

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Explanation of Forms. Ohio Living (“OL”) handles health information about you, and how that information is handled is regulated by law. OL is obligated to provide you with this notice of its legal duties and to comply with the law, OL asks you to receive this notice, acknowledge your receipt of it, and in some circumstances, to sign an authorization form.

OL is allowed by law to use and disclose health information about you for the purposes essential to providing care (treatment, payment collection, and the operation of OL).

An authorization allows OL to use and disclose health information about you for any reason that is listed in the authorization. OL may not refuse to treat you for refusing to sign the authorization. Other rules about your rights regarding health information are described in this notice.

Types of Uses and Disclosures. Health information about you may be used or disclosed by OL for treatment, payment, and health care operations without your authorization. Treatment includes consultation, diagnosis, provision of care, and referrals. Payment includes all those things necessary for billing and collection, such as claims processing. Health care operations includes things OL does to assess the quality of care, train staff, and manage its business. Some examples of such uses and disclosures are outlined below.

Example of Treatment Use or Disclosure. OL may use health information about you for treatment and care purposes or disclose health information to your treating physician, a hospital or other provider to help such provider treat you.

Example of Payment Use or Disclosure. OL may use or disclose health information about you when health plans, insurers, Medicare, Medicaid, or other payors require the information before paying for your health care services.

Example of Health Care Operations Use or Disclosure. OL may use or disclose health information about you for the purposes of quality assurance, the operations of the Care Management Committee, or in training new staff.

Other Uses and Disclosures. OL may use or disclose your health information in the following situations without your authorization.

As Required By Law. OL may use or disclose your health information to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required by law, of any such uses or disclosures.

Public Health. OL may disclose your health information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury or disability. We may also disclose your health information, if directed by the public health authority, to another government agency that is collaborating with the public health authority.

Food and Drug Administration. OL may disclose your health information to a person subject to the jurisdiction of the Food and Drug Administration if that person has responsibility to report adverse events, product defects or problems, or biologic product deviations; to track products; to enable product recalls, repairs or replacements; or, to conduct post marketing surveillance.

Communicable Diseases. OL may disclose your health information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

Abuse or Neglect. OL may disclose your health information if we believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information. The disclosure will be made consistent with the requirements of applicable federal and state laws.

Health Oversight. OL may disclose health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.

Legal Proceedings. OL may disclose health information in the course of a judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), and under certain circumstances, such as pursuant to a civil, criminal or grand jury subpoena or investigative demand issued

by a federal or state governmental agency its authorized representative, a discovery request or other lawful process.

Law Enforcement. OL may disclose health information, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include legal processes and as otherwise required by law; limited information requests for identification and location purposes; pertaining to victims of a crime; suspicion that death has occurred as a result of criminal conduct; in the event that a crime occurs on the premises of OL; and in a medical emergency where it is likely that a crime has occurred.

Coroners, Funeral Directors, and Organ Donation. OL may disclose health information to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose health information to a funeral director, as authorized by law, in order to permit the funeral director to carry out his duties. We may disclose such information in reasonable anticipation of death. Health information may be used and disclosed for cadaveric organ, eye or tissue donation purposes.

Research. OL may disclose your health information to researchers when the research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of health information.

Criminal Activity. Consistent with applicable federal and state laws, OL may disclose your health information if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or

safety of a person or the public. We may also disclose health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

Military Activity and National Security. When the appropriate conditions apply, OL may use or disclose health information of individuals who are Armed Forces personnel for activities deemed necessary by appropriate military command authorities; for the purpose of a determination by the Department of Veterans Affairs of eligibility for benefits; or to foreign military authority if an individual is a member of that foreign military services. We may also disclose your health information to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or others legally authorized.

Workers' Compensation. Your health information may be disclosed by OL as authorized by and to the extent necessary to comply with workers' compensation laws and other similar legally-established programs.

Required Uses and Disclosures. Under the law, OL must make disclosures to you and when required by the Secretary of the U.S. Department of Health and Human Services to investigate or determine our compliance with the law.

