

NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION

***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***

A. INTRODUCTION

During the course of providing services and care to you, Acacia Creek, a Masonic Senior Living Community, Union City (“**Acacia Creek**”), gathers, creates, and retains certain personal information about you that identifies who you are and relates to your past, present, or future physical or mental condition, the provision of health care to you, and payment for your health care services. This personal information is characterized as your “protected health information.” This Notice of Privacy Practices describes how Acacia Creek maintains the confidentiality of your protected health information, and informs you about the possible uses and disclosures of such information. It also informs you about your rights with respect to your protected health information.

B. ACACIA CREEK’S RESPONSIBILITIES

Acacia Creek is required by federal and state law to maintain the privacy of your protected health information. Acacia Creek is also required by law to provide you with this Notice of Privacy Practices that describes Acacia Creek’s legal duties and privacy practices with respect to your protected health information. Acacia Creek will abide by the terms of this Notice of Privacy Practices. Acacia Creek reserves the right to change this or any future Notice of Privacy Practices and to make the new notice provisions effective for all protected health information that it maintains, including protected health information already in its possession. If Acacia Creek changes its Notice of Privacy Practices, it will personally deliver or mail a revised notice to you at your current address.

C. USE AND DISCLOSURE WITH YOUR AUTHORIZATION

Acacia Creek will require a written authorization from you before it uses or discloses your protected health information, unless a particular use or disclosure is expressly permitted or required by law without your authorization. Acacia Creek has prepared an authorization form for you to use that authorizes Acacia Creek to use or disclose your protected health information for the purposes set forth in the form. You are not required to sign the form as a condition to obtaining treatment or having your care paid for. If you sign an authorization, you may revoke it at any time by written notice. Acacia Creek then will not use or disclose your protected health information, except where it has already relied on your authorization.

D. HOW ACACIA CREEK MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION WITHOUT YOUR AUTHORIZATION

1. Permissive Disclosures

Acacia Creek may, in its discretion, use or disclose your protected health without your written authorization in the following circumstances:

a. Your Care and Treatment

Acacia Creek may use or disclose your protected health information to provide you with or assist in your treatment, care and services. For example, Acacia Creek may disclose your health information to health care providers who are involved in your care to assist them in your diagnosis and treatment, as necessary. Acacia Creek may also disclose your protected health information to individuals who will be involved in your care if you leave the Masonic Home.

b. Billing and Payment

i. Medicare, Medi-Cal and Other Public or Private Health Insurers – Acacia Creek may use or disclose your protected health information to public or private health insurers (including medical insurance carriers, long term care insurers, HMOs, Medicare, and Medi-Cal) in order to bill and receive payment for your treatment and services that you receive at the Masonic Home. The information on or accompanying a bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.

ii. Health Care Providers – Acacia Creek may also disclose your protected health information to health care providers in order to allow them to determine if they are owed any reimbursement for care that they have furnished to you and, if so, how much is owed.

c. Health Care Operations

Acacia Creek may use your protected health information for health care operations at Masonic Home. These uses and disclosures are necessary to manage Masonic Home, identify and manage risks and to monitor and improve our quality of services and care. For example, we may use your protected health information to review our services and to evaluate the performance of our staff in caring for you.

d. Licensing and Accreditation

Acacia Creek may disclose your protected health information to any government or private agency, such as to the California Department of Health Services and the California Department of Social Services,

responsible for licensing or accrediting Masonic Home so that the agency can carry out its oversight activities. These oversight activities include audits; civil, administrative, or criminal investigations; inspections; licensure or disciplinary actions; civil, administrative, or criminal proceedings or actions; or other activities necessary for appropriate oversight.

e. Provision of Basic Information about Residents

Acacia Creek allows staff to provide certain basic information about a resident to persons who ask for the resident by name and to members of the clergy. Unless you notify Acacia Creek that you object, it will disclose your name, your location in at the facility, and your general condition (including admission to the hospital and death) to anyone who asks for you by name. It will disclose your name, your location, your general condition, and your religious affiliation to members of the clergy.

