

NOTICE OF PRIVACY PRACTICES

Policy

The Provider will provide each entering resident with a Notice of Privacy Practices, setting forth the uses and disclosures of protected health information that the Provider may make and the resident's rights and the Provider's duties with respect to such information.

Procedure

1. Provision of Notice

The Provider will provide each resident with its Notice of Privacy Practices (NPP) at the time that the resident enters (see **Attachment A**).

2. Acknowledgment of Notice

The Provider will make a good faith effort to obtain the resident's written acknowledgment of receipt of the NPP, by having the resident sign a written statement at the end of the NPP that he or she has received the document. If the resident is unable or unwilling to sign the acknowledgment, the Provider will document its good faith efforts to obtain the acknowledgment, together with the reason why it was unsuccessful (see **Attachment B**).

3. Posting of Notice

a. Hard Copy

The Provider will post the NPP in a clear and prominent location where it is reasonable to expect that residents will be able to read it. The Provider also will have the NPP available in a convenient place, so that residents who request it may receive a copy.

b. Electronic Posting

If the Provider maintains a website that provides information about its services, it will prominently post the NPP on the website in a way that makes it possible to be downloaded and printed.

4. Changes to Notice

The Provider will make changes to the NPP as required by law, as necessitated by changes any of the practices described in the NPP, or as deemed by it to be appropriate. In that case, the terms of the new NPP will apply to all protected health information in the Provider's possession, including information received prior to the effective date of the

new NPP. Unless required by law, the Provider will not implement any material change to any term of the NPP prior to the effective date of the new NPP containing the change.

5. Further Information about Notice

The Provider will designate the contact person or office responsible for receiving complaints about its privacy practices to provide further information about matters covered by the NPP.

6. Documentation

The Provider will retain a copy in its administrative offices of each form NPP that it has used. In addition, it will retain a copy in the resident's record of the actual NPP provided to the resident and acknowledged by the resident's signature. If a resident is unable or unwilling to acknowledge receipt of the NPP, the Provider will include in the resident's record the form documenting its good faith efforts to obtain acknowledgment.

MARY HEALTH OF THE SICK
NOTICE OF PRIVACY PRACTICES
FOR PROTECTED HEALTH INFORMATION

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

A. INTRODUCTION

During the course of providing services and care to you, Mary Health of the Sick gathers, creates, and retains certain personal information about you that identifies who you are and relates to your past, present, or future physical or mental condition, the provision of health care to you, and payment for your health care services. This personal information is characterized as your protected health information. This Notice of Privacy Practices describes how Mary Health of the Sick maintains the confidentiality of your protected health information, and informs you about the possible uses and disclosures of such information. It also informs you about your rights with respect to your protected health information.

B. MARY HEALTH OF THE SICK S RESPONSIBILITIES

Mary Health of the Sick is required by federal and state law to maintain the privacy of your protected health information. Mary Health of the Sick is also required by law to provide you with this Notice of Privacy Practices that describes Mary Health of the Sick s legal duties and privacy practices with respect to your protected health information. Mary Health of the Sick will abide by the terms of this Notice of Privacy Practices. Mary Health of the Sick reserves the right to change this or any future Notice of Privacy Practices and to make the new notice provisions effective for all protected health information that it maintains, including protected health information already in its possession. If Mary Health of the Sick changes its Notice of Privacy Practices, it will personally deliver or mail a revised notice to you at your current address.

C. USE AND DISCLOSURE WITH YOUR AUTHORIZATION

Mary Health of the Sick will require a written authorization from you before it uses or discloses your protected health information, unless a particular use or disclosure is expressly permitted or required by law without your authorization. Mary Health of the Sick has prepared an authorization form for you to use that authorizes Mary Health of the Sick to use or disclose your protected health information for the purposes set forth in the form. You are not required to sign the form as a condition to obtaining treatment or having your care paid for. If you sign an authorization, you may revoke it at any time by written notice. Mary Health of the Sick then will not use or disclose your protected

health information, except where it has already relied on your authorization.

