

ELCOR HEALTH SERVICES

PRIVACY NOTICE

THIS NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THAT INFORMATION.

PLEASE REVIEW THIS NOTICE CAREFULLY.

Elcor includes physicians and other providers who provide health care services to you but are legally independent from Elcor. Although these providers are all independent, as you would expect they cooperate to provide an integrated system of care to you. This type of clinically integrated setting in which you receive health care from more than one health care provider is called an organized health care arrangement (OHCA) under the HIPAA Privacy Rules. Elcor may share your protected health information (PHI) with participants in the OHCA for treatment, payment and health care operations of the OHCA. Those participating in the OHCA include, but are not limited to, a pharmacy, physicians, podiatrists, dentists, physical therapists, occupational therapists, and speech language pathologists. This Notice is provided as a joint notice made by each of them. Each of them will abide by the terms of this Notice. However, some of the participants in the OHCA may instead provide you with their own privacy notice. If that occurs, they are still part of the OHCA, but will abide by the terms of their own privacy notice.

Elcor is committed to maintaining the privacy of your protected health information ("PHI"), which includes information about your medical condition and the care and treatment you receive from Elcor and other health care providers. This Notice details how your PHI may be used and disclosed to third parties for purposes of your care, payment for your care, health care operations of Elcor, and for other purposes permitted or required by law. This Notice also details your rights regarding your PHI.

USE OR DISCLOSURE OF PHI

1. Elcor may use and/or disclose your PHI for purposes related to your care, payment for your care, and health care operations of Elcor. The following are examples of the types of uses and/or disclosures of your PHI that may occur. These examples are not meant to include all possible types of use and/or disclosure.

(a) **Care** – In order to care for you, Elcor will provide your PHI to those health care professionals, whether on Elcor's staff or not, directly involved in your care so that they may understand your medical condition and needs and provide advice or treatment. For example, a physician treating you for a condition such as arthritis may need to know what medications have been prescribed for you by Elcor's physicians.

(b) **Payment** – In order to get paid for some or all of the health care provided by Elcor, Elcor may provide your PHI, directly or through a billing service, to appropriate third party payors. For example, Elcor may need to provide the Medicare program with information about health care services that you receive from Elcor so that Elcor can be properly reimbursed.

(c) **Health Care Operations** – In order for Elcor to operate in accordance with applicable law and in order for Elcor to provide quality and efficient care, it may be necessary for Elcor to compile, use and/or disclose your PHI. For example, Elcor may use your PHI in order to evaluate the performance of Elcor's personnel.

AUTHORIZATION NOT REQUIRED

1. Elcor may use and/or disclose your PHI, without a written Authorization from you, in the following instances:

(a) **De-identified Information** – Your PHI is altered so that it does not identify you and, even without your name, cannot be used to identify you.

(b) **Business Associate** – To a business associate, which is someone who Elcor contracts with to provide a service necessary for your treatment, payment for your treatment and health care operations (e.g., billing service). Elcor will obtain satisfactory written assurance, in accordance with applicable law, that the business associate will appropriately safeguard your PHI.

(c) **Personal Representative** – To a person who, under applicable law, has the authority to represent you in making decisions related to your health care.

(d) **Public Health Activities** - Such activities include, for example, information collected by a public health authority, as authorized by law, to prevent or control disease, injury or disability.

(e) **Federal Drug Administration** - If required by the Food and Drug Administration to report adverse events, product defects or problems or biological product deviations, or to track products, or to enable product recalls, repairs or replacements, or to conduct post marketing surveillance.

(f) **Abuse, Neglect or Domestic Violence** - To a government authority if Elcor is required by law to make such disclosure. If Elcor is authorized by law to make such a disclosure, it will do so if it believes that the disclosure is necessary to prevent serious harm or if Elcor believes that you have been the victim of abuse, neglect or domestic violence. Any such disclosure will be made in accordance with the requirements of law, which may also involve notice to you of the disclosure.

