



## Presbyterian SeniorCare Network Notice of 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.

Our community is dedicated to protecting the privacy of your personal health information and is committed to maintaining our residents' confidentiality. Certain state and federal laws and regulations require us to implement policies and procedures to safeguard the privacy of your health information. This Notice applies to all information created, maintained and received. This Notice informs you about your right and our obligations regarding your personal health information.

### **WE ARE REQUIRED BY LAW TO:**

- Maintain the privacy of your health information.
- Provide to you this detailed Notice of our legal duties and privacy practices with respect to information we collect, maintain, and share about you.
- Abide by the terms of the Notice that are currently in effect.
- **For Payment:** We may use and disclose your protected health information so that we can bill and receive payment for the treatment and services you receive at our community. For billing and payment purposes, we may disclose your protected health information to your insurance company or third party. For example, we may contact your health insurer to confirm you're eligible for benefits or to request prior approval for a proposed treatment or service.

### **WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION FOR TREATMENT, PAYMENT, AND HEALTH CARE OPERATIONS**

- **For Treatment:** We will use your health information to plan, coordinate, and provide your care. We disclose your health information for treatment purposes to physicians and other health care professionals within and outside our community who are involved in your care. We also may disclose your health information to individuals who will be involved in your care after you leave the community.
- **For Health Care Operations:** We may use and share your health information to perform certain functions within our community to ensure our residents receive quality care and services and to evaluate our staff performance. For example, we may use your photograph for identification purposes for medication administration, treatments and care. We may disclose your health information to our staff for auditing, care planning, treatment and learning purposes.

## **WE MAY USE AND DISCLOSE PROTECTED HEALTH INFORMATION ABOUT YOU FOR OTHER SPECIFIC PURPOSES**

- **As Required By Law:** We may disclose your health information when a federal, state or local law requires that we report information about suspected abuse, neglect, or domestic violence, reporting adverse reactions to medications or injury from a health care product. We may share your health information in response to a court order, a subpoena, a discovery request, or other legal process if we are advised that you have been made aware of the request or we receive a notice either that you agree, or if you disagree with the request, that you are taking action to prevent the disclosure. We may disclose your protected health information with a law enforcement official or authorized individuals to comply with laws, which include reporting an injury or death suspected to have been caused by criminal means, in response to a court order, warrant, subpoena, or summons or in emergency situations.
- **Disaster Relief:** We may use or disclose your health information to a public or private entity authorized by law to assist in a disaster relief effort, for the purpose of coordinating with your family member your location and your condition.
- **Public Health:** We may disclose your health information to public health authorities that are authorized by law to receive and collect health information for the purpose of preventing or controlling disease, injury or disability.
- **Health Oversight Activities:** We may disclose your health information to a health oversight agency such as protection and advocacy agency, the state agency responsible for inspecting our community or to other agencies responsible for monitoring the health care system for such purposes as reporting or investigation of unusual incidents or to ensure that we are in compliance

with applicable state and federal laws and regulations and civil right issues.

- **Research:** We may disclose information to researchers when the information does not directly identify you as the source of the information or when a waiver has been issued by an institutional review board or a privacy board that has reviewed the research proposal and protocols for compliance with standards to ensure the privacy of your health information.
- **Funeral Directors, Medical Examiners, and Coroners:** We may release your health information to funeral directors when necessary so they can carry out their duties. We may also release health information to a coroner or medical examiner in order to determine cause of death or for other reasons allowed by law.
- **Organ and Tissue Donation:** Following your instruction we will assist in the process of eye, organ or tissue transplants, in the event of your death, we may share your health information with organizations that obtain, store or transplant eyes, organs or tissue.
- **To Avert a Serious Threat to Health or Safety:** We may use and disclose your personal health information when necessary to prevent a serious threat to your health or safety or the health or safety of the public or another person.
- **Special Government Purposes:** We may disclose your health information of military personnel and veterans, when requested by military command authorities, to authorized federal authorities for the purposes of intelligence, counter-intelligence, and other national security activities such as protection of the President, or to correctional institutions.
- **Worker's Compensation:** We may use or disclose your health information to comply with

laws relating to workers' compensation or similar programs that provide benefits for work-related injuries or illnesses.

