

Notice of Privacy Practices Care Initiatives, Inc.

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 QUESTIONS REGARDING THIS NOTICE, PLEASE CONTACT OUR PRIVACY OFFICER, WHICH IS THE ADMINISTRATOR OF THE FACILITY

This Notice of Privacy Practices describes how Care Initiatives may use and disclose your protected health information for treatment, payment, or health care operation purposes, and other purposes permitted or required by law. It also describes your rights in regard to your protected health information. "Protected health information" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services. We are required by law to maintain the privacy of protected health information and to provide individuals with notice of our legal duties and privacy practices with respect to protected health information.

We are required to abide by the terms of this Notice of Privacy Practices. We may change our Notice at any time. The change in the Notice will apply to all protected health information we maintain. We will notify you of the new Notice by posting it in our facility. A revised Notice of Privacy Practices will be provided to you upon your request. You may also access a copy of this notice on our website at www.careinitiatives.org

Understanding Your Health Record/Information

Each time you visit a nursing facility, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnosis, treatment, and a plan for future care or treatment. This information is often referred to as your health or medical record.

We may use your health information for treatment, payment, or health care operations. Below we have listed these categories, and provided examples of each category. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by our facility.

How We May Use and Disclose Protected Health Information

We will use and disclose your protected health information for treatment, payment, and healthcare operations purposes.

Treatment: We will use and disclose your protected health information to provide you with or coordinate health care services. We may disclose medical information about you to nurses, physicians, and other individuals involved in providing you with health care services. For example, we maintain a plan of care that identifies goals, objectives, and interventions.

Members of the Care Initiatives care plan team, your physician, and other treatment providers access this information to coordinate treatment for you. If you must be transferred to another healthcare provider, such as to the hospital, for treatment of more acute conditions, it is necessary for us to communicate information about you to that provider, including your diagnosis, medications you are taking, and other information related to your health condition.

Payment: We will use and disclose your protected health information for payment purposes. For example, we may submit a claim for payment to you, your responsible party, or a third-party payer, including Medicare, Medicaid, or your health plan if you have one. The information on this claim may include information about you, such as your diagnosis, procedures, supplies used in the course of providing treatment, and other information as required by a payer. We may also communicate and exchange information with a health plan to obtain information regarding eligibility and benefits, reviewing services for medical necessity, and undertaking utilization review activities. For example, it may be necessary for us to disclose relevant protected health information to a health plan for approval for a procedure or hospital admission.

Healthcare Operations: We will use and disclose your protected health information for regular healthcare operations. These operations may include quality assurance, employee review activities, training, and oversight by government agencies.

For example, we may use medical information to review our treatment and services, and to evaluate the performance of our staff caring for you. We may disclose information to nursing students and other students in our facility for learning purposes.

We may also use your protected health information to provide you with information about treatment alternatives, support groups, or other health-related benefits that may be of interest to you. We may also use your protected health information to contact you for fundraising activities. You may contact our Privacy Officer to request that these materials not be sent to you.

Business Associates: We may disclose your protected health information to business associates with whom we have contracts, and who perform services for our facilities. Examples include consultants, accountants, and attorneys. They perform such functions as quality assessment, audits, and legal counsel. Our contracts with these business associates require that they safeguard your health information, and protect your privacy rights.

Other Permitted and Required Uses and Disclosures That May Be Made With Your Consent, Authorization, or Opportunity to Object

We may use and disclose your protected health information in the instances listed below. You have the opportunity to agree or object to all or part of these uses and disclosures. If you are unable to agree or object to the uses and disclosures listed below, the facility will use professional judgment to determine if use or disclosure is in your best interest. In this case, we will only disclose the protected health information that is directly relevant to your health care.

Authorization: Other uses or discloses of your protected health information not addressed in this Notice of Privacy Practices will be made only with your written authorization. At any time you may revoke the authorization in writing, except to the extent that your physician or the facility has taken action in reliance on that authorization.

Facility Directory: Unless you notify us that you object, we will include your name, location, general condition, and religious affiliation in a facility directory. This information, with the exception of religious affiliation, will be available to individuals who ask for you by name. Religious affiliation will be provided to members of the clergy. This facility directory is maintained so that your friends, family, and clergy can visit you and be given a general statement on how you are doing.