CliniSync. OL participates in CliniSync, an Ohio Health Information Partnership, which may allow your health care provider to electronically access certain medical information. You may opt out of permitting access to your medical information by contacting the OL Privacy Officer.

Fundraising. OL may contact you in order to raise funds for OL. If you wish to have your name removed from the list to receive fundraising requests supporting OL, please call 1-800-686-7800, Ext. 160 or send an email to ohiolivingfoundation@ohioliving.org.

Treatment Information. OL may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Facility Directories. Unless you object, OL may use and disclose in facility directories your name, the location at which you are receiving care, your condition (in general terms), and your religious affiliation. All of this information, except religious affiliation, will be disclosed to people that ask for you by name. Members of the clergy may also be told of your religious affiliation.

Others Involved in Your Healthcare. Unless you object, OL may disclose to a member of your family, a relative, a close friend or any other person you identify, your health information that directly relates to that person's involvement in your care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose health information to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location, general condition or death. Finally, we may use or disclose your health information to assist in disaster relief efforts and to coordinate uses and disclosures to individuals involved in your health care.

Authorized Uses and Disclosures. Additional uses and disclosures may be made if you have given written authorization, which may be revoked at any time in writing delivered to the Compliance Contact, except to the extent OL has acted in reliance on the authorization.

Restrictions. You have the right to request restrictions on the use and disclosure of health information for a particular purpose related to treatment, payment, health care operations, or to an individual involved in your care. OL asks that such requests be made in writing on a form provided by OL. Although we will consider your requests with regard to the use of your health information, please be aware that we are under no obligation to accept or to abide by such requests. OL will abide by your requests with regard to the disclosure of your clinical and personal records to anyone outside of a facility, except in an emergency, if you are being transferred to another health care institution, or the disclosure is required by law.

Confidentiality. You have the right to have OL use only confidential means of communicating with you about health information. This means you may have information delivered to you at a certain time or place, or in a manner that keeps your information confidential. OL asks that such requests be made in writing on a form provided by OL. OL will accommodate all reasonable requests.

Access. You have the right to see and receive a copy of health information about you kept by OL under most circumstances. You may make such requests orally or in writing; however, in order to better respond to your request, we ask that it be made in writing on a form provided by OL.

Excluding weekends and holidays, you will have access to health information within twenty four (24) hours of the request for access. Should you wish to obtain a photocopy of your health information, copies shall be provided by OL upon 2 working days notice. Any requested photocopies will be made at a reasonable cost to you.

Amendment. You have the right to have OL amend health information records about you. OL asks that such requests be made in writing

on a form provided by OL, and that a reason be specified for the proposed amendment. OL may

refuse to amend information that is accurate or that was created by someone else.

Accounting. You have the right to see a list of disclosures made by OL of your health information. OL asks that such requests be made in writing on a form provided by OL. The first accounting provided in any 12 month period will be at no charge. Residents/clients will be charged a reasonable, cost-based fee for any additional requests.

Copy. You have the right to receive a paper copy of this notice.

Privacy Notice. OL is required by law to keep health information about you private and to give you this notice. OL must abide by this notice; however, OL reserves the right to amend this notice and make such change applicable to all health information maintained by OL. A revised notice will be provided to residents/clients by OL posting the new notice in common areas on campuses and other sites.

Complaints. You may complain to OL if you believe your privacy rights have been violated by giving a written complaint to the local Compliance Contact or the Privacy Official, 1001 Kingsmill Parkway, Columbus, Ohio 43229, (614) 888-7800. Also, you may make a complaint by calling the OL Corporate Compliance Hotline. at **1-877-780-9366**. You may also complain to the Secretary of the U.S. Department of Health and Human Services. OL will not retaliate against you for making a complaint.

Contact. For further information about matters covered by this notice, contact the local Compliance Contact or the Privacy Official, 1001 Kingsmill Parkway, Columbus, Ohio 43229, (614) 888-7800.

Effective Date. This notice is effective from April 14, 2003 until revised by OL.