(g) **Health Oversight Activities** - Such activities, which must be required by law, involve government agencies involved in oversight activities that relate to the health

care system, government benefit programs, government regulatory programs and civil rights law. Those activities include, for example, criminal investigations, audits, disciplinary actions, or general oversight activities relating to the community's health care system.

(h) **Judicial and Administrative Proceeding** - For example, Elcor may be required to disclose your PHI in response to a court order or a lawfully issued subpoena.

(i) **Law Enforcement Purposes** - In certain instances, your PHI may have to be disclosed to law enforcement official for law enforcement purposes. Law enforcement purposes include: (1) complying with a legal process (i.e., subpoena) or as required by law; (2) information for identification and location purposes (e.g., suspect or missing person); (3) information regarding a person who is or is suspected to be a crime victim; (4) in situations where the death of an individual may have resulted from criminal conduct; (5) in the event of a crime occurring on the premises of Elcor; and (6) a medical emergency (not on Elcor's premises) has occurred, and it appears that a crime has occurred.

(j) **Coroner or Medical Examiner** - Elcor may disclose your PHI to a coroner or medical examiner for the purpose of identifying you or determining your cause of death, or to a funeral director as permitted by law and as necessary to carry out its duties.

(k) **Organ, Eye or Tissue Donation** - If you are an organ donor, Elcor may disclose your PHI to the entity to whom you have agreed to donate your organs.

(l) **Research** - If Elcor is involved in research activities, your PHI may be used, but such use is subject to numerous governmental requirements intended to protect the privacy of your PHI such as approval of the research by an institutional review board and the requirement that protocols must be followed.

(m) **Avert a Threat to Health or Safety** - Elcor may disclose your PHI if it believes that such disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public and the disclosure is to an individual who is reasonably able to prevent or lessen the threat.

(n) **Specialized Government Functions** - When the appropriate conditions apply, Elcor may use PHI of individuals who are Armed Forces personnel: (1) for activities deemed necessary by appropriate military command authorities; (2) for the purpose of a determination by the Department of Veteran Affairs of eligibility for benefits; or (3) to a foreign military authority if you are a member of that foreign military service. Elcor may also disclose your PHI to authorized federal officials for conducting national security and intelligence activities including the provision of protective services to the President or others legally authorized.

(o) **Inmates** - Elcor may disclose your PHI to a correctional institution or law enforcement official if you are an inmate of that correctional facility and your PHI is necessary to provide care and treatment to you or is necessary for the health and safety of other individuals or inmates.

(p) **Workers' Compensation** - If you are involved in a Workers' Compensation claim, Elcor may be required to disclose your PHI to an individual or entity that is part of the Workers' Compensation system.

(q) **Disaster Relief Efforts** – Elcor may use or disclose your PHI to a public or private entity authorized to assist in disaster relief efforts.

(r) **Required by Law** - If otherwise required by law, but such use or disclosure will be made in compliance with the law and limited to the requirements of the law.

AUTHORIZATION

Uses and/or disclosures, other than those described above will be made only with your written Authorization, which you may revoke at any time.

MARKETING

Elcor may only use and/or disclose your PHI for marketing activities if we obtain from you a prior written Authorization. "Marketing" activities include communications to you that encourage you to purchase or use a product or service, and the communication is not made for your care or treatment. However, marketing does not include, for example, sending you a newsletter about Elcor. Marketing also includes the receipt by Elcor of remuneration, directly or indirectly, from a third party whose product or service is being marketed. Elcor will inform you if it engages in marketing and will obtain your prior Authorization.

FAMILY/FRIENDS

Elcor may disclose to your family member, other relative, a close personal friend, or any other person identified by you, your PHI directly relevant to such person's involvement with your care or the payment for your care. Elcor may also use or disclose your PHI to notify or assist in the notification (including identifying or locating) a family member, a personal representative, or another person responsible for your care, of your location, general condition or death. However, in both cases, the following conditions will apply:

(a) Elcor may use or disclose your PHI if you agree, or if Elcor provides you with opportunity to object and you do not object, or if Elcor can reasonably infer from the

circumstances, based on the exercise of its judgment, that you do not object to the use or disclosure.