- **Business Associates:** There are some services provided in our community through contracts with business associates who provide services for care within our community for example, bloodwork, x-rays, etc. When these services are contracted, we may share your health information to our business associate so that they 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, which they are also required to do by law.

- **Fundraising:** We may use certain types of information about you, on a minimum necessary basis, in order to contact you in an effort to raise money for our Presbyterian SeniorCare Network communities and its operations. We may disclose health information to a Business Associate or Presbyterian SeniorCare Foundation so that the Foundation may contact you for a donation. In doing so we would only release contact information such as your name or contact person's name and address. You have the right to opt out of receiving fundraising communications. In any fundraising material that we send you, we will clearly tell you how to opt out of receiving any further communications.

- **Community Directory:** We include limited information about you in our community directory while you are a resident here. This information includes your name, your room number and your phone number. Our directory does not include any medical information about you. You have the right to ask that your information not to be given out. If you do so we will not be able to tell your family or friends your room number or that you are a resident here.

- **Individuals Involved in Your Care or Payment for Your Care:** Unless you object, we may disclose your protected health information to family members, who are involved in your health care or in payment for your care.

- **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 personal health information to notify a government authority if required or authorized by law, or if you agree to the report.

- **Judicial and Administrative Proceedings:** We may disclose your personal health information in response to a court or administrative order. We also may disclose information in response to a subpoena, discovery request, or other lawful process; efforts will be made to contact you about the request or to give you an opportunity to obtain an order or agreement protecting the information.

- **Law Enforcement:** We may disclose your personal health information 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 the facility; to report information in emergency circumstances about a crime; or where necessary to identify or apprehend an individual in relation to a violent crime or an escape from lawful custody.

- **Military and Veterans:** If you are a member of the armed forces, we may use and disclose your personal health information as required by military command authorities. We may also use and disclose personal health information about foreign military personnel as required by the appropriate foreign military authority.

- **National Security and Intelligence Activities Protective Services for the President and Others:** We may disclose personal health information 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.

## WRITTEN AUTHORIZATION FOR OTHER DISCLOSURES

- **Marketing:** All disclosures of your health information that we may use for marketing purposes or the sale of protected health information will only be shared if a written authorization is signed by you or your responsible party.

If you provide us with a written authorization for use or disclosure of your protected health information, you may revoke your authorization any time in writing. After you revoke an authorization, we will no longer use or disclose your identifiable health information for the reasons described in the authorization; however, disclosures that were made while the authorization was in effect will not be taken back.

## YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

- **Right to Request Restrictions:** You have the right to request that we limit how we use or disclose your health information for treatment,

payment, or health care operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for your care or services. For example, you could request that we do not share information about a particular diagnosis or treatment with your spouse. Most uses and disclosures of psychotherapy notes require your authorization. Should you wish a restriction placed on the use and disclosure of your health information, you must submit such request in writing. The request must include the information you want to limit, whether you want to limit our use, disclosure or both and to whom you want the limits to apply, for example, disclosures to your spouse. We are not required to agree to your requested restriction. However, should we agree, we will comply with your request not to release such information unless release of information is needed to provide you emergency care.

- **Out-of-Pocket-Payments:** If you paid out-of-pocket (you have requested that we not bill your health plan) in full for a specific item or service, you have the right to ask that your health information with respect to that item or service not be disclosed to a health plan for purposes of payment or health care operations, and we will honor that request.

- **Right to Request Confidential Communications:** You have the right to request that we communicate with you and your responsible party about your medical matters in a certain way or at a certain location that you believe provides you with greater privacy. For example, you can ask that we only talk to you in your room or in another room that may provide more privacy. You can ask that we only contact your responsible party at home, at work or by mail. To request confidential communications, you must submit your request in writing. Where possible, we will accommodate all reasonable requests.

- **Right of Access to Protected Health**

**Information:** You have the right to ask to see and request a copy of the health information we use to make decisions about your care. This includes your right to receive a copy of your electronic medical record in electronic form. A written authorization needs to be completed. Authorization forms are found in the Health Information Services Department. We may charge a reasonable fee for our cost in copying, mailing and other supplies associated with your request. We will provide you an invoice stating the cost of copying your health information prior to processing the request. We may deny your request to inspect and copy in certain limited circumstances. If so, you may request a review of denial to be reviewed by a licensed healthcare professional who was not directly involved in the denial of your request, and we will comply with the outcome of the review. However, we will make every attempt to honor your request. You have the right to revoke your authorization at any time.