Others involved in your healthcare, or payment for health services: Unless you notify us that you object, we may use or disclose your health information to a family member, close friend, or other individual involved in your care or payment of health services. Upon admission, we will ask for the name, number, and address of family members and close friends, for notification purposes. We will disclose your health information as it relates to that person's involvement in your care. We may also use or disclose your health information to notify or assist in notifying a family member, close friend, or other personal representative of your location, general condition or death. If we are unable to reach your family member or personal representative, then we may leave a message (i.e., on an answering machine) at the phone number that you or they have provided to us. If you are unable to agree or object, we may disclose your health information if in the exercise of professional judgment we determine that the disclosure is in your best interest. We may also disclose information to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care.

Emergencies: We may use or disclose your protected health information in an emergency treatment situation. If this happens, we will provide you with a copy of our Notice of Privacy Practices as soon as reasonably practical after the emergency treatment situation.

Communication Barriers: We may use or disclose your protected health information if we attempt to obtain consent, but are unable to due to communication barriers, and we determine in the exercise of professional judgment that you intend to consent to the use or disclosure under the circumstances

Other Permitted and Required Uses and Disclosures That May Be Made Without Your Authorization or Opportunity to Agree or Object

We may use or disclose your protected health information in the following situations without your authorization or opportunity to agree or object. These situations include:

As Required By Law: We may use or disclose your protected health information as required to comply with state, federal, or local law. This may include disclosures required by the Secretary of Health and Human Services to investigate or determine our compliance with applicable law.

Research: We may use or disclose your protected health information to researchers when an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information has approved the research. You have the right to agree or refuse to participate in research activities.

Funeral Directors, Coroners, and Medical Examiners: We may use or disclose your protected health information to funeral directors, coroners, or medical examiners to carry out their duties consistent with applicable law. This may be necessary, for instance, in the case of medical examiners to identify a deceased person or identify the cause of death.

Organ Donation: We may use or disclose your protected health information, consistent with applicable law, to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

Food and Drug Administration (FDA): We may use or disclose your protected health information to the FDA, as required by law. This may include information regarding adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, and replacement.

Public Health: We may use or disclose your health information as required by law to public health or legal authorities charged with preventing or controlling disease, injury, or disability. Example of these activities may include: to prevent or control disease, injury, or disability; to report certain infectious diseases, to report suspected abuse to the proper government authority, as required by law. We may also disclose your health information, as authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

Abuse or Neglect: We may disclose your protected health information to a governmental or authorized authority, consistent with applicable law, if we believe that you have been a victim of abuse or neglect. You will be informed of such a disclosure, unless in the exercise of professional judgment we believe informing you or your personal representative would place you at risk of serious harm.

Health Oversight: We may disclose your protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. For instance, nursing facilities are subject to inspections by representatives from the Iowa Department of Inspections and Appeals, who review resident records.

Law Enforcement: We may disclose protected health information for law enforcement purposes as required by law or in response to valid subpoena. This may happen, for instance, to identify or locate a missing person.

Workers Compensation: We may disclose your protected health information as authorized by and to the extent necessary to comply with laws related to workers compensation and other similar programs established by law.

Correctional Institution: If you are an inmate of a correctional institution, we may disclose to the institution or law enforcement official health information necessary for your health and the health and safety of other individuals.

Legal Proceedings: We may, in certain conditions, disclose your protected health information in the course of a judicial or administrative proceeding. We may also disclose your protected health information in response to a court order, administrative tribunal, subpoena, discovery request, or other lawful purpose, to the extent that such disclosure is authorized by law. We will make efforts to inform you about the request, or to obtain an order protecting the information requested.

Criminal Activity: We may disclose your protected health information, consistent with applicable state and federal law, if it is necessary for law enforcement authorities to identify or apprehend an individual. We may also disclose your protected health information if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.

National Security, Protective Services, and Military Activity: We may disclose your protected health information to authorized federal officials for intelligence, counterintelligence, and other national security activities as authorized by law; we may also disclose your protected health information to provide protection to the President, other authorized persons, or foreign heads of state, or to conduct special investigations. If you are a member of the armed forces, we may release your protected health information, under the appropriate conditions, as follows: as required by military command authorities, for the purpose of determining your eligibility for benefits through the Department of Veterans Affairs, or to foreign military authority if you are a member of that foreign military services.

