

Notice of Privacy Practices

This notice describes how protected health information about you may be used and disclosed and how you can get access to this information. Please review this carefully.

Applicability. Bethany Manor, Inc., owns and operates an independent living facility, an assisted living facility, and a nursing facility (collectively referred to as the “Facility”). This notice applies to the use and disclosure of our residents’ Protected Health Information in each of these three facilities.

Protected Health Information. While receiving care from our Facility, information regarding your medical history, treatment, and payment for your health care may be originated and/or received by us. Information which can be used to identify you and which relates to your past, present or future medical condition, receipt of health care or payment for health care is protected by state and federal laws (“Protected Health Information”).

Our Responsibilities. Federal law imposes certain obligations and duties upon us as a covered health care provider with respect to your Protected Health Information. Specifically, we are required to:

- Provide you with notice of our legal duties and our Facility’s policies regarding the use and disclosure of your Protected Health Information;
- Maintain the confidentiality of your Protected Health Information in accordance with state and federal law;
- Honor your requested restrictions regarding the use and disclosure of your Protected Health Information unless under the law we are authorized to release your Protected Health Information without your authorization, in which case you will be notified within a reasonable period of time that we can not comply with your restriction;
- Allow you access to your Protected Health Information during our regular business hours according to current privacy standards;
- Act on your request to amend Protected Health Information according to current privacy regulations;
- Accommodate reasonable requests to communicate Protected Health Information by alternative means or methods; and
- Abide by the terms of this notice.

How Your Protected Health Information May be Used and Disclosed. Generally, your Protected Health Information may be used and disclosed by us only with your express written authorization. However, there are some exceptions to this general rule.

Treatment, Payment, or Health Care Operations:

Treatment Purposes. We may use or disclose your Protected Health Information for treatment purposes. During your care at our Facility, it may be necessary for various personnel involved in your care to have access to your Protected Health Information in order to provide you with quality care. For example, dietary staff may need to know if you have a medical condition which would require a special diet. In addition, the nursing staff may need to know the various medications you are taking in order to administer these medications and monitor any potential side effects.

Situations may also arise when it is necessary to disclose your Protected Health Information to health care providers outside our Facility who may also be involved in your care. For example, if you are hospitalized the Facility may need to release to the hospital Protected Health Information that is necessary for your care at the hospital.

Payment Purposes. Your Protected Health Information may also be used or disclosed for payment purposes. It is necessary for us to use or disclose Protected Health Information so that treatment and services provided by us may be billed and collected from you, your insurance company, or other third party payer. It may also be necessary to release Protected Health Information to obtain prior approval from your health insurance. We may also release your Protected Health Information to another health care provider or individual or entity covered by the HIPAA privacy regulations who has a relationship with you for their payment activities.

Health Care Operations. Your Protected Health Information may also be used for health care operations, which are necessary to ensure our Facility provides the highest quality of care. For example, your Protected Health Information may be used for quality assurance or risk management purposes. We may at times remove information, which could identify you from your record so as to prevent others from learning who the specific residents are. In addition, we may release your Protected Health Information to another individual or entity covered by the HIPAA privacy regulations that has a relationship with you for their fraud and abuse detection or compliance purposes, quality assessment and improvement activities, or review, evaluation or training of health care professionals or students.

Resident Directory. Our Facility maintains a resident directory. Unless you object, your name, location in the Facility, general condition, and religious affiliation will be contained in the directory. The directory is disclosed to members of the clergy and except for religious affiliation, to other persons who specifically ask for the information by your name. You are not obligated, however, in any way, to consent to the inclusion of

your information in the Facility directory. Please notify Facility personnel if you do not wish to be included in the directory.

Notification and Communication to Individuals Involved in Your Care. Unless you have informed us otherwise, your Protected Health Information may be used or disclosed by us to notify or assist in notifying a family member or other person responsible for your care. In most cases, Protected Health Information may be released to a family member, relative, or close personal friend who is involved in your care to the extent necessary for them to participate in your care. In the event you wish for any of these uses or disclosures to be limited, please contact Facility personnel.

Clergy. In respect of your religious freedom, clergy members will sometimes be given access to your Protected Health Information. The Facility's director is made available to all clergy who request it. If you do not wish to be included in the Facility directory, please notify Facility personnel. Upon admission you are given the option of identifying member(s) of the clergy for the church(s) you are associated with. We recognize that clergy are often an integral part of residents' spiritual and emotional well-being. Therefore, in the event your condition significantly deteriorates or you are hospitalized, we will notify the clergy designated by you. You have the right to change this designation at any time by notifying Facility personnel.

Disaster Relief. We may disclose your Protected Health Information to an organization assisting in disaster relief efforts; however, we will first ask your permission to disclose such information. If seeking your permission is not feasible, we will disclose the information if in our professional judgment we determine the disclosure is in your best interests or that you would not have objected to the disclosure.

Fundraising Activities. We may use your Protected Health Information for the purpose of contracting you as part of a fundraising effort. Only demographic information and the dates health care was provided to you will be used or disclosed in connection with fundraising efforts. If you do not wish to be contacted for fundraising activities, you may contact the Bethany Life Foundation at 515-733-4325 to have your name removed from our fundraising list.

Research Purposes. In some instances, your Protected Health Information may be used or disclosed for research purposes. All research projects, which use Protected Health Information, are subject to a special approval process, which will, among other things, evaluate the precautions used to protect resident medical information. In many cases, information that identifies you will be removed.

Special Circumstances. Situations may arise which warrant us to use or disclose Protected Health Information without your consent or authorization. The law specifically allows us to use or disclose Protected Health Information without your authorization in the following special circumstances:

Please note we reserve the right to revise our practices with respect to Protected Health Information and to amend this notice. A current notice of our privacy practices may be obtained from the Privacy Officer at Bethany Life Communities, 212 Lafayette Avenue, Story City, IA 50248, 515-733-4325.

