

NOTICE OF PRIVACY PRACTICES

Clement Manor

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.

Our Commitment to Privacy

We take very seriously our legal obligation to maintain the privacy of your protected health information. We are required by law to provide you this Notice, which explains our legal duties and privacy practices with respect to your health information. We are required to abide by the terms of the Notice currently in effect. This revised Notice is effective as of 2013.

Using and Disclosing Your Health Information

The following categories describe the ways that we use and disclose health information. Not every use or disclosure in a category will be listed, but all of the ways we are permitted to use and disclose health information will fall into one of the categories.

Treatment. We may use and disclose your health information to provide you with medical treatment. Treatment means providing, coordinating, or managing health care and related services among providers or by a provider with a third party, consultation between providers, or the referral of a patient from one provider to another. For example, facility staff may disclose your health information to your personal physician or other outside providers providing you care.

Payment. We may use and disclose your health information so that the treatment and services you receive may be billed to you, an insurance company, or a third party. Payment includes the various activities of providers to obtain payment or be reimbursed for their services. For example, we may disclose health information to your health plan about services provided to you; we may also inform your health plan about a treatment you are going to receive in order to obtain prior approval or to determine whether your plan will cover the treatment.

Health Care Operations. We may use and disclose your health information for our health care operations, which are certain administrative, financial, legal, and quality improvement activities that are necessary to run our business and to support treatment and payment. For example, we may use your health information to assess the care provided and the outcomes from that care in order to improve the quality and effectiveness of the health care and services we provide. We may also display your name on or beside your room door and include your name, age, birthday, general information, and photograph in facility newsletters, activities calendars, and similar materials.

Business Associates. There are some services provided in our facility through contracts with business associates. Examples may include medical directors, outside attorneys, and outside consultants. When these services are contracted, we may disclose health information so that the business associates can perform their jobs and bill for the services rendered. We require the business associates to safeguard your information appropriately.

Directory. We may include your name, location in the facility, general condition (e.g., fair, stable, etc.), and religious affiliation in the facility directory. The directory information, except for your religious affiliation, may be disclosed to people who ask for you by name. Your religious affiliation and other directory information may be given to members of the clergy even if they don't ask for you by name. You have the right to restrict or prohibit some or all of these uses and disclosures.

Individuals Involved in Your Care. We may disclose your health information to family members, close personal friends, and others you identify as needed to facilitate their involvement with your care or with payment for your care. In the unlikely event of a disaster, we may also disclose health information to an entity assisting in a disaster relief effort so that family members, personal representatives, and others responsible for your care can be notified of your location and general condition. You are entitled to object to these disclosures to the extent it does not interfere with the ability to respond to emergency circumstances.

Required by Law. We may use and disclose your health information when required by law.

Public Health Activities. We may disclose your health information for public health purposes, including but not limited to the prevention or control of disease, injury, or disability; birth and death reporting; reporting child abuse or neglect; reporting medication reactions or product problems; product recall notifications; and notifying a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease.

Abuse, Neglect, or Domestic Violence. If you agree or when required or authorized by law, we may disclose your health information to the appropriate authorities if we believe that you have been the victim of abuse, neglect, or domestic violence.

Health Oversight Activities. We may disclose your health information to a health oversight agency for activities authorized by law, including audits, investigations, inspections, and licensure and disciplinary actions.

Judicial and Administrative Proceedings. We may disclose your health information in the course of judicial and administrative proceedings (a) in response to a court or administrative order; and (b) in response to a subpoena, discovery request, or other lawful process if such disclosure is permitted by law.

Law Enforcement. We may disclose your health information to a law enforcement official (a) as required by law (including laws that require the reporting of certain types of physical injuries); (b) in compliance with a court order, subpoena, warrant, summons, or similar process; (c) to identify or locate a suspect, fugitive, material witness, or missing person; (d) if you are or are suspected to be the victim of a crime and you agree to the disclosure or, under certain limited circumstances, we are unable to obtain your agreement; (e) about a death we suspect may have resulted from criminal conduct; (f) about criminal conduct at the facility; and (g) in certain emergency circumstances to report a crime, the location of the crime or victims, and the identity, description, and location of the person who committed the crime.

Coroners, Medical Examiners, and Funeral Directors. We may disclose your health information to coroners and medical examiners for the purpose of identifying a deceased person or determining a cause of death and to funeral directors as necessary to carry out their duties.

Organ and Tissue Donation. If you are an organ, eye, or tissue donor, we may disclose your health information to organ procurement organizations or similar organizations to facilitate donation and transplantation.

Research. We may use or disclose your health information for research purposes if the research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of the health information.

Health and Safety Threats. We may use and disclose your health information to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.

Workers' Compensation. We may disclose your health information to comply with laws relating to workers' compensation and similar programs.

Specialized Government Functions. If you are a member of the Armed Forces or of a foreign military, we may use and disclose your health information as required by the military authorities. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose your health information to the correctional institution or law enforcement official for health, safety, and related purposes.

Appointment Reminders and Health-Related Services. We may contact you to provide appointment reminders or

information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Fundraising. We may use your demographic information, health insurance status, department of service information, outcome information, treating physician information, and dates of service to contact you for fundraising, and we may use the names and contact information of your primary contacts to contact them for fundraising. We may also disclose this information to a business associate or institutionally-related foundation to assist us with fundraising. You have the right to opt out of receiving such communications. If you do not wish us to use this information for fundraising, please notify us using the contact information listed below.

