

HIPAA

HIPAA stands for the Health Insurance Portability and Accountability Act of 1996.

HIPAA is Federal legislation that was made law by Congress in 1996. With all the advancements in electronic technology, Congress recognized the need for Federal privacy protections of individually identifiable health information and therefore has mandated privacy protections.

The HIPAA Privacy Rule, effective April 14, 2003, is aimed at safeguarding the privacy of our residents through increased accountability in the areas of privacy and security. The Privacy Rule establishes for the first time, a foundation for Federal protections for the privacy of Protected Health Information (PHI). The HIPAA Security Rule, effective April 20, 2005, becomes more specific and calls for protection of PHI in electronic formats.

Compliance with the HIPAA Privacy Rule is required for certain Memory and Aphasia Care offices because they transmit resident health information electronically related to health care claims, payment or coordination of benefits. They are called Covered Entities. If you have any questions regarding an office and its applicability under the HIPAA Privacy Rule, please contact the Privacy Officer at (630) 800-2444.

Continue to read this document for Memory and Aphasia Care Notice of Privacy Practices

PATIENT CONSENTS

RELEASE OF INFORMATION & PRIVACY NOTICE

I understand my therapist/physician will receive information concerning my condition while I am treated by MemoryCare Corporation and consent to this release of information. I understand the information released may be verbal or in writing. I further understand this release of information is in effect for one year past the date of my last treatment and may be rescinded at any time by a written request. These and other provisions describing how medical information about you may be used and disclosed are provided in Memory and Aphasia Care's Notice of Privacy Practices.

I hereby acknowledge that I have received a copy of Memory and Aphasia Care's Notice of Privacy Practices.

Patient/Authorized Person Initials

Date

DISCLOSURE TO FAMILY, FRIENDS, OR DESIGNATED INDIVIDUALS INVOLVED IN CARE

Under HIPAA, we may disclose limited health information to a family member, close friend, or other individual involved in your care or payment for your care, if you do not object and the disclosure is directly relevant to their involvement. If you wish to limit disclosures only to individuals you designate, please initial below and list the people we may share relevant information with. This permission will remain in effect until revoked or amended in writing by the patient or authorized representative.

I wish to limit the release of my health information to the individuals I list below:

Name

Date

Relationship

Name

Date

Relationship

Patient/Authorized Person Initials

Date

CONSENT TO TREAT

I hereby voluntarily consent to receive treatment for my condition. After evaluation, I understand I will be informed by my therapist of the treatment procedures to be utilized, including information about significant risks, benefits of and alternatives to the procedures and will have my questions answered. I understand this (these) treatment(s) will be performed by an appropriately credentialed staff member employed by or acting as an agent of Memory and Aphasia Care. I further understand that I may rescind this consent at any time and will be informed of the potential consequences of that decision.

In the case of a medical emergency or an incident in which the therapist's clinical making skills indicate that the client requires an emergency medical assessment, 911 will be called. The patient and/or the POA has the right to refuse paramedic care, based on the paramedic's assessment and recommendation.

The provided POA and/or emergency contact, will then be contacted after a 911 call is initiated, to review the clinician's incident findings.

Patient/Authorized Person Initials Date

Patient Name Signature (if applicable) Date

POA/Healthcare Surrogate Signature (if applicable) Date

Witness Signature (if applicable) Date

NOTICE OF PRIVACY PRACTICES

(Pursuant to the Health Insurance Portability and Accountability Act of 1996)

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.

Memory and Aphasia Care HIPAA covered entities are required by law to provide you with this Notice so that you will understand how we may use or disclose your health information. This Notice also describes your rights and our duties with respect to your health information.

This Notice describes the practices of this HIPAA covered entity. We are required by law to provide you with this Notice regarding our legal obligations with respect to your health information.

If you have any questions about this Notice, please contact the Manager or Memory and Aphasia Care's Privacy Officer at (630) 800-2444.

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION WITHOUT YOUR WRITTEN AUTHORIZATION

The following categories describe the ways that we may use and disclose your health information without your written authorization. Not every use or disclosure in a category will be listed.