Public Health Activities. We are allowed to use or disclose your Protected Health Information for public health activities and purposes. Examples of public health activities that would warrant the use or disclosure of your Protected Health Information include:

- Preventing or controlling disease, injury, or disability;
- Reporting deaths;
- Reporting the abuse or neglect of a child or dependent adult;
- Reporting reactions to medications or problems with products; or
- Notifying individuals exposed to a disease who may be at risk for contracting or spreading the disease.

Health Oversight Activities. Your Protected Health Information may be used or disclosed to a health oversight agency for activities authorized by law. Examples of health oversight activities include audits, investigations, inspections or judicial/administrative proceedings that you are not the subject of. In most cases, the oversight activity will be for the purpose of overseeing the care rendered by our Facility or our Facility's compliance with certain laws and regulations.

Judicial and Administrative Proceedings. If you are involved in a lawsuit or other administrative proceeding, we may release your Protected Health Information in response to a court or administrative order requesting the release. In some instances, we may also release Protected Health Information pursuant to a subpoena or discovery request but only if efforts have been made by the requestor to provide you with notice of the request and you have failed to object or the objection was resolved in favor of disclosure, or in the alternative, the requestor has obtained a protective order protecting the requested information.

Victims of Abuse or Neglect. Other than child and dependent adult abuse which is covered under public health activities, we may use or disclose your Protected Health Information to a protective services or social services agency or other similar government authority, if we reasonably believe you have been the victim of abuse, neglect, or domestic violence as long as you agree to the disclosure and we feel it is necessary to prevent serious harm to you or other individuals. If you are incapacitated and unable to agree to such a disclosure, we may release your Protected Health Information for this purpose but only if failure to release it would materially and adversely effect a law enforcement activity and the information will not be used in any way against you.

Law Enforcement. We may also release your Protected Health Information to a law enforcement official for the following purposes:

- Pursuant to a court order, warrant, subpoena/summons, or administrative request;
- Identifying or locating a suspect, fugitive, material witness or missing person;

- Regarding a crime victim, but only if the victim consents or the victim is unable to consent due to incapacity and the information is needed to determine if a crime has occurred, non-disclosure would significantly hinder the investigation, and disclosure is in the victim's best interest.
- Regarding a decedent, to alert law enforcement that the individual's death was caused by suspected criminal conduct; or
- By emergency care personnel if the information is necessary to alert law enforcement of a crime, the location of a crime, or characteristics of the perpetrator.

Coroner, Medical Examiners, Funeral Homes. Protected Health Information regarding a decedent may be released to a coroner or medical examiner for the purpose of identifying a deceased person, determining cause of death or other duties as authorized by law. Protected Health Information regarding a decedent may also be disclosed to funeral directors if necessary to carry out their duties.

Specialized Government Functions. Your Protected Health Information may be used or disclosed for a variety of government functions subject to some limitations. These government functions include:

- Military and veterans activities;
- National security and intelligence activities;
- Protective service of the President and others;
- Medical suitability determinations for Department of State officials;
- Correctional institutions and law enforcement custodial situations; or
- Provision of public benefits.

Organ Donation. Your Protected Health Information may be used or disclosed by us to entities engaged in the procurement, banking or transplantation of organs, eyes or tissues for the purposes of facilitating such donation and transplantation.

Workers' Compensation. We are allowed to disclose your Protected Health Information as authorized and to the extent necessary to comply with laws relating to workers' compensation or other programs providing benefits for work-related injuries or illness without regard to fault.

More Stringent Laws. Some of your Protected Health Information may be subject to other laws and regulations and afforded greater protection than what is outlined in this Notice. For instance, HIV/AIDS, substance abuse, and mental health information are often given more protection. In the event your Protected Health Information is afforded greater protection under federal or state law, we will comply with the applicable law providing you with the greater protection.

Your Rights. Federal law grants you certain rights with respect to your Protected Health Information. Specifically, you have the right to:

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- Receive notice of our policies and procedures used to protect your Protected Health Information;
- Request that certain uses and disclosures of your Protected Health Information be restricted; provided, however, if we may release the information without your consent or authorization, we have the right to refuse your request;
- Access to your Protected Health Information; provided, however, the request must be in writing and may be denied in certain limited situations;
- Request that your Protected Health Information be amended;
- Obtain an accounting of certain disclosures by us of your Protected Health Information for the past six years but not before April 14, 2003;
- Revoke any prior authorizations or consents for use or disclosure of Protected Health Information, except to the extent that action has already been taken; and
- Request communications of your Protected Health Information are done by alternative means or at alternative locations.

Important Contact Information. This notice has been provided to you as a summary of how we will use your Protected Health Information and your rights with respect to your Protected Health Information. If you have any questions or for more information regarding your Protected Health Information, please contact:

Privacy Officer
Bethany Life Communities
212 Lafayette Avenue
Story City, IA 50248
[515] 733-4325

If you believe your privacy rights have been violated, you may file a written complaint with our office by contacting:

Privacy Officer
Bethany Life Communities
212 Lafayette Avenue
Story City, IA 50248
[515] 733-4325

You may also file a written complaint with the Secretary of Health and Human Services or the Civil Rights Commission at 211 East Maple Street, Second Floor, Des Moines, IA 50309-1858. There will be no retaliation for the filing of a complaint.

Effective date. This notice becomes effective on April 14, 2003. Please note, we reserve the right to revise this notice at any time.

Approved by the Bethany Manor, Inc. (d/b/a Bethany Life Communities) Board of Directors on February 24, 2003.

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