f. Disclosures within Provider Community

Unless you specifically object, Acacia Creek may disclose certain general information about you (e.g. your birthday, your admission to the hospital and, following family or personal representative approval, death) to members of its community, including other residents and staff, through the Sunshine Committee or by means such as newsletter or bulletin board.

g. Individuals Involved in Your Care or Payment for Your Care

Unless you specifically object, Acacia Creek may disclose to a family member, other relative, a close personal friend, or to any other person identified by you, all protected health information directly relevant to such person's involvement with your care or directly relevant to payment related to your care. Acacia Creek may also disclose your protected health information to these same individuals to assist in notifying them of your location, general condition, or death.

h. Disaster Relief

Acacia Creek may disclose your protected health information to a public or private entity authorized to assist in disaster relief efforts.

i. Business Associates

Acacia Creek may contract with certain individuals or entities to provide services on its behalf. Examples include data processing, quality assurance, legal, or accounting services. Acacia Creek may disclose your protected health information to a business associate, as necessary, to allow the business associate to perform its functions on the Acacia Creek's behalf. Acacia Creek will have a contract with its business associates that

obligate the business associates to maintain the confidentiality of your protected health information.

j. Sale of Protected Health Information

Acacia Creek may disclose your protected health information for remuneration in certain vary narrow circumstances such as where a governmental agency reimburses it for its expenses in providing information for public health purposes.

k. Research

Acacia Creek may disclose your protected health information for research purposes, provided that an outside Institutional Review Board overseeing the research approves the disclosure of the information without a written authorization.

l. Hospital Peer Review

Acacia Creek may disclose your protected health information to hospital medical staffs to aid in the credentialing of applicants and in the peer review of members.

m. Organ Procurement

Acacia Creek may disclose your protected health information following your death to an organ procurement agency or tissue bank in order to aid in using your organs or tissues in transplantation.

n. Medical Examiner or Funeral Directors

Acacia Creek may disclose protected health information to a medical examiner or funeral director to allow them to carry out their duties.

o. Appointment Reminders

Acacia Creek may use or disclose your protected health information to remind you about appointments.

p. Treatment Alternatives or Health-Related Benefits and Services

Acacia Creek may use or disclose your protected health information to inform you about treatment alternatives or health-related benefits and services that may be of interest to you.

q. Members of Workforce

It is Acacia Creek's policy to allow members of its workforce to share residents' protected health information with one another to the extent necessary to permit them to perform their legitimate functions on Acacia

Creek's behalf. At the same time, Acacia Creek will work with and train its workforce members to ensure that there are no unnecessary or extraneous communications that will violate the rights of its residents to have the confidentiality of their protected health information maintained.

r. Veterans

Acacia Creek may use and disclose to components of the Department of Veterans Affairs medical information about you to determine whether you are eligible for certain benefits.

s. Workers' Compensation

Acacia Creek may use or disclose your protected health information to comply with laws relating to workers' compensation or similar programs.

2. Mandatory Disclosures

Acacia Creek will disclose protected health information to outside persons or entities without your written authorization as required by law in the following circumstances:

a. Court Order; Order of Administrative Tribunal

Acacia Creek will disclose protected health information in accordance with an order of a court or of an administrative tribunal of a government agency.

b. Subpoena

Acacia Creek will disclose protected health information in accordance with a valid subpoena issued by a party to adjudication before a court, an administrative tribunal, or a private arbitrator. Reasonable efforts will be made to notify you of the subpoena, or of efforts to obtain an order or agreement protecting your protected health information.

c. Law Enforcement Agencies

Acacia Creek will disclose protected health information to law enforcement agencies in accordance with a search warrant, a court order or court-ordered subpoena, or an investigative subpoena or summons.

d. Coroner

Acacia Creek will disclose protected health information to a coroner where the coroner requests the information to identify a decedent; to notify next of kin; or to investigate deaths that may involve public health concerns, suspicious circumstances, elder abuse, or organ or tissue donation.