- 1. For Treatment.** We may use health information about you to provide you with treatment. We may disclose health information about you to our nurses, resident assistants, therapists, life enrichment staff or other staff who are involved in your care. For example, if you were diabetic, a resident assistant might need to inform the dining services specialist that you require a carbohydrate-controlled diet. We may also disclose health information about you to people outside the community who may be involved in your medical care. For example, we may disclose portions of your health information to physicians, or other health care providers or facilities involved in your care.
- 2. For Payment.** We may use and disclose health information about you so that the treatment and services you receive from us may be billed to you, a government program, an insurance company or third party payors. For example, we may need to give your insurance company information about the health care services we provide to you and/or information such as your admission date so that your insurance company will pay us for those services or reimburse you for amounts that you have paid. We may also provide your name, address and insurance information to other health care providers who care for you while you are being treated here so that they may submit bills for their services to you.
- 3. For Health Care Operations.** We may use and disclose health information about you for health care operations. These uses and disclosures are necessary to run our organization and to assist in the provision of quality and cost-effective services to our residents. For example, we may use health information to review

our services and to evaluate the performance of our staff. Health information about you may be used for strategic planning, claims reporting and in developing and testing information systems and programs.

- 4. Business Associates.** There are some services provided in our organization through contracts with third parties who perform services on our behalf. Examples include medical directors, outside attorneys, billing services and auditors. When these services are contracted, we may disclose your health information so that the Business Associate can perform the job we have asked them to do. To protect your health information, however, we require the business associate to appropriately safeguard your information.
- 5. Providers.** Many services provided to you, as part of your care are offered by third party providers. These include a variety of providers including but not limited to physicians, dentists, portable radiology units, clinical labs, hospice caregivers, pharmacies, and medical equipment suppliers. We may use and disclose health information to them for their treatment or payment activities and in some circumstances we may release information for their health care operations.
- 6. Health Related Benefits.** We may use and disclose health information to tell you about health-related benefits or services provided by us or our affiliates that may be of interest to you or when we send you our newsletter. If you do not want us to contact you regarding marketing, please notify us in writing.
- 7. Fundraising Activities.** If we fundraise on our own behalf, we will only use or release demographic information and dates of services provided to residents. If you do not want to receive our fundraising materials, please notify the Manager.
- 8. Disclosures to Family, Friends or Others Designated by You.** We may disclose health information about you to a close friend, family member or other relative, or a person you designate, who is involved in your care or payment for your care, to the extent that the information is relevant to their involvement in your care. An example of this is if a family member transports and assists you with physician visits and staff gives them health information necessary for a physician visit. If there is a person to whom you do not wish us to disclose the above information, please notify the Manager.
- 9. For Disaster Relief.** We may disclose health information about you to an agency assisting in a disaster relief effort so that your family can be notified about your general condition, location or death.
- 10. Public Health Activities.** We may disclose health information about you for public health purposes, including for prevention or control of disease, injury or disability; reporting deaths; reporting reactions to medications or problems with products; or notifying a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease.
- 11. Abuse, Neglect, Exploitation Reporting.** We may notify appropriate government authorities if we believe you have been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you

agree or when required or authorized by law.

- 12. Health Oversight Activities.** We may disclose health information to a health oversight agency so they can monitor, investigate, inspect and license us, those who work in the health care system and for government benefit programs.
- 13. Judicial or Administrative Proceedings.** In the course of a judicial or administrative proceeding, we may disclose health information about you in response to a court or administrative order or pursuant to other lawful process.
- 14. Law Enforcement.** We may disclose health information when requested by a law enforcement official in accordance with applicable law.
- 15. Coroners, Medical Examiners and Funeral Directors.** We may disclose health information to a coroner, medical examiner or funeral director so that they can carry out their duties related to your death, as permitted by law.
- 16. Organ and Tissue Donation.** If you are an organ donor, we may disclose health information to organizations that handle organ procurement to facilitate donation and transplantation.
- 17. Research.** Under certain circumstances, and only after a special approval process, we may disclose your health information for research.
- 18. To Avert a Serious Threat to Health or Safety.** We may use and disclose health information about you to prevent a serious threat to your health and safety or the health and safety of the public or another person.
- 19. Military, National Security or Incarceration.** If you are involved with the military, national security or intelligence activities or if you are in law enforcement custody or an inmate, we may disclose your health information to the proper authorities so they may carry out their legal duties under the law.
- 20. Workers' Compensation.** We may disclose health information about you for workers' compensation or similar programs that provide benefits for a work related illness.
- 21. As Required By Law.** We will disclose health information about you when required to do so by federal, state or local law.