- **Right to Request an Amendment of**

**Your Health Information:** If you feel that the health information we have about you is incorrect or incomplete, you may request an amendment. You must make your request in writing and state the reason that supports your request. We have the right to deny your request and we will provide you with a written notice that explains our reasons. You will have the right to submit a written statement disagreeing with our denial.

- **Right to Request an Accounting of**

**Disclosures:** You have the right to request an accounting of our disclosures that we have made of your health information for purposes other than treatment, payment or health care operations or when you have provided us with written permission to do so. The request must be in writing and request how far back in time

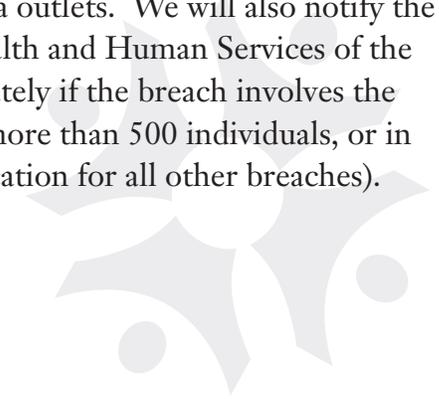
you want us to go, which may not be longer than 6 years prior to the date of your request.

- **Right to be Notified of a Breach:**

We are required to notify you in the event that your unsecured protected health information (PHI) is breached. A “breach” is defined as the unauthorized acquisition, access, use, or disclosure of PHI which compromises the security or privacy of the PHI, but does not include unintentional acquisition, access or use of such information, inadvertent disclosure of such information within a facility, and disclosure to a person not reasonably able to retain it. “Unsecured protected health information” refers to PHI that is not secured through the use of a valid encryption process approved by the Secretary of Health and Human Services or the destruction of the media on which the PHI is recorded or stored. Such encryption or destruction methods are not mandated on covered entities such as ours. We will evaluate the propriety of securing PHI for our residents, and act using our own discretion. However, should any of your “unsecured” PHI held by us be “breached,” then we will notify you in the manner discussed below.

**Timing and Method of Notification:**

We will notify you no later than 60 days after discovery of such breach via first-class mail or e-mail, if specified by you as your preference. If the breach involves the information of more than 500 individuals, we will also provide notice to prominent media outlets. We will also notify the Secretary of Health and Human Services of the breach (immediately if the breach involves the information of more than 500 individuals, or in an annual notification for all other breaches).



### **Contents of Notification:**

Our notification to you will include:

- A brief description of what happened, including the date of breach and date of discovery (if known)
- A description of the types of PHI that were involved in the breach
- Any steps you should take to protect yourself from potential harm resulting from the breach

A brief description of what we are doing to investigate the breach, mitigate harm to the resident, and protect against further breaches; and contact procedures for you to ask questions or learn additional information, which must include a toll-free telephone number, an e-mail address, Web site, or postal address.

- **Right to Voice Complaint:** If you believe that your privacy rights have been violated, you may file a confidential complaint by directly contacting The Administrator or by calling our Corporate Compliance Line at 877-772-6735. You may also file a complaint with the federal government by contacting the Secretary of the U.S. Department of Health and Human Services at 200 Independence Ave., S.W., Washington, DC 20201. You will not be penalized or retaliated against for filing a complaint.

- **Right to a Paper Request of This Notice:** You have the right to a paper copy of this Notice, even if you have agreed to receive this Notice electronically. You may obtain a copy of this Notice by going to <http://www.srcare.org/our-privacy-policy> or contacting our Admissions office.

### **CHANGES TO THIS NOTICE**

We have the right to revise the terms of this Notice of Privacy Practice. Any changes of this Notice will be effective for all records that we have created or maintained in the past, for any records that we may create or maintain in the future. If we make any changes, the revised Notice will be available to you on request and posted on our website.

### **FOR FURTHER INFORMATION**

If you would like further information concerning your privacy rights, please contact The Administrator.