e. Elder Abuse, Neglect or Domestic Violence Reporting

Acacia Creek will disclose protected health information about a resident who is suspected to be the victim of elder abuse, neglect or domestic violence to the extent necessary to complete any oral or written report mandated by law. Under certain circumstances, Acacia Creek may disclose further protected health information about the resident to aid the investigating agency in performing its duties. Acacia Creek will promptly inform the resident about any disclosure unless Acacia Creek believes that informing the resident would place the resident in danger of serious harm, or would be informing the resident's personal representative, whom Acacia Creek believes to be responsible for the abuse, and believes that informing such person would not be in the resident's best interest.

f. National Security and Intelligence Activities, Protected Services for the President and Others

Acacia Creek will disclose protected health information about a resident to authorized federal officials conducting national security and intelligence activities or as needed to provide protection to the President of the United States, certain other persons or foreign heads of states, or to conduct certain special investigations.

g. Other Disclosures Required by Law

Acacia Creek will disclose protected health information about a resident when otherwise required by law.

E. YOUR RIGHTS REGARDING PROTECTED HEALTH INFORMATION

You have the following rights with respect to your protected health information. To exercise these rights, contact Acacia Creek at 34400 Mission Blvd., Union City, CA 94587, Attention: Privacy Officer

a. Right to Request Access

You have the right to inspect and copy your health records maintained by Acacia Creek. In certain limited circumstances, Acacia Creek may deny your request as permitted by law. However, you may be given an opportunity to have such denial reviewed by an independent licensed health care professional.

b. Right to Request Amendment

You have the right to request an amendment to your health records maintained by Acacia Creek. If your request for an amendment is denied, you will receive a written denial, including the reasons for such denial, and an opportunity to submit a written statement disagreeing with the denial.

c. Right to Request Restriction

You have the right to request restrictions on the use and disclosure of your protected health information for treatment, payment or health care operations, or providing notifications regarding your identity and status to persons inquiring about or involved in your care. Acacia Creek is not required to grant your request except with regard to certain disclosures to your health plan. However, if it does grant your request, it will comply with your wishes, except in an emergency situation or until the restriction is terminated by you or Acacia Creek.

d. Right to Request Confidential Communications

You have the right to request that Acacia Creek communicate protected health information to the recipient by alternative means or at alternative locations.

e. Right to an Accounting

You have the right to receive an accounting of disclosures of your protected health information created and maintained by Acacia Creek over the six years prior to the date of your request or for a lesser period. Acacia Creek is not required to provide an accounting of the following disclosures:

- To carry out treatment, payment, and health care operations, except where the information is in electronic form;
- To respond to your requests for access to protected health information;
- To aid in the identification or care of a resident; or
- To provide protected health information created more than six years before the date of your request for an accounting.

f. Right to Receive a Copy of the Notice of Privacy Practices

You have the right to request and receive a copy of Acacia Creek's Notice of Privacy Practices for Protected Health Information in written or electronic form.

F. COMPLAINTS

If you believe that your privacy rights have been violated, you may file a complaint with Acacia Creek at: 34400 Mission Blvd., Union City, CA 94587, Attention: Contact Person.

You also have the right to submit a complaint to the Secretary of the U.S. Department of Health and Human Services, 90 7th Street, Suite 4-100, San Francisco, CA 94103, Telephone: (800) 368-1019, Fax: (415) 437-8329, TDD: (800) 537-7697, Att: OCR Regional Manager.. **Acacia Creek will not retaliate against you if you file a complaint.**

G. FURTHER INFORMATION

If you have questions about this Notice of Privacy Practices or would like further information about your privacy rights, contact Acacia Creek at: 34400 Mission Blvd., Union City, CA 94587, Attention: Contact Person.

The effective date of this Notice of Privacy Practices is August 15, 2013.

I hereby acknowledge receipt from Acacia Creek of a copy of its Notice of Privacy Practices for Protected Health Information effective on the date set forth above.

RESIDENT:

(Printed or typed name)

(Signature)

Date: _____

RESIDENT'S PERSONAL REPRESENTATIVE:

(if signed on resident's behalf)

(Printed or typed name)

(Signature)

Date: _____

Relationship to Resident: _____