D. HOW Mary Health of the Sick MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION WITHOUT YOUR AUTHORIZATION

1. Permissive Disclosures

Mary Health of the Sick may, in its discretion, use or disclose your protected health without your written authorization in the following circumstances:

a. Your Care and Treatment

Mary Health of the Sick may use or disclose your protected health information to provide you with or assist in your treatment, care and services. For example, Mary Health of the Sick may disclose your health information to health care providers who are involved in your care to assist them in your diagnosis and treatment, as necessary. Mary Health of the Sick may also disclose your protected health information to individuals who will be involved in your care if you leave the Mary Health of the Sick.

b. Billing and Payment

i. Medicare, Medi-Cal and Other Public or Private Health Insurers — Mary Health of the Sick may use or disclose your protected health information to public or private health insurers (including medical insurance carriers, HMOs, Medicare, and Medi-Cal) in order to bill and receive payment for your treatment and services that you receive at the facility. The information on or accompanying a bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.

ii. Health Care Providers — Mary Health of the Sick may also disclose your protected health information to health care providers in order to allow them to determine if they are owed any reimbursement for care that they have furnished to you and, if so, how much is owed.

c. Health Care Operations

Mary Health of the Sick may use your protected health information for health care operations at Mary Health of the Sick. These uses and disclosures are necessary to manage the facility and to monitor our quality of services and care. For example, we may use your protected health information to review our services and to evaluate the performance of our staff in caring for you.

d. Licensing and Accreditation

Mary Health of the Sick may disclose your protected health information to any government or private agency, such as to the California Department of Health Services and the California Department of Social Services, responsible for licensing or accrediting Mary Health of the Sick so that the agency can carry out its oversight activities. These oversight activities include audits; civil, administrative, or criminal investigations; inspections; licensure or disciplinary actions; civil, administrative, or criminal proceedings or actions; or other activities necessary for appropriate oversight.

e. Mary Health of the Sick s Special Directory

Mary Health of the Sick maintains a Special Directory of residents to allow staff to provide certain basic information to members of the clergy who serve Mary Health of the Sick or to other persons who ask for residents by name. Unless you notify Mary Health of the Sick that you object, it will include certain limited information about you, such as your name, your location in Mary Health of the Sick, your general condition, and your religious affiliation in its Special Directory.

f. Individuals Involved in Your Care or Payment for Your Care

Unless you specifically object, Mary Health of the Sick may disclose to a family member, other relative, a close personal friend, or to any other person identified by you, all protected health information directly relevant to such person s involvement with your care or directly relevant to payment related to your care. Mary Health of the Sick may also disclose your protected health information to these same individuals to assist in notifying them of your location, general condition, or death.

g. Disaster Relief

Mary Health of the Sick may disclose your protected health information to a public or private entity authorized to assist in disaster relief efforts.

h. Business Associates

Mary Health of the Sick may contract with certain individuals or entities to provide services on its behalf. Examples include data processing, quality assurance, legal, or accounting services. Mary Health of the Sick may disclose your protected health information to a business associate, as necessary, to allow the business associate to perform its functions on the Mary Health of the Sick s behalf. Mary Health of the Sick will have a contract with its business associates that obligate the business associates to maintain the confidentiality of your protected health information.

i. Fundraising

Mary Health of the Sick may use certain protected health information to contact you in an effort to raise money for the Mary Health of the Sick and its operations. Mary Health of the Sick may disclose the protected health information to business associates or to related foundations that it uses to raise funds for its own benefit. Mary Health of the Sick will disclose only your name, address, and phone number and the dates you receive health care services. You may notify Mary Health of the Sick in writing if you object to such disclosures.

j. Research

Mary Health of the Sick may disclose your protected health information for research purposes, provided that an outside Institutional Review Board overseeing the research approves the disclosure of the information without a written authorization.

k. Hospital Peer Review

Mary Health of the Sick may disclose your protected health information to hospital medical staffs to aid in the credentialing of applicants and in the peer review of members.

l. Organ Procurement

Mary Health of the Sick may disclose your protected health information following your death to an organ procurement agency or tissue bank in order to aid in using your organs or tissues in transplantation.

m. Medical Examiner or Funeral Directors

Mary Health of the Sick may disclose protected health information to a medical examiner or funeral director to allow them to carry out their duties.

n. Appointment Reminders

Mary Health of the Sick may use or disclose your protected health information to remind you about appointments.

o. Treatment Alternatives or Health-Related Benefits and Services

Mary Health of the Sick may use or disclose your protected health information to inform you about treatment alternatives or health-related benefits and services that may be of interest to you.

p. Members of Workforce

It is Mary Health of the Sick's policy to allow members of its workforce to share residents' protected health information with one another to the extent necessary to permit them to perform their legitimate functions on Mary Health of the Sick's behalf. At the same time, Mary Health of the Sick will work with and train its workforce members to ensure that there are no unnecessary or extraneous communications that will violate the rights of its residents to have the confidentiality of their protected health information maintained.

q. Veterans

Mary Health of the Sick may use and disclose to components of the Department of Veterans Affairs medical information about you to determine whether you are eligible for certain benefits.

r. Workers Compensation

Mary Health of the Sick may use or disclose your protected health information to comply with laws relating to workers' compensation or similar programs.