# **CLINICALCONNECT HEALTH INFORMATION EXCHANGE STANDARD ADDENDUM TO THE NOTICE OF PRIVACY PRACTICES**

**EFFECTIVE DATE: FEBRUARY 1, 2016**

Presbyterian SeniorCare Network (“Provider”) participates in the ClinicalConnect Health Information Exchange (HIE). Generally, a HIE is an organization that providers, payers, and providers of ancillary healthcare related services participate in (each a “Participant”) to exchange patient information in order to facilitate health care, avoid duplication of services (such as tests) and to reduce the likelihood that medical errors will occur. By participating in the HIE, Presbyterian SeniorCare Network may share your health information with Participants or participants of other health information exchanges, by example P3N (Pennsylvania Patient & Provider Network) and Healthway (a national network that allows providers to exchange information). This health information includes, but is not limited to:

- Test Results. By example, General laboratory tests, Pathology tests ,Radiology tests, GI tests, cardiac tests, neurological tests, etc.
  - Health Maintenance documentation
  - Problem lists
  - Allergy Information
  - Immunizations
  - Medication lists
  - Consultation and Progress notes
  - Discharge summaries and instructions
  - Clinical Claims Information
- Ancillary healthcare related service providers may include, but are not limited to:
- Organ Procurement
  - Diagnostic Testing
  - Pharmacies
  - Durable medical Equipment Suppliers
  - Home Health Services

**All Participants have agreed to a set of standards relating to their use and disclosure of health information available through the HIE. These standards are intended to comply with all applicable state and federal laws.**

**As a result, you understand and agree that unless you notify your Provider that you do not wish for your health information to be available through the HIE (“Opt-Out”):**

- Health information that results from any Participant providing services to you will be made available through the HIE. For clarity, if you Opt-Out, your health information will no longer be accessible through the HIE. However, your opt-out does not affect health information that was disclosed through the HIE prior to the time that you opted out;
- Regardless of whether you choose to opt-out of the HIE, your health information will still be provided to the HIE. However, if you choose to Opt-Out, the HIE will not exchange your health information with other providers and payers. Additionally, you cannot choose to have only certain providers or payers access your health information;
- All Participants who provide services to you will have the ability to access and download your information. However, Participants that do not provide services to you will not have the ability to access or download your information;

- Information available through the HIE may be provided to others as necessary for referral, consultation, treatment and/or the provision of other treatment-related healthcare services to you. This includes providers, payers, pharmacies, laboratories, etc.;
- Your information may be disclosed for payment related activities associated with your treatment by a Participant; and your information may be used for healthcare operations related activities by Participants.

**You may Opt-Out at any time by notifying Presbyterian SeniorCare Network.**

**A list of Participants may be found at: [www.clinicalconnecthie.com](http://www.clinicalconnecthie.com).**



# NONDISCRIMINATION NOTICE

Discrimination is against the law. Presbyterian SeniorCare Network complies with applicable Federal civil rights laws and does not discriminate on the basis of race color, national origin, age, disability, or sex. Presbyterian SeniorCare Network does not exclude people or treat them differently because of race, color, sex, national origin, age, disability, gender identity or sexual orientation.

Presbyterian SeniorCare Network provides free aids and services to people with disabilities to communicate effectively with us, such as: qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats).

Additionally, we provide free language services to people whose primary language is not English, such as: qualified interpreters and information written in other languages.