Reports: Federal law make provision for your protected health information to be released to an appropriate health oversight agency, public health authority, or attorney, provided that a workforce member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers, or the public.

Your Rights Regarding Your Health Information

The health records maintained by Care Initiatives are the physical property of Care Initiatives; however, you have the following rights regarding your health information maintained in those records:

You have the right to inspect and copy your protected health information

This means that you may request to inspect and obtain copies of your protected health information, for as long as we maintain the information. This includes medical and billing records. You may make this request orally or in writing. In order to better respond to your request, we ask that requests in writing be made on Care Initiatives's standard form. We will charge a reasonable fee for the cost of copies, mailing, or other supplies associated with your request for copies. Under federal law, there may be instances when you do not have the right to

inspect or copy your records, such as protected health information that is subject to laws that prohibits access to protected health information. If your request to access medical records is denied, you may request that the decision be reviewed. Please contact the Privacy Officer if you have questions about access to your medical record.

You have the right to request a restriction of your protected health information

This means that you may request that we restrict or limit how we use and disclose your protected health information for reasons related to treatment, payment, healthcare operations, and/or other disclosures, such as to family or friends. We ask that such requests be made in writing on our Care Initiatives's standard form. All requests for restrictions will be considered. Please be aware that we are not required to accept or agree to such requests, particularly if the request will interfere with treatment. If we agree to a restriction, we may not use or disclose your protected health information in violation of that restriction, unless such disclosure is permitted or required by law, or is necessary to provide emergency treatment. Also, 42 CFR 483.10(e) provides that a nursing facility must abide by a resident's right to refuse the release of her/his personal or clinical records to any individual outside the facility, unless the release is necessary because the resident is being transferred to another health care institution, or is required by law.

You have the right to request to receive confidential communications from us by alternate means or at an alternate location

If you would prefer communications about your protected health information from us in an alternate manner or location, you may request that we provide such alternate means or locations. A request for alternate or confidential communications must be made in writing and submitted to the Privacy Officer at the facility. We will accommodate reasonable requests.

You may have the right to request an amendment to your medical information

If you believe that protected health information in a record maintained by our facility is incorrect or incomplete, you may request an amendment to that medical information. This may include requests to correct existing information, or to add missing information. All requests for an amendment to medical information must be made in writing, and a reason must be given to support the amendment. We ask that you use the standard form provided by our facility to make such requests. For a request form, please contact the Business Office or Administrator of the facility. We may deny a request for an amendment to medical information in certain circumstances, such as if we have determined the medical record is accurate and complete, or if we did not create the item to which an amendment is requested. If we deny your request for an amendment to medical records, you have the right to file a statement of disagreement with us, or you may request that we disclose your request and our denial to your request with future disclosures of the disputed piece of protected health information. If we grant your request for amendment, we will ask for permission to inform others of the amendment, such as treatment providers, who have used or accessed that information. Please contact our Privacy Officer if you have questions regarding this process.

You have the right to request an accounting of certain disclosures we have made, if any, of your protected health information

You may request to receive an accounting of disclosures we have made of your protected health information, except for those made for treatment, payment, or healthcare operation purposes. This does not apply to disclosures made prior to April 14, 2003. We ask that such requests be made in writing on a standard form provided by Care Initiatives.

You have the right to obtain a paper copy of this notice from us

We will provide a copy of this notice to any individual who requests one.

For more information or to file a complaint

If you have any questions or would like additional information, you may contact our Privacy Officer, which is the facility Administrator.

If you believe that your privacy rights have been violated, or that we are not abiding by our privacy policies and procedures or the Privacy Rule, you may file a complaint with us. Complaints must be submitted in writing on a standard form provided by Care Initiatives. You may obtain this complaint form from the business office, or the administrator. When the form is completed, it should be returned to the business office or the administrator. You may also file a complaint with the Office for Civil Rights, U.S., Department of Health and Human Services, 601 East 12th Street—Room 248, Kansas City, Missouri 64106. Voice Phone (816) 426-7278. FAX (816) 426-3686. TDD (816) 426-7065.

We will not retaliate against any individual for filing a complaint, or exercising his/her rights as outlined in this Notice of Privacy Practices.

The effective date for this Notice of Privacy Practices is April 14, 2003.