

OUR RESPONSIBILITIES

We are required by law to maintain the privacy of your health information and provide you a description of our privacy practices. We will follow the terms of this notice.

Uses and Disclosures

The following describes each of the different ways that we may use or disclose your health information.

Treatment: We may use your health information to provide you with health care treatment and services. We may disclose your health information to doctors, nurses, nursing assistants, medication aides, technicians, medical and nursing students, rehabilitation therapy specialists, or other personnel who are involved in your health care. For example, your physician may order physical therapy services to improve your strength and walking abilities. Our nursing staff will need to talk with the physical therapist so that we can coordinate services and develop a plan of care. We also may disclose your health information to people outside of our facility who may be involved in your health care, such as family members, social services, or home health agencies.

Payment: We may use or disclose your health information so that we may bill and collect payment from you, an insurance company, or another third party for the health care services you receive at our facility. For example, we may need to give information to your health plan regarding the services you received from our facility so that your health plan will pay us or reimburse you for the services. We also may tell your health plan about a treatment you are going to receive in order to obtain prior approval for the services or to determine whether your health plan will cover the treatment.

Health care operations: We may use or disclose your health information to perform certain functions within our facility. These uses or disclosures are necessary to operate our facility and to make sure that our residents receive quality care. For example, we may use your health information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may combine health information about many of our residents to determine whether certain services are effective or whether additional services should be provided. We may disclose your health information to physicians, nurses, nursing assistants, medication aides, rehabilitation therapy specialists, technicians, medical and nursing students, and other personnel for review and learning purposes. We also may combine health information with information from other health care providers or facilities to compare how we are doing and see where we can make improvements in the care and services offered to our residents. We may remove information that identifies you from this set of health

information so that others may use the information to study health care and health care delivery without learning the specific identities of our residents.

Fundraising activities: We may use medical information about you in an effort to raise money for Resthaven and its operations. Fundraising activity guidelines established by Resthaven Care Community include the use of your name, address, age, and dates of service to be used:

- Demographically as a base for focused fund raising.
- As information to a foundation as a business associate of the organization to contact you for fundraising.
- Personal contacts and mailings from Resthaven Care Community in fundraising efforts.

If you do not want Resthaven to contact you for Fundraising efforts, you must notify the Director of Marketing and Public Relations in writing.

Research: We may use or disclose your health information for research purposes under certain limited circumstances. Because all research projects are subject to a special approval process, we will not use or disclose your health information for research purposes until the particular research project for which your health information may be used or disclosed has been approved through this special approval process. However, we may use or disclose your health information to individuals preparing to conduct the research project in order to assist them in identifying residents with specific health care needs who may qualify to participate in the research project. Any use or disclosure of your health information, which may be done for the purpose of identifying qualified participants will be, conducted onsite at our facility. In most instances, we will ask for your specific permission to use or disclose your health information if the researcher will have access to your name, address or other identifying information.

Directory: When admitted to Resthaven Care Center, our patient's names and room numbers are listed on a patient directory along with religious affiliation. This information can be disclosed to people who ask for you by name. Your name may also appear on bulletin boards for information and celebration purposes and in the resident newsletter. Please inform the Admission Coordinator if you do not want your information included in the directory, on bulletin boards, or publications.

Individuals Involved in Your Care or Payment: We may release health information about you to a friend or family member who is involved in your care or payment of your care.

As required by law: We may also use and disclose health information for the following types of entities, including but not limited to:

- Public Health /Legal Authorities for preventing or controlling disease, injury or disability; reporting births and deaths; reporting child abuse and neglect
- Health Oversight Agencies
- Workers Compensation Agents
- Coroners, Medical Examiners and Funeral Directors
- Organ and Tissue Donation Organizations
- Military and Veteran Authorities
- National Security and Intelligence Agencies
- Correctional Institutions

Law Enforcement Official/Legal Proceedings: We may use or disclose your health information in response to a request received from a law enforcement purposes as required by law or in response to a valid subpoena.

USES OR DISCLOSURES REQUIRED BY LAW

Certain state and federal laws and regulations either require or permit us to make certain uses or disclosures of your health information without your permission. These uses or disclosures are generally made to meet public health reporting obligations or to ensure the health and safety of the public at large. If the state privacy laws are more stringent than federal privacy laws, the state law preempts the federal law.