Other Uses and Disclosures

The following uses and disclosures require an authorization: most uses and disclosures of psychotherapy notes, uses and disclosures of health information for marketing purposes, and disclosures that constitute a sale of health information. Uses and disclosures of your health information not described in this Notice will be made only with your written authorization. If you provide us written authorization to use or disclose your health information, you may revoke that authorization in writing at any time. We are unable to take back any disclosures made pursuant to your authorization, and we are required to retain our records of the care that we provide you.

Your Rights Regarding Your Health Information

Although your health record is the property of the facility, the information belongs to you. You have the following rights regarding your health information:

Right to Request Restrictions. You have the right to request restrictions on certain uses and disclosures of your health information, including uses and disclosures to carry out treatment, payment, and health care operations and disclosures to family members and friends involved in your care or payment for your care. We are not required to agree to your request except for a request to restrict disclosure of health information about you to a health plan if (a) the disclosure is for payment or health care operations purposes and is not otherwise required by law, and (b) the health information pertains solely to a health care item or service for which you or a person other than the health plan on your behalf has paid us in full. We will make reasonable efforts to address your concerns. You must submit your request in writing to the facility at the address listed below. In your request, you must tell us what information you desire to limit and to whom you desire the limits to apply.

Right to Request Alternate Communications. You have the right to request to receive communications of your health information by alternative means or at alternative

locations. For example, you may ask that we only contact you via mail to a post office box. You must submit your request in writing to the facility at the address listed below. Your request must specify how or where you wish to be contacted; we will not ask you the reason for your request. We will accommodate all reasonable requests.

Right to Inspect and Copy. With some exceptions, you have the right to review and obtain a copy of your health information. You must submit your request in writing to the facility at the address listed below. We may charge a reasonable, cost-based fee for copying and mailing.

Right to Amend. If you feel that health information in your record is inaccurate or incomplete, you may ask us to amend the information. You must submit your request in writing to the facility at the address listed below, and you must provide a reason for your request. 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 (a) was not created by us, unless you provide a reasonable basis to believe that the originator of the health information is no longer available to make the amendment; (b) is not part of the medical information kept by or for the facility; (c) would not be available for inspection; or (d) is accurate and complete.

Right to an Accounting of Disclosures. You have the right to request an accounting of disclosures, which is a list of certain disclosures we made of your health information in the six years prior to the date of the request. You must submit your request in writing to the facility at the address listed below. Your request must state a time period which may not be longer than six years from the date of the request. The first list you request within a 12-month period will be free, but we may charge you a reasonable, cost-based fee for providing additional lists. We will notify you of the fee in advance and provide you the opportunity to withdraw or modify your request in order to avoid or reduce the fee.

Right to Notice of Breach. You have the right to notice of breaches of your unsecured protected health information.

Right to a Paper Copy of this Notice. You have the right to receive a paper copy of this Notice upon request, even if you have agreed to receive the Notice electronically.

State Requirements

The facility will also abide by applicable state laws governing the privacy of your health information.

Wisconsin. Disclosures of HIV test results will only be made in accordance with Wis. Stat. § 252.15.

Changes to this Notice

We reserve the right to change this Notice and to make the new Notice provisions effective for all health information that we maintain, including health information created or received before we made the changes to the Notice. The current Notice (whether this Notice or a subsequently revised Notice) will be posted at the facility and on our website, and it will be available upon request at the facility and by mail at the address listed below.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with us at the address listed below, call us at the number listed below, or file a complaint with the Secretary of the Department of Health and Human Services. You will not be retaliated against for filing a complaint.

Contact Us

If you have questions about our privacy practices or to contact the facility regarding matters covered by this Notice, please contact us at:

Clement Manor
Attn: Privacy Officer
3939 SOUTH 92ND STREET
Greenfield, Wisconsin 53228
414-321-1800

**CLEMENT MANOR
ACKNOWLEDGEMENT OF RECEIPT
OF
NOTICE OF PRIVACY PRACTICES**

For Signature By Resident or Resident's HIPAA Legal Representative

By signing below, I acknowledge receipt of facility's current Notice of Privacy Practices on the date of _____
(or if blank, the date first set forth in the Admission Agreement).

Signature of Resident

Signature of Resident's HIPAA Legal Representative (health care agent, guardian, or general power of attorney)

*****For Completion By Facility if Resident or Resident's HIPAA Legal Representative Fails to Sign*****

If Resident or Resident's HIPAA Legal Representative fails to sign this Acknowledgement, a facility representative must complete the following by initialing/dating and providing additional information where appropriate:

1. Facility provided its Notice of Privacy Practices to (check one):
- Resident Resident's HIPAA Legal Representative Not provided due to Resident's incapacity and absence of HIPAA Legal Representative

2. Complete one of the following:

_____/_____
Date Initial

Refusal to Sign. The person to whom the Notice of Privacy Practices was given, as identified above, refused to sign this Acknowledgement after being requested to do so. The circumstances surrounding the person's refusal are as follows:

OR

_____/_____
Date Initial

Other Reason. The written acknowledgement of receipt of the facility's Notice of Privacy Practices was not obtained for the following other reason:

