

HIPAA NOTICE OF PRIVACY PRACTICES

Hi-Acres Manor Nursing Center

Effective Date: April 14, 2003

THIS NOTICE DESCRIBES HOW HEALTH 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 Deb Doeling, Privacy Officer at (701)
252-5881 ext. 425.

OUR PLEDGE REGARDING HEALTH INFORMATION:

We understand that health information about you and your health care is personal. We are committed to protecting health information about you. We create a record of the care and services you receive from us. 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 this skilled nursing facility, whether made by your personal doctor or others working in this facility. This notice will tell you about the ways in which we may use/release health information about you. We also describe your rights to the health information we keep about you, and describe certain obligations we have regarding the use/release of your health information.

We are required by law to:

- make sure that health information that identifies you is kept private;
- give you this notice of our legal duties and privacy practices with respect to health information about you; and
- follow the terms of the notice that is currently in effect.

HOW WE MAY USE/RELEASE HEALTH INFORMATION ABOUT YOU.

The following categories describe different ways that we use/release health information. For each category of uses/releases we will explain what we mean and try to give some examples. Not every use/release in a category will be listed. However, all of the ways we are permitted to use and release information will fall within one of the categories.

For Treatment. We may use health information about you to provide you with health care treatment or services. We may release health information about you to doctors, nurses, technicians, health students, or other personnel, such as consultants who are involved in taking care of you. They may work at our facility or at the hospital if you are hospitalized or at another doctor's office, lab., pharmacy, or other health care provider to whom we may refer you for consultation, to take

x-rays, to perform lab tests, to have prescriptions filled, or for other treatment purposes. Some consultants also visit our facility and do treatments and evaluations to further give you care, for example: Physical, Occupational and Speech Therapy. The physician or other staff member may give information relevant to a resident's care to a family member or friend who is involved in the resident's care if requested by the resident/family member. 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 at the hospital if you have diabetes so that we can arrange for appropriate meals. We may also release health information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

For Payment: We may use/release health information about you so that the treatment and services you receive from us may be billed to and payment collected from you, an insurance company, or a third party. For example, we may need to give your insurance company information about your stay at this facility so your insurance company will pay us or reimburse you.

For Health Care Operations: We may use/release health information about you for operations of our health care practice. These uses and releases are necessary to run our practice and make sure that all of our residents receive quality care. For example, we may use health information to review our treatment and services and to evaluate the performance of our staff in caring for you.

As Required By Law. We will release health information about you when required to do so by federal, state, or local law.

Military and Veterans. If you are a member of the armed forces or separated/discharged from military services, we may release health information about you as required by military command authorities or the Department of Veterans Affairs as may be applicable.

Workforce Safety Insurance. We may release health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Public Health Risks. We may release health information about you for public health activities. These activities generally include the following:

- to prevent or control disease, injury or disability;
- to report deaths;
- to report reactions to medications or problems with products;
- to notify people of recalls of products they may be using;
- to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- to notify the appropriate government authority if we believe a resident has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

Health Oversight Activities. We may release health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, we may release health information about you in response to a court or administrative order. We may also release health information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Law Enforcement. We may release health information if asked to do so by a law enforcement official:

- in response to a court order, subpoena, warrant, summons or similar process;
- about a death we believe may be the result of criminal conduct;
- about criminal conduct at our facility; and

Coroners, Health Examiners and Funeral Directors. We may release health information to a coroner or health examiner. This may be necessary, for example, to determine the cause of death. We may also release health information about residents to funeral directors as necessary to carry out their duties.

National Security and Intelligence Activities. We may release health information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

Protective Services for the President and Others. We may release health information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

Directory. Unless you notify us that you object, your name will be placed on the resident directory by the receptionist's desk. We will also use your name by the door to your room and on your clothing, closets, drawers, laundry cart and wheelchair for identification purposes. This information (room#) may be provided to your Pastor, and, to other people who ask for you by name.

Pictures. Your picture will be taken on admission for medical identification purposes only. Pictures used for display or advertisement purposes would require another written authorization.

