



**ACKNOWLEDGEMENT OF RECEIPT
OF
NOTICE OF PRIVACY PRACTICES**

I acknowledge that I was provided with a copy of Company's Notice of Privacy Practices. Please indicate acknowledgement of your receipt of the Notice of Privacy Practices by signing below.

Resident/Legal Representative

Date

(Separate this page from the Notice of Privacy Practice once signed and maintain in Resident Record)

NOTICE OF PRIVACY PRACTICES

(Pursuant to the Health Insurance Portability and Accountability Act of 1996)

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.

Brookdale HIPAA covered entities are required by law to provide you with this Notice so that you will understand how we may use or disclose your health information. This Notice also describes your rights and our duties with respect to your health information.

This Notice describes the practices of this HIPAA covered entity. We are required by law to provide you with this Notice regarding our legal obligations with respect to your health information.

If you have any questions about this Notice, please contact the Manager or Brookdale's Privacy Officer at 877-400-5296.

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION WITHOUT YOUR WRITTEN AUTHORIZATION

The following categories describe the ways that we may use and disclose your health information without your written authorization. Not every use or disclosure in a category will be listed.

1. For Treatment. We may use health information about you to provide you with treatment. We may disclose health information about you to our nurses, resident assistants, therapists, life enrichment staff or other staff who are involved in your care. For example, if you were diabetic, a resident assistant might need to inform the dining services specialist that you require a carbohydrate-controlled diet. We may also disclose health information about you to people outside the community who may be involved in your medical care. For example, we may disclose portions of your health information to physicians, or other health care providers or facilities involved in your care.

2. For Payment. We may use and disclose health information about you so that the treatment and services you receive from us may be billed to you, a government program, an insurance company or third party payors. For example, we may need to give your insurance company information about the health care services we provide to you and/or information such as your admission date so that your insurance company will pay us for those services or reimburse you for amounts that you have paid. We may also provide your name, address and insurance information to other health care providers who care for you while you are being treated here so that they may submit bills for their services to you.

3. **For Health Care Operations.** We may use and disclose health information about you for health care operations. These uses and disclosures are necessary to run our organization and to assist in the provision of quality and cost-effective services to our residents. For example, we may use health information to review our services and to evaluate the performance of our staff. Health information about you may be used for strategic planning, claims reporting and in developing and testing information systems and programs.

4. **Business Associates.** There are some services provided in our organization through contracts with third parties who perform services on our behalf. Examples include medical directors, outside attorneys, billing services and auditors. When these services are contracted, we may disclose your health information so that the Business Associate 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.

5. **Providers.** Many services provided to you, as part of your care are offered by third party providers. These include a variety of providers including but not limited to physicians, dentists, portable radiology units, clinical labs, hospice caregivers, pharmacies, and medical equipment suppliers. We may use and disclose health information to them for their treatment or payment activities and in some circumstances we may release information for their health care operations.

6. **Health Related Benefits.** We may use and disclose health information to tell you about health-related benefits or services provided by us or our affiliates that may be of interest to you or when we send you our newsletter. If you do not want us to contact you regarding marketing, please notify us in writing.

7. **Fundraising Activities.** If we fundraise on our own behalf, we will only use or release demographic information and dates of services provided to residents. If you do not want to receive our fundraising materials, please notify the Manager.

8. **Residence Directory.** We may include information about you in the Residence Directory while you are a resident. This information may include your name, location in the community, your general condition (e.g., fair, stable, etc.) and your religious affiliation. The directory information, except for your religious affiliation, may be disclosed to people who ask for you by name. Your religious affiliation may be given to a member of the clergy, such as a priest or rabbi, even if they don't ask for you by name. We have this directory so your family, friends and clergy can visit you and generally know how you are doing. If you do not want to be included in our directory or you want to restrict the information we include in the directory, please notify the Manager.

9. **Disclosures to Family, Friends or Others Designated by You.** We may disclose health information about you to a close friend, family member or other relative, or a person you designate, who is involved in your care or payment for your care, to the extent that the information is relevant to their involvement in your care. An example of this is if a family member transports and assists you with physician visits and staff gives them health information necessary for a physician visit. If there is a person to whom you do not wish us to disclose the above information, please notify the Manager.

10. **For Disaster Relief.** We may disclose health information about you to an agency assisting in a disaster relief effort so that your family can be notified about your general condition, location or death.