SPECIAL RULES REGARDING SUBSTANCE USE DISORDER RECORDS (42 C.F.R. PART 2)

Some health information we maintain or receive may be subject to additional federal confidentiality protections for substance use disorder (“SUD”) records under 42 C.F.R. Part 2 (“Part 2”). Part 2 applies to certain records relating to substance use disorder diagnosis, treatment, or referral for treatment.

If your health information is protected by Part 2, federal law generally prohibits us from using or disclosing such information for purposes not expressly permitted by Part 2 without your written consent or a court order, even if such use or disclosure would otherwise be permitted under HIPAA.

Part 2 records may not be used or disclosed in civil, criminal, administrative, or legislative proceedings against you without your written consent or a qualifying court order, except as otherwise permitted by law.

When Part 2 applies, those protections are more restrictive than HIPAA, and we will comply with the applicable Part 2 requirements.

OTHER USES AND DISCLOSURES REQUIRING WRITTEN AUTHORIZATION

Other uses and disclosures will be made only with your written authorization. You may revoke such authorization at any time by notifying the Manager or Privacy Officer. We are unable to take back any disclosures we have already made based upon your authorization.

YOUR HEALTH INFORMATION RIGHTS

- 1. Right to Inspect and Copy.** You have the right to inspect and copy your health information and billing information. To inspect or request copies, you must submit your request in writing to the Manager. If you request a copy of the information, we may charge a fee established by us for the costs of copying, mailing, or summarizing your health information. We may deny your request to inspect and copy in certain very limited circumstances. If this occurs, there is a review process available to you.
- 2. Right to Amend.** If you feel that health information maintained about you is incorrect or incomplete, you may ask to amend the information as long as we maintain the information. Requests to amend should be submitted in writing to the Manager, who will forward it to the Privacy Officer. We will generally respond approving or denying your request within 60 days of your submission of the written request, but has the right to extend the response period to 90 days.
- 3. Right to Record of Disclosures.** You have the right to request a list of the disclosures made of your health information for purposes other than treatment, payment, health care operations or pursuant to your authorization. For example, we may have released information to state licensing agency for purpose of survey. To request this list, you must submit your request in writing to the Manager. The first list you request within a 12-month period will be free. For additional lists within the 12-month period, you may be charged for the cost 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.
- 4. Right to Request Restrictions.** You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limitation on the health information we disclose about you to someone who is involved in your care or the payment for your care. 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 emergency

treatment. To request restrictions, submit your request in writing to the Manager using our request form.

5. **Right Regarding Sale of Protected Health Information.** We will not sell your protected health information without your written authorization.
6. **Right to Request Alternate Means or Locations of Communications.** You have the right to request that we communicate with you about your health information in a certain way or at a certain location. For example, a legally responsible party could ask that we contact them only at work or by mail. Submit your request in writing to the Manager.
7. **Right to a Paper Copy of This Notice.** You have the right to a paper copy of this Notice even if you have agreed to receive the Notice electronically. You may ask us to give you a copy of this Notice at any time. To obtain a paper copy of this Notice, contact the Manager. You may also obtain a copy of this Notice at our website, www.memorycarecorp.com.
8. **Right to Be Notified of a Breach.** You have the right to be notified if there is a breach of your unsecured protected health information that is required to be reported under federal law.
9. **Right to Complain.** If you believe your privacy rights have been violated, you may complain to us or to the United States Department of Health and Human Services. To complain to us, please contact the Manager or Privacy Officer at (630) 800-2444. They will assist you in making a complaint. All complaints must be submitted in writing. There will be no retaliation against you for making a complaint. You may also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, by visiting <https://www.hhs.gov/ocr/privacy/hipaa/complaints/> or by mail at 200 Independence Avenue, S.W., Washington, D.C. 20201.

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 health 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 the community and on the website (www.memorycarecorp.com). The Notice will specify the effective date on the first page. In addition, if material changes are made to this Notice, the Notice will contain an effective date for the revisions. Copies can be obtained by contacting the Manager.