

NOTICE OF PRIVACY PRACTICES

LUTHERAN SUNSET MINISTRIES

This notice describes how medical information about you may be used, disclosed, and how you can get access to this information. PLEASE REVIEW CAREFULLY.

If you have any questions about this form, please contact:

Lutheran Sunset Ministries
Privacy Officer Helen Morris

P.O. Box 71

Clifton, Texas 76634

hmorris@luthersunset.org Phone: 254.675.8637 ext. 2224

WHO WILL FOLLOW THIS NOTICE

This notice describes Lutheran Sunset Ministries (LSM) practices and that of:

- Any health care professional authorized to enter information into your personal record.
- All programs, departments, and units of Lutheran Sunset Ministries.
- Any member of a volunteer group we allow to help you while you are in our programs or facilities.
- All employees, staff and other LSM personnel.

OUR PLEDGE REGARDING MEDICAL INFORMATION

We understand that medical information about you and your health is personal and private. We are committed to protecting medical information about you from improper disclosure. We create a record of the care and services you receive at LSM. 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 LSM, whether made by LSM personnel or your personal doctor. Your personal doctor may have different policies or notices regarding the doctor's use and disclosure of your medical information created in the doctor's office or clinic.

This notice will tell you the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

We are required by law to:

- make sure that medical information that identifies you is kept private;
- provide you with or make available a copy of this notice of our legal duties and privacy practices with respect to medical information about you; and
- follow the terms of the Notice of Privacy Practices that is currently in effect.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

The following categories describe ways in which we use and disclose medical information. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

- **For Treatment** - We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to LSM and Non-LSM personnel,

including but not limited to doctors, nurses, nurse aides, and physical therapists. For example, a nurse caring for you will report change in your condition to your physician. Your physician may need to know the medications you are taking before prescribing additional medications. It may be necessary for the physician to inform the nurses or staff of the medications you are taking so they can administer the medications and monitor any possible side effects. We also may disclose medical information about you to people outside LSM who may be involved in your medical care after you leave our program, such as family members, clergy or others we use to provide services that are part of your care.

- **For Payment** - We may use and disclose medical information about you so that we can bill and receive payment for the treatment and services you receive at LSM. Bills requesting payment will usually include information which identifies you, your diagnosis and any procedures performed or supplies used. For billing and payment purposes, we may disclose medical information about you to your legal representative, an insurance or managed care company, Medicare, Medicaid or another third party payor. For example, we may contact Medicare to confirm your coverage or to request prior approval for a proposed treatment or service. We may also share information about you with physicians formally or informally associated with Lutheran Sunset Ministries so that these physicians can bill for services provided to you while you are a Lutheran Sunset Ministries resident.
- **For Health Care Operations** - We may use and disclose medical information about you for LSM operations. These uses and disclosures are necessary to operate LSM and make sure that all of our residents receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine medical information about many LSM residents to decide what additional services LSM should offer, what services are not needed, and whether certain new treatments are effective. We may also combine the medical information we have with medical information from other organizations to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning who the specific residents are.
- **Appointment Reminders** - We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care at LSM.
- **Treatment Alternatives** - We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.
- **Health-Related Benefits and Services** - We may use and disclose medical information to tell you about health-related benefits or services, or products that may be of interest to you. If you do not want Lutheran Sunset Ministries to contact you about health-related benefits, services, or products, you must notify Lutheran Sunset Ministries in writing.
- **Fundraising Activities** - We may use medical information about you to contact you in an effort to raise money for LSM and its operations. We may disclose medical information to a foundation related to LSM so that the foundation may contact you in raising money for LSM. We only would release contact information, such as your name, address and phone number and the dates you received treatment or services at LSM. If you do not want LSM to contact you for fundraising efforts, you must notify Lutheran Sunset Ministries in writing. Address your written request to:

Helen Morris
P.O. Box 71 , Clifton TX 76634
Attention: Privacy Officer

- **LSM Directory** – Unless you notify us that you object, we may include certain limited information about you in the directory of each program. This information may include your name, location in the building, your general condition (e.g., fair, stable, etc.) and your religious affiliation. The directory information, except for your religious affiliation, may be released to people who ask for you by name. Your religious affiliation may be given to a member of the clergy, such as a priest, pastor, or rabbi, even if they don't ask for you by name. This is so your family, friends, and clergy can visit you and generally know how you are doing.
- **Individuals Involved in Your Care or Payment for Your Care** – Unless you notify us that you object, we may release medical information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care. We may also tell your family or friends your condition and that you are a resident or patient of LSM.
- **Disaster Relief** - We may disclose medical information about you to any entity assisting in a disaster relief effort so that your family can be notified about your condition, status, and location.
- **Research** - Under certain circumstances, we may use and disclose medical information about you for research purposes. For example, a research project may involve comparing the health and recovery of all residents who received one medication to those who received another, for the same condition. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of medical information, trying to balance the research needs with residents' need for privacy of their medical information. Before we use or disclose medical information about you to people preparing to conduct a research project, for example, to help them look for residents with specific medical needs, so long as the medical information they review does not leave the Facility. We will almost always ask for your specific permission if the researcher will have access to your name, address or other information that reveals who you are, or will be involved in your care at LSM.
- **As Required By Law** - We will disclose medical information about you when required to do so by federal, state, local law and/or agency.
- **To Avert a Serious Threat to Health or Safety** - We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

SPECIAL SITUATIONS

- **Military and Veterans** - If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.
- **Public Health Risks** – As required by law, we may disclose to public health authorities statistics, diseases, information related to recalls of dangerous products, and similar information.

- **Health Oversight Activities** - We may disclose medical 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 disclose medical information about you in response to a court or administrative order. We may also disclose medical 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 medical information if asked to do so by a law enforcement official:
 - In response to a court order, subpoena, warrant, summons or similar process;
 - To identify or locate a suspect, fugitive, material witness, or missing person;
 - About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
 - About a death we believe may be the result of criminal conduct;
 - About criminal conduct at LSM; and
 - In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.
- **Coroners, Medical Examiners and Funeral Directors** - We may release medical information to a coroner or medical examiner. This may be necessary for example, to identify a deceased person or determine the cause of death. We may also release medical information about residents of LSM to funeral directors as necessary to carry out their duties.
- **National Security and Intelligence Activities** - We may release medical 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 disclose medical 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.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

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

- **Right to Inspect and Copy** - You have the right to inspect and copy medical information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes.

To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to the Privacy Officer of Lutheran Sunset Ministries. If you request a copy of the information, we may charge a fee for the costs of copying, mailing, or other supplies associated with your request.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by LSM 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 medical 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 the information is kept by or for LSM.

To request an amendment, your request must be made in writing and submitted to the Privacy Officer of Lutheran Sunset Ministries. In addition, you must provide a reason that supports 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:

- 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 medical information kept by LSM;
 - is not part of the information which you would be permitted to inspect and copy; or
 - is accurate and complete.
- **Right to an Accounting of Disclosures** - You have the right to request an “accounting of disclosures.” This is a list of the disclosures we made of medical information about you.

To request this list or accounting of disclosures starting as of April 14, 2003, you must submit your request in writing to the Privacy Officer of Lutheran Sunset Ministries. Your request must state a starting date (not prior to April 14, 2003) and ending date which may not exceed more than six (6) years if available. Your request should indicate in what form you want the list (for example, on paper, electronically). 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.

Right to Request Restrictions - You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had. We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions, you must request in writing to the Privacy Officer of Lutheran Sunset Ministries. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

- **Right to Request Confidential Communications** - You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

To request restrictions, you must make your request in writing to the Privacy Officer of Lutheran Sunset Ministries. 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 to be contacted.

- **Right to a Paper Copy of this Notice** - You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. To obtain a paper copy of this notice, contact the Privacy Officer at Lutheran Sunset Ministries.
- **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 medical 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 administrative areas of LSM programs and offer you a copy of the current notice in effect.
- **Other Uses of Medical Information** - Other uses and disclosures of medical 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 disclose medical information about you, you may revoke the permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided you.

Privacy Complaints / Questions:

If you have any questions regarding your privacy rights or this notice, please contact the Privacy Officer. If you believe your privacy rights have been violated, you may file a complaint with the Privacy Officer at the address below, or with the Secretary of the Department of Health and Human Services at 1-877-696-6775. You will not be penalized for filing a complaint.

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