11. **Public Health Activities.** We may disclose health information about you for public health purposes, including for prevention or control of disease, injury or disability; reporting deaths; reporting reactions to medications or problems with products; or notifying a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease.

12. **Abuse, Neglect, Exploitation Reporting.** We may notify appropriate government authorities if we believe you have been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

13. **Health Oversight Activities.** We may disclose health information to a health oversight agency so they can monitor, investigate, inspect and license us, those who work in the health care system and for government benefit programs.

14. **Judicial or Administrative Proceedings.** In the course of a judicial or administrative proceeding, we may disclose health information about you in response to a court or administrative order or pursuant to other lawful process.

15. **Law Enforcement.** We may disclose health information when requested by a law enforcement official in accordance with applicable law.

16. **Coroners, Medical Examiners and Funeral Directors.** We may disclose health information to a coroner, medical examiner or funeral director so that they can carry out their duties related to your death, as permitted by law.

17. **Organ and Tissue Donation.** If you are an organ donor, we may disclose health information to organizations that handle organ procurement to facilitate donation and transplantation.

18. **Research.** Under certain circumstances, and only after a special approval process, we may disclose your health information for research.

19. **To Avert a Serious Threat to Health or Safety.** We may use and disclose health information about you to prevent a serious threat to your health and safety or the health and safety of the public or another person.

20. **Military, National Security or Incarceration.** If you are involved with the military, national security or intelligence activities or if you are in law enforcement custody or an inmate, we may disclose your health information to the proper authorities so they may carry out their legal duties under the law.

21. **Workers' Compensation.** We may disclose health information about you for workers' compensation or similar programs that provide benefits for a work-related illness.

22. **As Required By Law.** We will disclose health information about you when required to do so by federal, state or local law.

OTHER USES AND DISCLOSURES REQUIRING WRITTEN AUTHORIZATION

Other uses and disclosures will be made only with your written authorization. You may revoke such authorization at any time by notifying the Manager or Privacy Officer. We are unable to take back any disclosures we have already made based upon your authorization.

YOUR HEALTH INFORMATION RIGHTS

1. **Right to Inspect and Copy.** You have the right to inspect and copy your health information and billing information. To inspect or request copies, you must submit your request in writing to the Manager. If you request a copy of the information, we may charge a fee established by us for the costs of copying, mailing, or summarizing your health information. We may deny your request to inspect and copy in certain very limited circumstances. If this occurs, there is a review process available to you.

2. **Right to Amend.** If you feel that health information maintained about you is incorrect or incomplete, you may ask to amend the information as long as we maintain the information. Requests to amend should be submitted in writing to the Manager, who will forward it to the Privacy Officer. We will generally respond approving or denying your request within 60 days of your submission of the written request, but has the right to extend the response period to 90 days.

3. **Right to Record of Disclosures.** You have the right to request a list of the disclosures made of your health information for purposes other than treatment, payment, health care operations or pursuant to your authorization. For example, we may have released information to state licensing agency for purpose of survey. To request this list, you must submit your request in writing to the Manager. The first list you request within a 12-month period will be free. For

additional lists within the 12-month period, you may be charged for the cost of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

4. **Right to 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 limitation on the health information we disclose about you to someone who is involved in your care or the payment for your care. We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide emergency treatment. To request restrictions, submit your request in writing to the Manager using our request form.

5. **Right to Request Alternate Means or Locations of Communications.** You have the right to request that we communicate with you about your health information in a certain way or at a certain location. For example, a legally responsible party could ask that we contact them only at work or by mail. Submit your request in writing to the Manager.

6. **Right to a Paper Copy of This Notice.** You have the right to a paper copy of this Notice even if you have agreed to receive the Notice electronically. You may ask us to give you a copy of this Notice at any time. To obtain a paper copy of this Notice, contact the Manager. You may also obtain a copy of this Notice at our website, www.brookdaleliving.com.

7. **Right to Complain.** If you believe your privacy rights have been violated, you may complain to us or to the United States Department of Health and Human Services. To complain to us, please contact the Manager or Privacy Officer at 877-400-5296. They will assist you in making a complaint. All complaints must be submitted in writing. There will be no retaliation against you for making a complaint.

CHANGES TO THIS NOTICE

We reserve the right to change this Notice. We reserve the right to make the revised or changed Notice 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 the community and on the website (www.brookdaleliving.com). The Notice will specify the effective date on the first page. In addition, if material changes are made to this Notice, the Notice will contain an effective date for the revisions. Copies can be obtained by contacting the Manager.