PRIVACY PRACTICES

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.

We have summarized our responsibilities and your rights on the first two pages of this notice. For a complete description of our privacy practices, please review this entire notice.

Our Responsibilities

Jennings is required to:

- Maintain the privacy of your health information.
- Provide you with this notice of our legal duties and privacy practices with respect to information we collect and maintain about you.
- Abide by the terms of this notice.
- Notify you following a breach of unsecured protected health information.

Your Rights

As a resident, you have several rights with regard to your health information, including the following:

- The right to request that we not use or disclose your health information in certain ways.
- The right to request to receive communications in an alternative manner or location.
- The right to access and obtain a copy of your health information.
- The right to request an amendment to your health information.
- The right to an accounting of disclosures of your health information.

We reserve the right to change our privacy practices and to make the new provisions effective for all health information we maintain. Should our privacy practices change, we will post the changes in a conspicuous location, as well as on our web site. A copy of the revised notice will be available after the effective date of the changes upon request. We will not use or disclose your health information without your authorization, except as described in this notice. Thus, for example, we will require your authorization before we would use or disclose your protected health information for marketing purposes, and, we will not sell your health information without a specific authorization from you.

If have questions and would like additional information, you may contact our Jennings Privacy Officer at 10204 Granger Road, Garfield Heights, Ohio 44125

Understanding Your Health Record/Information

Each time you have a stay at Jennings, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as a:

- basis for planning your care and treatment;
- means of communication among the many health professionals who contribute to your care;
- legal document describing the care you received;
• means by which you or a third-party payer can verify that services billed were actually provided;
• a tool in educating health professionals;
• a source of data for medical research;
• a source of information for public health officials who oversee the delivery of health care in the United States;
• a source of data for planning and marketing; and
• a tool with which we can assess and continually work to improve the care we render and the outcomes we achieve. Understanding what is in your record and how your health information is used helps you to: ensure its accuracy, better understand who, what, when, where, and why others may access your health information, and make more informed decisions when authorizing disclosure to others.

1) **Effective Date of This Notice:** April 14, 2003
2) **Who Will Follow This Notice:** This notice describes the practices of Jennings and of the following persons and entities:
   a) Any health care professional authorized to enter information into your medical chart.
   b) All departments and units of Jennings.
   c) Any volunteer and contractor who provides services to you while you are at Jennings.
   d) All employees, staff and other Jennings personnel.
   e) The following classes of providers and suppliers and their employees: laboratories; physical, occupational, speech and respiratory therapy providers; transportation providers; radiology providers; pharmacies; audiology providers; dietary providers; and medical supply companies.
   f) The following classes of individual health care providers: attending physicians; optometrists; ophthalmologists; dentists; podiatrists; psychologists; and psychiatrists.

All of the persons and entities noted above will follow the terms of this notice with regard to your health information for services provided at Jennings or to you while you receive care at Jennings regardless of where the services are actually provided. In addition, these persons and entities may share your health information with each other for treatment, payment or other health care operations purposes as described in this notice.

3) **How We Will Use or Disclose Your Health Information**
   a) **Treatment.** We will use or disclose your health information for treatment purposes, including for the treatment activities of other health care providers. For example, information obtained by a nurse, physician, or other member of your healthcare team will be recorded in your record and used to determine the course of treatment that should work best for you. Your physician will document in your record his or her expectations of the members of your healthcare team. Members of your healthcare team will then record the actions they took and their observations. In that way, the physician will know how you are responding to treatment. We will also provide your physician or a subsequent healthcare provider with copies of various reports that should assist him or her in treating you once you are discharged from Jennings.
   b) **Payment.** We will use or disclose your health information for payment, including for the payment activities of other health care providers or payers. For example, a bill may be sent to you or a third-party payer, including Medicare or Medicaid. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.
c) **Health care operations.** We will use or disclose your health information for our regular health operations. For example, members of the medical staff, the risk or quality improvement manager, or members of the quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the health care and service we provide. In addition, we will disclose your health information for certain health care operations of other entities. However, we will only disclose your information under the following conditions: (a) the other entity must have, or have had in the past, a relationship with you; (b) the health information used or disclosed must relate to that other entity’s relationship with you; and (c) the disclosure must only be for one of the following purposes: (i) quality assessment and improvement activities; (ii) population-based activities relating to improving health or reducing health care costs; (iii) case management and care coordination; (iv) conducting training programs; (v) accreditation, licensing, or credentialing activities; or (vi) health care fraud and abuse detection or compliance.

d) **Business associates.** There are some services provided in our organization through the use of outside people and entities. Examples of these “business associates” include our accountants, consultants and attorneys. We may disclose your health information to our business associates so that they can perform the job we have asked them to do. To protect your health information, however, we require the business associates to appropriately safeguard your information, and they are also required to do so by law.

