

WESTMINSTER VILLAGE, INC.
Weyrich Health Care Center
Westminster Village Home Health Services

NOTICE OF PRIVACY PRACTICES

Relationships are built on trust. One of the most important elements of trust is respect for an individual's privacy. We at Westminster Village value our relationship with you and take your personal privacy seriously. This Notice of Privacy Practices explains how we manage the Protected Health Information (PHI) we have about you, how this information may be used, and disclosed, and how you can get access to this information. Please review it carefully. This notice applies to all information and records, received from others or created by us, related to your care. It informs you about the possible uses and disclosures of your PHI. It also describes your rights and our obligations regarding your PHI.

Westminster Village is a "covered entity" and, as such, is required by law to: Maintain the privacy of your PHI; provide to you this detailed notice of our legal duties and privacy practices relating to your PHI; abide by the terms of the Notice of Privacy Practices that is currently in effect.

I. WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION FOR TREATMENT, PAYMENT AND HEALTH CARE OPERATIONS

For Treatment. We will use and disclose your protected health information in providing you with treatment and services. We may disclose your protected health information to facility and non-facility personnel who may be involved in your care, such as physicians, nurses, nurse aides, and physical therapists. We may share your protected health information with affiliates and third party "business associates" that perform various activities for us or on our behalf. Whenever such an arrangement involves the use or disclosure of your protected health information, we will have a written contract that contains terms designed to protect the privacy of your protected health information.

II. WE MAY USE AND DISCLOSE PHI ABOUT YOU FOR OTHER SPECIFIC PURPOSES

Facility Directory. Unless you sign the "Release of Information Authorization", we will not include certain limited information about

you in our community directory such as your name, apartment number and telephone number. Your religious affiliation will be given to any member of the clergy. Your birthday (not year) will be included in a listing of birthdays each month on the Activity Calendar. With written authorization, we will also give information about your health location, both inside and outside of the facility, your “general” condition – good, fair, poor (not specific medical information), and upon your death, we will post notice of planned memorial services on in-house TV and on other in-house notices.

Individuals Involved in Your Care or Payment for Your Care: With written authorization, we may disclose your PHI to a family member or close personal friend, including clergy, who is involved in your care.

Disaster Relief: We may disclose your PHI to an organization assisting in a disaster relief effort.

Public Health Activities: We may disclose your PHI for public health activities. These activities may include, for example, reporting to a public health or government authority for preventing or controlling disease, injury or disability, or reporting abuse or neglect; reporting to the federal Food and Drug Administration (FDA) concerning adverse events or problems with products for tracking products in certain circumstances, to enable product recalls or to comply with other FDA requirements; to notify a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition or for certain purposes involving workplace illness or injuries.

Reporting Victims of Abuse, Neglect or Domestic Violence: If we believe that you have been a victim of abuse, neglect or domestic violence, we may use and disclose your PHI to notify a government authority as required or authorized by law.

Health Oversight Activities: We may disclose your PHI to a health oversight agency for oversight activities authorized by law. These may include, for example, audits, investigations, inspections and licensure actions or other legal proceedings. These activities are necessary for government oversight of the health care system, government payment or regulatory programs, and compliance with civil rights laws.

As Required by Law: We may disclose your PHI when required to do so by law or in response to a court or administrative order. We may also

disclose information in response to a subpoena, discovery request or other lawful process; efforts must be made to contact you about the request or to obtain an order or agreement protecting the information.

We may disclose your PHI for certain law enforcement purposes including:

As required by law to comply with reporting requirements; To comply with a court order, warrant, subpoena, summons, investigative demand or similar legal process; To identify or locate a suspect, fugitive, material witness, or missing person; When information is requested about the victim of a crime if the individual agrees or under other limited circumstances; To report information about a suspicious death; To provide information about criminal conduct occurring at a facility; To report information in emergency circumstances about a crime; When necessary to identify or apprehend an individual in relation to a violent crime or an escape from lawful custody.

Research: We may allow PHI of Residents from our facility to be used or disclosed for research purposes provided that the researcher adheres to certain privacy protections. Your PHI may be used for research purposes only if the privacy aspects of the research have been reviewed and approved by a facility Institutional Review Board, the Westminster Village Privacy Officer, and the Westminster Village Ethics Committee, with final approval by the Board of Directors. This can be done if the researcher is collecting information in preparing a research proposal, if the research occurs after your death or if you authorize use or disclosure.

Coroners, Medical Examiners, Funeral Directors, Organ Procurement Organizations: We may release your PHI to a coroner, medical examiner, and funeral director or, if you are an organ donor, to an organization involved in the donation of organs and tissue.

To Avoid A Serious Threat to Health or Safety: We may use and disclose your PHI when necessary to prevent a serious threat to your health and safety or the health or safety of the public or another person. However, any disclosure would be made only to someone able to prevent the threat.

Military and Veterans: If you are a member of the armed forces, we may use and disclose your PHI as requested by military command authorities. We may also use and disclose your PHI about foreign

military personnel as required by the appropriate foreign military authority.