## IF YOU NEED SERVICES, EMAIL [TRANSLATION@SRCARE.ORG](mailto:translation@srcare.org).

1. Español (Spanish)  
ATENCIÓN: Los servicios de asistencia en idiomas se encuentran disponibles para usted sin costo alguno. Si necesita estos servicios, envíe un correo electrónico a la siguiente dirección: [translation@SrCare.org](mailto:translation@SrCare.org).
2. 繁體中文 (Chinese)  
請注意：我們免費為您提供語言輔助服務。如果您需要服務，請發送電子郵件至 [translation@SrCare.org](mailto:translation@SrCare.org)。
3. Tiếng Việt (Vietnamese)  
LƯU Ý: Các dịch vụ hỗ trợ ngôn ngữ được cung cấp cho quý vị miễn phí. Nếu quý vị cần các dịch vụ, vui lòng gửi email tới địa chỉ [translation@SrCare.org](mailto:translation@SrCare.org).
4. Русский (Russian)  
ВНИМАНИЕ: Вы можете воспользоваться бесплатными услугами помощи с переводом. Если Вам необходимы эти услуги, отправьте письмо по электронной почте на адрес [translation@SrCare.org](mailto:translation@SrCare.org).
5. Deutsch (Pennsylvania Dutch)  
WWICHTIG: Wann du Hilf brauchsch mit Englisch, kenne mer dich helfe, unni as es dich ennich ebbes koschte zeelt. Wann du Hilf brauchsch, schick en Email zu [translation@SrCare.org](mailto:translation@SrCare.org).
6. 한국어 (Korean)  
주의: 언어 지원 서비스를 무료로 이용하실 수 있습니다. 서비스가 필요하신 경우, [translation@SrCare.org](mailto:translation@SrCare.org) 로 이메일을 보내시기 바랍니다.
7. Italiano (Italian)  
ATTENZIONE: sono disponibili servizi di assistenza linguistica gratuiti. Per usufruire dei servizi, inviare un'e-mail a [translation@SrCare.org](mailto:translation@SrCare.org).
8. (Arabic) [.8](mailto:translation@SrCare.org)  
نبيه: خدمات المساعدة اللغوية المجانية متاحة لك. إذا كنت بحاجة إلى أيّ خدمات، نرجو منك مراسلتنا على العنوان التالي: [.translation@SrCare.org](mailto:translation@SrCare.org)

9. Français (French)  
À NOTER : Des services d'assistance linguistique sont mis gratuitement à votre disposition. Si vous avez besoin de services, veuillez adresser un e-mail à [translation@SrCare.org](mailto:translation@SrCare.org).
10. Deutsch (German)  
ZUR BEACHTUNG: Es stehen Ihnen kostenfrei Dienste zur sprachlichen Unterstützung zur Verfügung. Falls Sie Dienstleistungen benötigen, senden Sie einfach eine E-Mail an [translation@SrCare.org](mailto:translation@SrCare.org).
11. ગુજરાતી (Gujarati)  
ધ્યાન આપશો: તમારા માટે ભાષા સહાયતા સેવાઓ, મફતમાં ઉપલબ્ધ છે. જો તમને સેવાઓ જોઈતી હોય, તો ઈમેલ કરો:  
[translation@SrCare.org](mailto:translation@SrCare.org)
12. Polski (Polish)  
UWAGA: Dostępne są bezpłatne usługi w zakresie pomocy językowej. Jeśli potrzebujesz skorzystać z takich usług, wyślij e-mail na [translation@SrCare.org](mailto:translation@SrCare.org).
13. Kreyòl Ayisyen (French Creole)  
ATANSYON: Gen sèvis èd pou lang ki disponib gratis pou ou. Si ou bezwen sèvis sa a, tanpri voye yon imèl ba [translation@SrCare.org](mailto:translation@SrCare.org).
14. ខ្មែរ (Cambodian)  
ចាប់អារម្មណ៍: ការផ្តល់សេវាជំនួយភាសា ដោយឥតគិតថ្លៃ មានសម្រាប់អ្នក ប្រសិនបើអ្នកត្រូវការសេវា អ៊ីមែលទៅ [translation@srcare.org](mailto:translation@srcare.org)។
15. Português (Portuguese)  
ATENÇÃO: Temos serviços de assistência linguística disponíveis para você gratuitamente. Caso você precise desses serviços, envie um e-mail para [translation@SrCare.org](mailto:translation@SrCare.org).