e) **Directory.** Unless you notify us that you object, we may use your name, location at Jennings, general condition, and religious affiliation for directory purposes. This information may be provided to members of the clergy and, except for religious affiliation, to other people who ask for you by name. We may also use your name on a nameplate next to or on your door in order to identify your room, unless you notify us that you object.

f) **Notification.** We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, of your location, and general condition. If we are unable to reach your family member or personal representative, then we may leave a message for them at the phone number that they have provided us, e.g., on an answering machine.

g) **Communication with family.** We may disclose to a family member, other relative, close personal friend or any other person involved in your health care, health information relevant to that person’s involvement in your care or payment related to your care. If appropriate, these communications may also be made after your death, unless you instructed us not to make such communications.

h) **Research.** We may disclose information to researchers when certain conditions have been met.

i) **Transfer of information at death.** We may disclose health information to funeral directors, medical examiners, and coroners to carry out their duties consistent with applicable law.

j) **Organ procurement organizations.** Consistent with applicable law, we may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

k) **Marketing.** We may contact you regarding your treatment, to coordinate your care, or to direct or recommend alternative treatments, therapies, health care providers or settings. In addition, we may contact you to describe a health-related product or service that may be of interest to you, and the payment for such product or service.

l) **Fundraising.** We may contact you as part of a fund-raising effort, but you will be provided an opportunity to opt out of these communications.

m) **Food and Drug Administration (FDA).** We may disclose to the FDA, or to a person or entity subject to the jurisdiction of the FDA, health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.
n) **Workers compensation.** We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

o) **Public health.** As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

p) **Correctional institution.** Should you be an inmate of a correctional institution, we may disclose to the institution or agents thereof health information necessary for your health and the health and safety of other individuals.

q) **Law enforcement.** We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.

r) **Reports.** Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force 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 residents, workers or the public.

s) **Other uses & disclosures.** We may use or disclose your protected health information in the following situations without your authorization since these uses and disclosures are required or permitted by law without such authorization:

   • As required by law
   • For public health activities, such as reporting to the Federal Drug Administration or the Occupational Safety and Health Administration
   • About victims of abuse, neglect or domestic violence
   • For health oversight activities
   • For judicial and administrative proceedings
   • For law enforcement purposes
   • About decedents, such as releases to coroners, medical examiners and funeral directors
   • For cadaveric organ, eye or tissue donation purposes
   • For research certain purposes where we have permission from an institutional review board or privacy board
   • To avert a serious threat to health or safety
   • For specialized government functions, such as national security

( AA ) OBTAINING INFORMATION FROM YOUR MEDICAL RECORD

If you desire to obtain or if you would like someone else to obtain any information from your medical record, you are required to complete a written authorization form that authorizes Jennings to disclose such information. These forms may be obtained by contacting your social worker. In addition, you or the person who you authorize to access your information must pay for any copies that they request before those copies will be provided to them.

( BB ) RESIDENT RIGHTS LAWS

Individuals receiving care at Jennings or another nursing provider are granted specific rights under both State and Federal law. We have duplicated these laws below for your easy reference in a separate document that was provided at admission. If you would like another copy of those laws, please ask.
(CC) PRIVACY ACT STATEMENT

Federal law requires that Jennings provide you with the following notice. Jennings is required to comply with that law in order to receive any payment from Medicare or Medicaid for services provided to its residents. This form is not a consent form to release or use health care information pertaining to you.

1) Authority for collection of information including social security number (SSN) Sections 1819(f), 1919(f), 1819(b)(3)(A), 1919(b)(3)(A), and 1864 of the Social Security Act.

Skilled nursing facilities for Medicare and Medicaid are required to conduct comprehensive, accurate, standardized, and reproducible assessments of each resident’s functional capacity and health status. As of June 22, 1998 all skilled nursing and nursing facilities are required to establish a database of resident assessment information and to electronically transmit this information to the State. The State is then required to transmit the data to the federal Central Office Minimum Data Set (MDS) repository of the Centers for Medicare and Medicaid Services (CMS).

These data are protected under the requirements of the Federal Privacy Act of 1974 and the MDS Long Term Care System of Records.

2) Principal purposes for which information is intended to be used
The information will be used to track changes in health and functional status over time for purposes of evaluating and improving the quality of care provided by nursing homes that participate in Medicare or Medicaid. Submission of MDS information may also be necessary for the nursing homes to receive reimbursement for Medicare services.

3) Routine uses
The primary use of this information is to aid in the administration of the survey and certification of Medicare/Medicaid long term care facilities and to improve the effectiveness and quality of care given in those facilities. This system will also support regulatory, reimbursement, policy, and research functions. This system will collect the minimum amount of personal data needed to accomplish its stated purpose.

