

# PRIVACY NOTICE

## SIGNATURE CARE CENTERS AND AFFILIATES

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.**

### Our Legal Responsibility

As a health care provider, we are legally required to protect the privacy of your health information, and to provide you with this notice about our legal duties and privacy practices. This requirement applies to all facilities affiliated with Signature Care Centers, LLC that provide health care to individuals.

If you have any questions or want more information about this notice, please contact our Privacy Officer.

### Your Protected Health Information (PHI)

Throughout this notice we will refer to your protected health information as PHI.

Your PHI includes information that identifies you and describes the care and services you receive.

This notice applies to all of the records, both electronic and paper, about your care. It includes all information created by our organizations' staff. This staff includes Administrators, Nurses and other health care professionals.

This notice about privacy practices explains how, when, and why we use and share your PHI. It explains your rights and our responsibilities and tells you where to get additional information.

We may change the terms of this notice and our privacy policy in the future. Any changes will apply to your past, current, or future PHI. When we make an important change to our policies, we will change this notice and post a new notice in writing when appropriate or necessary. You may also request a copy of our current notice at any time from Signature Care Centers, LLC, 8101 Birchwood Court, Ste A, Johnston, IA 50131.

### Uses of Protected Health Information

The facility within Signature Care Centers where you receive services collects health information about you and stores it in a chart and may also store it on a computer. This is your medical record. The medical record is the property of Signature Care Centers, but the information in the medical record belongs to you.

We use and disclose health information for many reasons. The following examples describe some of the categories of our uses and disclosures. Please note that not every use or disclosure in a category is listed.

**Treatment** - We may use and disclose medical information about you to physicians, nurses, technicians, or other health care professionals who are involved in your care. Different health care professionals, such as pharmacists, lab technicians, and x-ray technicians, also may share information about you in order to coordinate your care.

**Healthcare Operations** - We may use and disclose your PHI as part of our routine operations. For example, we may use your PHI to evaluate the quality of healthcare services you received or to evaluate the performance of healthcare professionals who cared for you. We may also disclose information to physicians, nurses, technicians, medical, nursing and other health professional students, and other personnel as part of our mission.

**Appointment Reminders and Health-related Benefits or Services** - We may use your PHI to provide appointment reminders or give you information about treatment alternatives or other healthcare services.

**Public Health Activities** - We report information about deaths, and various diseases to governmental officials in charge of collecting that information. We provide coroners, medical examiners, and funeral directors information about an individual's death.

**Law Enforcement** - We may disclose PHI to government agencies and law enforcement personnel when the law requires it. For example, we report about victims of abuse, neglect, or domestic violence, and when ordered to do so in judicial or administrative proceedings.

**Health Oversight Activities** - We may disclose PHI to a health oversight agency for audits, investigations, inspections, and licensure, as authorized by law. For example we may disclose PHI to the Iowa Department of Inspections and Appeals, state Medicaid fraud control, or the Department of Health and Human Service.

**Worker's Compensation Purposes** - We may disclose PHI at your employer's request regarding a work-related injury.

**National Security and Intelligence Activities** - We may release PHI to authorized federal officials when required by law.

Uses and Disclosures for which You Have the Opportunity to Object

Directory - listing your information in a directory of patients (such as an information desk for visitors)

Disclosures to family, friends, or others - providing information that you are a resident.

**Except as described above, all other uses and disclosures of your PHI will require your authorization.**

## Your Rights Regarding PHI

You have the right to:

### **Request Restrictions**

You have the right to ask that we limit how we use and disclosure your PHI. We will consider your request, but we are not legally required to accept it. If we accept your request, we will put any limits in writing and follow them except in emergency situations. You may not limit the uses and disclosures that we are legally required or allowed to make. To request a restriction, contact the Privacy Officer listed at the end of this notice.

### **Request Confidential Communications**

If we send notices or information to you, you have the right to ask that we send PHI to you at a different address. For example, you may wish to have appointment reminders and test results sent to a PO Box or a different address than your room. We will accommodate reasonable requests. To make a request, contact any member of your health care team.

### **Inspect and Copy**

You have the right to inspect and obtain a copy of medical information that may be used to make decisions about your care. Usually this includes the medical record and billing records. To inspect and obtain a copy of medical information, you must submit your request in writing to either: the facility Administrator where you are receiving care or the Privacy Officer listed at the end of this notice.

We will make every effort to respond to your request within a reasonable period of time. You may be charged a fee to cover the costs of copying, mailing, or other supplies associated with your request.

### **Disclosures**

You have the right to obtain a list of instances in which we have disclosed your PHI. Your request must state a time period not longer than six years and your request may not include dates before April 14, 2003. The list will not include uses or disclosures made for treatment, payment or health care operations. In addition, the list will not include uses or disclosures that you have specifically authorized in writing. You must submit your request in writing to the Privacy Officer listed at the end of this notice.

### **Amend**

You have the right to request an amendment of your PHI if you think that information is inaccurate or incomplete in your medical record. You may request an amendment for as long as that record is maintained. You may submit a written request for an amendment to: Release of Information, for amendment to your medical record.

### **Paper Copy of Notice**

You have the right to request a paper copy of this notice. You may pick up a copy at the Administrators office.

## **Revocation of Permission**

If you provide us with permission to use or disclose medical information about you, you may revoke that permission at any time. You must make your request in writing to Release of Information. Contact information is listed at the end of this notice.

If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written revocation. We are unable to take back any disclosures made with your permission. Also, we are required to keep all records of the care that we provided to you.

## **Complaints and Questions**

If you believe your privacy has been violated, you may file a complaint with Signature Care Centers or with the Office of Civil Rights. To file a complaint with Signature Care Centers contact the Privacy Officer at the address and phone number listed below. You will not be penalized for filing a complaint and your care will not be compromised.

If you have questions about this notice, any complaints about our privacy practices, or you would like to know how to file a complaint with the Secretary of the Department of Health and Human Services, Office of Civil Rights, please contact:

Signature Care Centers  
Attention: Privacy Officer  
8101 Birchwood Crossing, Ste A  
Johnston, IA 50131  
(515) 727-1770

This Notice is effective July 8, 2009

Signature Care Centers, LLC

**Privacy Notice Acknowledgement Form**

By signing this form, I acknowledge that I have received the Signature Care Centers Privacy Notice. I have the right to review the Privacy Notice prior to signing this acknowledgement form.

Signature Care Centers has the right to change the Privacy Notice form time to time. The revised Privacy Notice will be posted within the front lobby of the facility and paper copies will be available in the Administrator's office.

Resident Name \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Resident \_\_\_\_\_  
or Legal Representative

Relationship to Resident \_\_\_\_\_

This will be retained with the resident record. Please return this form to the Administrator or Business Office Manager.

Please list appropriate reason why resident/legal representative was unable to obtain acknowledgement: \_\_\_\_\_

\_\_\_\_\_  
Facility Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Name

\_\_\_\_\_  
Title