2. Mandatory Disclosures

Mary Health of the Sick will disclose protected health information to outside persons or entities without your written authorization as required by law in the following circumstances:

a. Court Order; Order of Administrative Tribunal

Mary Health of the Sick will disclose protected health information in accordance with an order of a court or of an administrative tribunal of a government agency.

b. Subpoena

Mary Health of the Sick will disclose protected health information in accordance with a valid subpoena issued by a party to adjudication before a court, an administrative tribunal, or a private arbitrator. Reasonable efforts will be made to notify you of the subpoena, or of efforts to obtain an order or agreement protecting your protected health information.

c. Law Enforcement Agencies

Mary Health of the Sick will disclose protected health information to law enforcement agencies in accordance with a search warrant, a court order or court-ordered subpoena, or an investigative subpoena or summons.

d. Coroner

Mary Health of the Sick will disclose protected health information to a coroner where the coroner requests the information to identify a decedent; to notify next of kin; or to investigate deaths that may involve public health concerns, suspicious circumstances, elder abuse, or organ or tissue donation.

e. Elder Abuse Reporting

Mary Health of the Sick will disclose protected health information about a resident who is suspected to be the victim of elder abuse to the extent necessary to complete any oral or written report mandated by law. Under certain circumstances, Mary Health of the Sick may disclose further protected health information about the resident to aid the investigating agency in performing its duties. Mary Health of the Sick will promptly inform the resident about any disclosure unless Mary Health of the Sick believes that informing the resident would place the resident in danger of serious harm, or would be informing the resident's personal representative, whom the Provider believes to be responsible for the abuse, and believes that informing such person would not be in the resident's best interest.

f. National Security and Intelligence Activities, Protected Services for the President and Others

Mary Health of the Sick will disclose protected health information about a resident to authorized federal officials conducting national security and intelligence activities or as needed to provide protection to the President of the United States, certain other persons or foreign heads of states, or to conduct certain special investigations.

g. Other Disclosures Required by Law

Mary Health of the Sick will disclose protected health information about a resident when otherwise required by law.

E. YOUR RIGHTS REGARDING PROTECTED HEALTH INFORMATION

You have the following rights with respect to your protected health information. To exercise these rights, contact Mary Health of the Sick at the following address: Mary Health of the Sick [*Provider's Address*], Attention: Privacy Official.

a. Right to Request Access

You have the right to inspect and copy your protected health information maintained by Mary Health of the Sick. In certain limited circumstances, Mary Health of the Sick may deny your request as permitted by law. However, you

may be given an opportunity to have such denial reviewed by an independent licensed health care professional.

b. Right to Request Amendment

You have the right to request an amendment to your protected health information maintained by Mary Health of the Sick. If your request for an amendment is denied, you will receive a written denial, including the reasons for such denial, and an opportunity to submit a written statement disagreeing with the denial.

c. Right to Request Restriction

You have the right to request restrictions on the use and disclosure of your protected health information for treatment, payment or health care operations, or providing notifications regarding your identity and status to persons inquiring about or involved in your care. Mary Health of the Sick is not required to grant your request, but if it does, it will comply with your request, except in an emergency situation or until the restriction is terminated by you or [*Name of Provider*].

d. Right to Request Confidential Communications

You have the right to request that Mary Health of the Sick communicate protected health information to the recipient by alternative means or at alternative locations.

e. Right to an Accounting

You have the right to receive an accounting of disclosures of your protected health information created and maintained by Mary Health of the Sick over the six years prior to the date of your request or for a lesser period. Mary Health of the Sick is not required to provide an accounting of the following disclosures:

- To carry out treatment, payment, and health care operations;
- To respond to your requests for access to protected health information;
- To include your information in the Mary Health of the Sick s Special Directory;
- To aid in the identification or care of a resident; or
- To any recipient prior to April 14, 2003 or for protected health information created more than six years before the date of your request for an accounting.

f. Right to Receive a Copy of the Notice of Privacy Practices

You have the right to request and receive a copy of Mary Health of the Sick's Notice of Privacy Practices for Protected Health Information in written or electronic form.

F. COMPLAINTS

If you believe that your privacy rights have been violated, you may file a complaint with Mary Health of the Sick at the following address [*Provider's Address*], Attention: Contact Person. You also have the right to submit a complaint to the Secretary of the U.S. Department of Health and Human Services, 50 United Nations Plaza — Room 322, San Francisco, CA 94102, Attention OCR Regional Manager. **Mary Health of the Sick will not retaliate against you if you file a compliant.**

G. FURTHER INFORMATION

If you have questions about this Notice of Privacy Practices or would like further information about your privacy rights, contact Mary Health of the Sick at the following address [*Provider's Address*], Attention: Sister Angeles Bello.

The effective date of this Notice of Privacy Practices is April 14, 2003