(b) If you are not present, Elcor will, in the exercise of its judgment, determine whether the use or disclosure is in your best interests and, if so, disclose only the PHI that is directly relevant to the person's involvement with your care.

FACILITY DIRECTORY

Elcor will maintain a Directory of Residents who reside in Elcor. You will be included in that Directory, which will indicate your name, your room number. Elcor will provide your information to a member of the clergy. Your information will also be provided to any other person who asks for you by name. However, you have the right to object to the use of your information in the Directory. If, because of your condition or an emergency situation, you cannot exercise your right to object, Elcor will use or disclose your information in the Directory if that is consistent with your prior expressed preference and Elcor determines that such use or disclosure is in your best interest.

ROOM LOCATION

Elcor posts, either on the door of your room or on the wall adjacent to the door, your name. This is done for your safety and to promote efficient, quality care.

GOVERNMENT REGULATION

Elcor is subject to various rules and regulations of New York State and the federal government. As a result of those rules and regulations, periodically representatives from federal or state agencies will audit the operations of Elcor and in the process of that audit, will review medical records, some of which may contain your PHI. In addition you, as a recipient of Medicare benefits, may have agreed to allow representatives from the federal or state governments to review our medical records as a result of an audit being conducted of Elcor Health Services. Access by a federal or state agency to your PHI for audit purposes does not require your prior authorization.

YOUR RIGHTS

1. You have the right to:

(a) Revoke any Authorization, in writing, at any time. To request a revocation, you must submit a written request to Elcor's Privacy Officer.

(b) Request restrictions on certain use and/or disclosure of your PHI as provided by law. However, Elcor is not obligated to agree to any requested restrictions. To request restrictions, you must submit a written request to Elcor's Privacy Officer.

(c) Receive confidential communications of PHI by alternative means or at alternative locations. You must make your request in writing to Elcor's Privacy Officer. Elcor will accommodate all reasonable requests.

(d) Inspect and copy your PHI as provided by law. To inspect and copy your PHI, you must submit a written request to Elcor's Privacy Officer. In certain situations that are defined by law, Elcor may deny your request, but you will have the right to have the denial reviewed.

(e) Amend your PHI as provided by law. To request an amendment, you must submit a written request to Elcor's Privacy Officer. You must provide a reason that supports your request. Elcor may for various reasons deny your request. If you disagree with Elcor's denial, you will have the right to submit a written statement of disagreement.

(f) Receive an accounting of disclosures of your PHI as provided by law. To request an accounting, you must submit a written request to Elcor's Privacy Officer.

(g) Receive a paper copy of this Privacy Notice from Elcor upon request to Elcor's Privacy Officer.

(h) Complain to Elcor, or to the Secretary of Health and Human Services, Office of Civil Rights. You may contact a regional office of the Office of Civil Rights, which can be found at www.hhs.gov/ocr/regmail.html. To file a complaint with Elcor, you must contact Elcor's Privacy Officer. All complaints must be in writing.

(i) To obtain more information on, or have your questions about your rights answered; you may contact Elcor's Privacy Officer at 739-3654 ext 301.

HOME'S REQUIREMENTS

1. Elcor:

(a) Is required by law to maintain the privacy of your PHI and to provide you with this Privacy Notice of Elcor's legal duties and privacy practices with respect to your PHI.

(b) Is required to abide by the terms of this Privacy Notice.

(c) Reserves the right to change the terms of this Privacy Notice and to make the new Privacy Notice provisions effective for your entire PHI that it maintains.

- (d) Will not retaliate against you for making a complaint.
- (e) Must make a good faith effort to obtain from you an acknowledgement of receipt of this Notice.
- (f) Will post this Privacy Notice on Elcor's web site, if Elcor maintains a web site.
- (g) Will provide this Privacy Notice to you by e-mail if you so request. However, you also have the right to obtain a paper copy of this Privacy Notice.

EFFECTIVE DATE

This Notice is in effect as of 7/12/04