Workers' Compensation: We may use or disclose your PHI to comply with laws relating to workers' compensation or similar programs.

National Security and Intelligence Activities: Protective Services for the President and Others: We may disclose your PHI to authorize 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.

Fundraising Activities: With your written authorization, we may use certain PHI in an effort to raise money for the facility and its operations.

Appointment Reminders: We may use or disclose PHI to remind you about appointments.

Treatment Alternatives: We may use PHI to inform you about treatment alternatives that may be of interest to you.

Health-Related Benefits and Services: We may use or disclose your PHI to inform you about health-related benefits and services that may be of interest to you.

III. YOUR AUTHORIZATION IS REQUIRED FOR OTHER USES OF PHI

We will use and disclose PHI (other than as described in this Notice or as required by law) only with your written Authorization. You may revoke your authorization to use or disclose PHI in writing, at any time. If you revoke your authorization, we will no longer use or disclose your PHI for the purposes covered by the authorization, except where we have already relied on the Authorization.

IV. YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

You have the following rights regarding your PHI at Westminster Village and its health facilities:

Right to Request Restrictions: You have the right to request restrictions on our use or disclosure of your PHI for treatment, payment, or health care operations. You also have the right to restrict the PHI we disclose about you to a family member, friend or other person who is involved in your care or the payment for your care.

We are not required to agree to your requested restriction (except that while you are competent you may restrict disclosures to your family members or friends). If we do agree to accept your requested restriction, we will comply with your request except as needed to provide you with emergency treatment.

If you are a Resident of Weyrich Health Care Center, we are required to agree to your requested restriction unless you are being transferred to another health care institution, the release of records is required by law, or the release of information is needed to provide you with emergency treatment.

Right of Access to PHI: You have the right to inspect and obtain a copy of your medical or billing records or other written information that may be used to make decisions about your care, subject to some limited exception. We may charge a reasonable fee for our costs in copying and mailing your requested information.

We may deny your request to inspect or receive copies in certain limited circumstances. If you are denied access to PHI, in some cases, you will have the right to request review of the denial. This review may be performed by a licensed health care professional designated by the facility who did not participate in the decision to deny.

If you are a Resident of Weyrich Health Care Center, you have the right to request, either orally or in writing, your medical billing records or other written information that may be used to make decisions about your care. We must allow you to inspect your records within 24 hours of your request. If you request copies of the records, we must provide you with copies within two days of that request. We may charge a reasonable fee for our costs in copying and, if applicable, mailing your requested information.

Right to Request Amendment: You have the right to request the facility to amend any PHI maintained by the facility for as long as the information is kept by or for the facility. You must make your request in

writing and must state the reason for the requested amendment. We may deny your request for amendment if the information: Was not created by the facility, unless the originator of the information is no longer available to act on your request; Is not part of the PHI maintained by or for the facility; Is not part of the information to which you have a right of access; Is already accurate and complete, as determined by the facility.

If we deny your request for amendment, we will give you a written denial, including the reasons for the denial and the right to submit a written statement disagreeing with the denial.

Right to an Accounting of Disclosures: You have the right to request an “accounting” of our disclosure of your PHI. This a listing of certain disclosures of your PHI made by the facility or by others on our behalf, but does not include disclosures for treatment, payment or health care operations or certain other exceptions.

To request an accounting of disclosures, you must submit a request in writing, to the Privacy Officer, stating a time period beginning after April 14, 2003, that is within six years from the date of your request. An accounting will include, if requested: the disclosure date; the name of the person or entity that received the information and address, if known; a brief description of the information disclosed; a brief statement of the purpose of the disclosure or a copy of the authorization or request; or certain summary information concerning multiple similar disclosures. The first accounting provided within a 12 month period will be free; for further requests, we may charge you our costs.

Right to a Paper Copy of This Notice: You have the right to obtain a paper copy of this Notice even if you have agreed to receive this Notice electronically. You may request a copy of this Notice anytime.

Right to Request Confidential Communications: You have the right to request that we communicate with you concerning personal health matters in a certain manner or at a certain location. We will accommodate your reasonable requests.

V. COMPLAINTS

If you believe that your privacy rights have been violated, you may file a complaint, in writing, with the facility Privacy Officer, Westminster Village, 12000 N. 90th Street, Scottsdale, AZ 85260, or with the Office of

Civil Rights, Regional Manager, U.S. Department of Health and Human Services, 50 United Nations Plaza, Room 322, San Francisco, CA, 94102. We will not retaliate against you if you file a complaint.

VI. CHANGES TO THIS NOTICE

We may change this notice and our practices at any time, as long as the change is consistent with state or federal law. If we make an important change to the notice we will post a new notice in a conspicuous location in both health facilities and outside the post office window, as well as on our website: www.wmvaz.com.

VII. FOR FURTHER INFORMATION

If you have questions about this Notice or would like further information concerning your privacy rights, please contact the Privacy Officer, at Westminster Village, 480/451-2063.