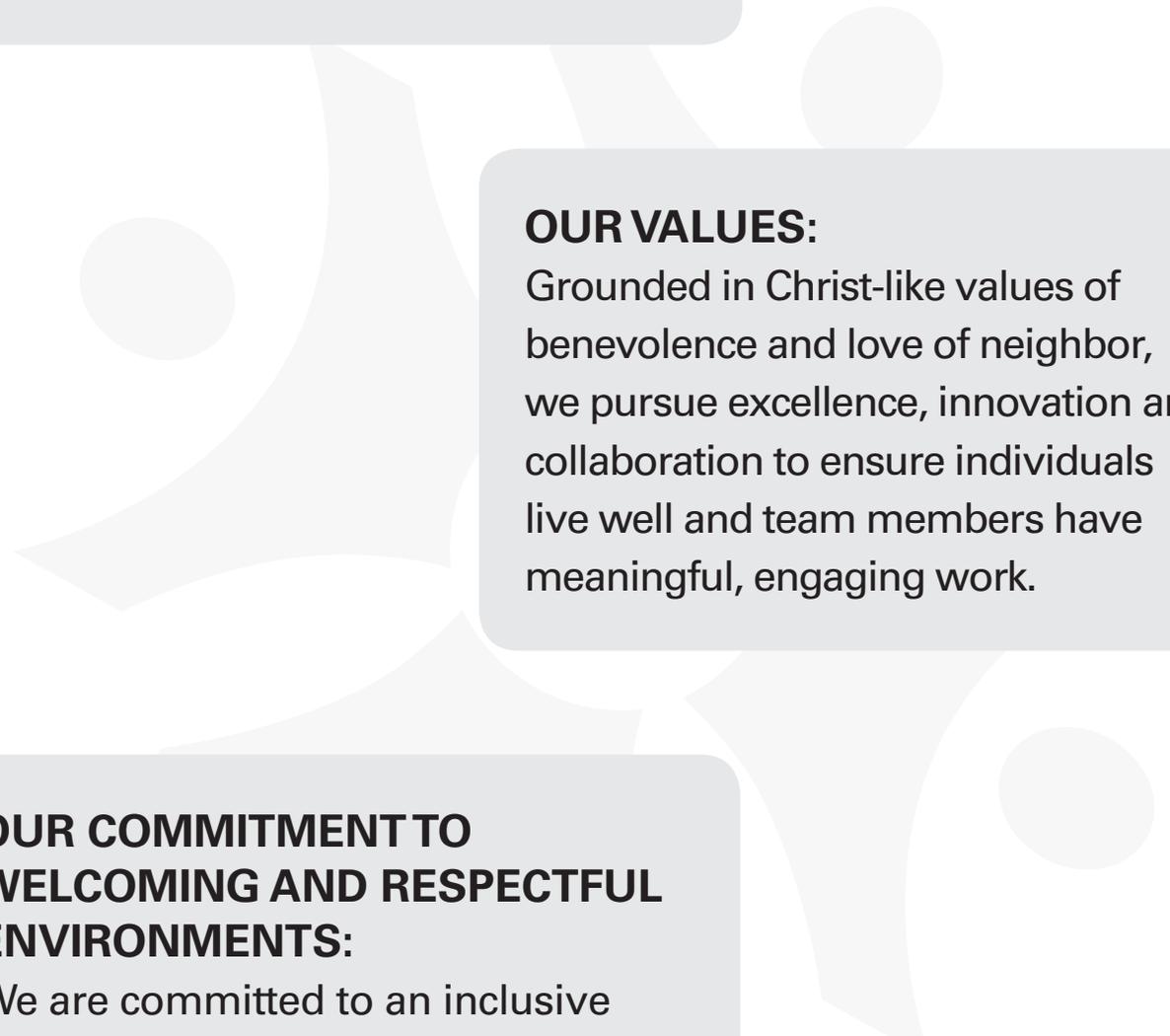
If you believe that Presbyterian SeniorCare Network has failed to provide these services or discriminated in another way on the basis of race, color national origin, age, disability, or sex, you can file a grievance with:

Corporate Compliance Officer  
1215 Hulton Road, Oakmont, PA 15139  
Call: 877-772-6735  
Fax: 412-826-6074  
Email: [compliance@SrCare.org](mailto:compliance@SrCare.org)

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <http://ocrportal.hhs.gov/ocr/portal/laobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>



**OUR MISSION:**

Presbyterian SeniorCare Network is committed to enriching the aging experience through person-centered service and living options.

**OUR VALUES:**

Grounded in Christ-like values of benevolence and love of neighbor, we pursue excellence, innovation and collaboration to ensure individuals live well and team members have meaningful, engaging work.

**OUR COMMITMENT TO WELCOMING AND RESPECTFUL ENVIRONMENTS:**

We are committed to an inclusive and person-centered culture where residents, families and employees of diverse backgrounds and abilities feel welcomed, valued and respected.

