

HI-ACRES MANOR NURSING CENTER
1300 2ND PLACE NE
JAMESTOWN, ND 58401

EFFECTIVE: 4/14/2003

SUMMARY OF NOTICE OF PRIVACY PRACTICES

We use your Protected Health Information (PHI) for:

- treatment – we may use or disclose PHI as needed to the clinic, hospital, and consultants.
- payment – we may use or disclose PHI to third party payers
- healthcare operations – we may use or disclose PHI to help with quality of care reviews, for licensing purposes, and other operations.

Unless you object, your name, room number will be placed on our Resident Directory near the Reception desk. Your name will also be announced over the paging system if you get a phone call, if you do not wish to receive phone calls this way, please notify your Social Worker.

Due to the privacy standards, you must identify all individuals with whom we may discuss any protected health information. Any person **NOT** listed will be asked to call your designated responsible party for information.

We may be required by law to disclose health information.

You have the following rights in regards to your PHI:

- right to inspect and copy.
- right to amend.
- right to accounting of disclosures.
- right to request restrictions (we do not have to agree with your request for restrictions).
- right to request confidential communication.
- right to a paper copy of this notice.

Other uses and disclosures not covered by this notice will be made only with your written permission. You may revoke that permission in writing at any time. We will be unable to take back any information already released with your permission.

We reserve the right to change this notice.

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. You will not be penalized for filing a complaint.