **1-866-225-3258**, or you may contact the Secretary of the Department of Health and Human Services.