YOUR HEALTH INFORMATION RIGHTS

You have the following rights regarding your health information, which we create and/or maintain:

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

To inspect and copy your health information, you must submit your request in writing to the Director of Clinical Operations at Resthaven Home Care and the Medical Records Coordinator at Resthaven Care Center. 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 your health information in certain limited circumstances. If you are denied

access to your health information, you may request that the denial be reviewed. Another licensed health care professional selected by our facility will review your request and the denial. The person conducting the review will not be the person who initially denied your request. We will comply with the outcome of this review.

Amend: If you feel that the health 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 our facility. The request must be in writing.

We may deny your request for an amendment and if this occurs, you will be notified of the reason for the denial.

An Accounting of Disclosures: You have the right to request an accounting of the disclosures, which we have made of your health information. This accounting will not include disclosures of health information that we made for purposes of treatment, payment, or health care operations where an authorization was not required.

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 limit on the health information we disclose about you to someone, such as a family member or friend, who is involved in your care or in the payment of your care. For example, you could ask that we not use or disclose information regarding a particular treatment that you received. We are not required to agree to your request for restrictions. If we do agree, we will comply with your request unless the information is needed to provide emergency treatment to you.

Confidential Communications: You have the right to request that we communicate with you about your health care 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 confidential communications, you must make your request in writing to Mike Jalacki, Privacy Officer. 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.

Paper copy of this notice: You have the right to obtain a paper copy of this notice at any time. To obtain a copy, please request it from the privacy coordinator at your facility.

You may also obtain a copy of this notice either from our Web site www.resthaven.org or by requesting a copy of this notice be sent

through electronic mail to mike.jalacki@resthaven.org. If we know that the electronic message has failed to be delivered, a paper copy of the notice will be provided. Even if you have received a notice electronically, you still retain the right to receive a paper copy upon request.

To exercise any of your rights, please obtain the required forms from the Privacy officer and submit your request in writing.

CHANGES TO THIS NOTICE

We reserve the right to change this notice and the revised or changed notice will be 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 our facilities and will be made available to you.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with our facility or with the secretary of the Department of Health and Human Services. To file a complaint with our facility, contact Administrator at Resthaven Care Center, Director of Resthaven Home Care or Mike Jalacki, Privacy Officer. All complaints must be submitted in writing. You will NOT be penalized for filing a complaint.

OTHER USES OF HEALTH INFORMATION

We may use or disclose your health information pursuant to your written authorization for purposes other than treatment, payment or health care operations and for purposes, which are not permitted or required law. You have the right to revoke a written authorization at any time as long as your revocation is provided to us in writing. If you revoke your written authorization, we will no longer use or disclose your health information for the purposes identified in the authorization. You understand that we are unable to retrieve any disclosures, which we may have made pursuant to your authorization prior to its revocation

NOTICE OF PRIVACY INFORMATION PRACTICES

Effective date: 4-14-03



Resthaven Care Center
Good Shepherd Home & Boersma Cottage
Resthaven Home Office
Resthaven At Home
Resthaven Maple Woods
Warm Friend

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.

If you have any questions about this notice, please contact Mike Jalacki, Privacy/Security Officer at 616/796-3600.

GENERAL DESCRIPTION AND PURPOSE OF NOTICE

This notice describes our information privacy practices and that of:

1. All health care professionals authorized to enter information into your medical record created and/or maintained at our facility;
2. Any volunteer who may have participated with you while receiving our services.
3. All facility employees, staff, and other personnel.
4. All business associates for Resthaven Care Community.

All of the individuals or entities identified above will follow the terms of this notice. These individuals or entities may share your health information with each other for purposes of treatment, payment, or health care operations, as further described in this notice.

OUR PLEDGE REGARDING HEALTH INFORMATION

We are committed to preserving the privacy and confidentiality of your health information created and/or maintained at our facility. Certain state and federal laws and regulations require us to implement policies and procedures to safeguard the privacy of your health information.

This notice will provide you with information regarding our privacy practices and applies to all of your health information created and/or maintained at our facility, including any information that we receive from other health care providers or facilities. The notice describes the ways in which we may use or disclose your health information and also describes your rights and our obligations regarding any such uses or disclosures.