Notification. We may use or release information to notify or assist in notifying a family member, personal representative, or another person responsible for your care and general condition. In a disaster relief effort this use and release may include public or private entities. HAM may release to a family member, a close personal friend of the resident, or any other person identified by the

resident, the protected health information directly relevant to that person's involvement with the resident's care or payment related to the resident's care. We must obtain the resident's agreement to such use and/or release, and provide them with the opportunity to object. If the resident is not present, or cannot agree or object because of the resident's incapacity or emergency circumstance and upon sound professional judgement that the release is in the resident's best interest, we may release information that is directly relevant to that person's involvement with the resident's care.

When you receive a phone call we notify staff by the paging system which is heard throughout the facility. If you do not wish to receive phone calls this way please notify your social worker.

Gift acknowledgement. We send family and/or friend a postcard letting them know their package for you was received. Your name will be on the card as receiving the package.

YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU.

You have the following rights regarding health information we maintain about you:

Right to Inspect and Copy: You have the right to inspect and copy health information that may be used to make decisions about your care. Usually, this includes health and billing records.

To inspect and copy health information that may be used to make decisions about you, you must submit your request in writing to the Health Information Manager. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies and services associated with your request.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to health information, you may request that the denial be reviewed. Another licensed health care professional chosen by our facility will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

Right to Amend. If you feel that health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as we keep the information. To request an amendment, your request must be made in writing, submitted to the Health Information Director, and must be contained on one page of paper, legibly handwritten or typed in at least 10 point font size. In addition, you must provide a reason that supports your request for an amendment. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- is not part of the health information kept by or for our practice;
- is not part of the information which you would be permitted to inspect and copy; or

- is accurate and complete.

Any amendment we make to your health information will be released to those with whom we release information as previously specified.

Right to an Accounting of Disclosures. You have the right to request a list accounting for any disclosures of your health information we have made, except for uses and disclosures for treatment, payment, and health care operations, as previously described.

To request this list of disclosures, you must submit your request in writing to the Health Information Manager. Your request must state a time period which may not be longer than six years and may not include dates before April 14, 2003. The first list you request within a 12 month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred. We will mail you a list of disclosures in paper form within 30 days of your request, or notify you if we are unable to supply the list within that time period and by what date we can supply the list; but this date will not be exceed a total of 60 days from the date you made the request.

Right to Request Restrictions. You have the right to request a restriction or limitation on the health information we use/release about you for treatment, payment, or health care operations. You also have the right to request a limit on the health information we release about you to someone who is involved in your care or the payment for your care, such as a family member or friend. For example, you could ask that we restrict a specified nurse from use of your information, or that we not release information to your spouse or any other family member involved in your care.

We are not required to agree to your request for restrictions if it is not feasible for us to ensure our compliance or believe it will negatively impact the care we may provide you. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. To request a restriction, you must make your request in writing to your Social Worker. In your request, you must tell us what information you want to limit and to whom you want the limits to apply; for example, use of any information by a specified nurse, or limits as to what you wish us to tell a family member.

Right to Request Confidential Communications. You have the right to request that we let your family know about health matters about you in a certain way or at a certain location. For example, you can ask that we only contact a family member at work or by mail to a post office box.

To request confidential communications, you must make your request in writing to the Health Information Manager. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish your family member to be contacted.

Right to a Paper Copy of This Notice. You have the right to obtain a paper copy of this notice at any time. To obtain a copy, please request it from your social worker. You may also obtain a copy of this notice at our website, www.hi-acres.com.

CHANGES TO THIS NOTICE

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for 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 our facility. The notice will contain on the first page, under the title, the effective date. In addition, each time you register for admission to our facility we will offer you a copy of the current notice in effect.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the Department of Health and Human Services. To file a complaint with us contact Deb Doeling, Privacy Officer. All complaints must be submitted in writing. You will not be penalized for filing a complaint. To file a complaint with the Secretary write: Region VIII, Office for Civil Rights; Department of Health and Human Services; 1961 Stout Street – Room 1426; Denver, CO 80294.

OTHER USES OF HEALTH INFORMATION.

Other uses and releases of health information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or release health information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or release health information about you for the reasons covered by your written authorization. You understand that we are unable to take back any releases we have already made with your permission, and that we are required to retain our records of the care that we provided to you.