The information collected will be entered into the Long Term Care Minimum Data Set (LTC MDS) system of records, System No. 09-70-1516. Information from this system may be disclosed, under specific circumstances, to: (1) a congressional office from the record of an individual in response to an inquiry from the congressional made at the request of that individual; (2) the Federal Bureau of Census; (3) the Federal Department of Justice; (4) an individual or organization for a research, evaluation, or epidemiological project related to the prevention of disease of disability, or the restoration of health; (5) contractors working for CMS to carry out Medicare/Medicaid functions, collating or analyzing data, or to detect fraud or abuse; (6) an agency of a State government for purposes of determining, evaluating and/or assessing overall or aggregate cost, effectiveness, and/or quality of health care services provided in the State; (7) another Federal agency to fulfill a requirement of a Federal statute that implements a health benefits program funded in whole or in part with Federal funds or to detect fraud or abuse; (8) Peer Review Organizations to perform Title XI or Title XVIII functions, (9) another entity that makes payment for or oversees administration of health care services for preventing fraud or abuse under specific conditions.

4) Whether disclosure is mandatory or voluntary and effect on individual of not providing information
For nursing home residents residing in a certified Medicare/Medicaid nursing facility the requested
information is mandatory because of the need to assess the effectiveness and quality of care given in certified facilities and to assess the appropriateness of provided services. If a nursing home does not submit the required data it cannot be reimbursed for any Medicare/Medicaid services.

Your Health Information Rights

Although your health record is the physical property of Jennings, the information in your health record belongs to you. You have the following rights:

- You may request that we not use or disclose your health information for a particular reason related to treatment, payment, the Jennings’ general health care operations, and/or to a particular family member, other relative or close personal friend. We ask that such requests be made in writing on a form provided by Jennings. Although we will consider your request with regard to the use of your health information, please be aware that we are under no obligation to accept it or abide by it, unless it is a request to prohibit disclosures to your health care plan relating to a service for which you have already paid in full out of pocket. We will abide by your requests with regard to the disclosure of your clinical and personal records to anyone outside of the facility, except in an emergency, if you are being transferred to another health care institution, or the disclosure is required by law. For more information about this right, see 45 Code of Federal Regulations (C.F.R.) § 164.522(a).

If you are dissatisfied with the manner in which or the location where you are receiving communications from us that are related to your health information, you may request that we provide you with such information by alternative means or at alternative locations. Such a request must be made in writing, and submitted to:

Medical Records
Jennings Center for Older Adults
10204 Granger Road
Garfield Heights, Ohio 44125

We will attempt to accommodate all reasonable requests. For more information about this right, see 45 C.F.R. § 164.522(b).

You may request to inspect and/or obtain copies of health information about you, which will be provided to you in the time frames established by law. You may make such requests orally or in writing; however, in order to better respond to your request we ask that you make such requests in writing on Jennings’ standard form. If you request to have copies made, we will charge you a reasonable fee. For more information about this right, see 45 C.F.R. § 164.524.

- If you believe that any health information in your record is incorrect or if you believe that important information is missing, you may request that we correct the existing information or add the missing information. Such requests must be made in writing, and must provide a reason to support the amendment. We ask that you use the form provided by Jennings to make such requests. For a request form, please contact the Medical Records. For more information about this right, see 45 C.F.R. § 164.526.

- You may request that we provide you with a written accounting of all disclosures made by us during the time period for which you request (not to exceed 6 years). We ask that such requests be made in writing on a form provided by Jennings. Please note that an accounting will not apply to any of the following types of disclosures: disclosures made for reasons of treatment, payment, or health care operations; disclosures made to you or your legal representative, or any other individual involved with your care; disclosures made pursuant to a valid authorization; disclosures to correctional institutions or law enforcement officials; and disclosures for national security purposes. You will not be charged for your first accounting request in any 12-month period. However, for any requests that you make thereafter, you will be charged a reasonable, cost-based fee. For more information about this right, see 45 C.F.R. § 164.528.
You have the right to obtain a paper copy of our Notice of Privacy Practices upon request. You may also access and print a copy of our notice from our website.

You may revoke an authorization to use or disclose health information, except to the extent that action has already been taken. Such a request must be made in writing.

**For More Information or to Report a Problem**

If you have questions and would like additional information, you may contact our Jennings’ Privacy Officer at:

10204 Granger Road  
Garfield Heights, Ohio 44125

If you believe that your privacy rights have been violated, you may file a complaint with us. These complaints must be filed in writing on a form provided by Jennings. The complaint form may be obtained from Medical Records, and when completed should be returned to Medical Records. You may also file a complaint with the secretary of the federal Department of Health and Human Services. There will be no retaliation for filing a complaint.