

## NOTICE OF PRIVACY PRACTICES

**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.**

**AMERICAN HEALTHCARE**, and Heritage Hall Nursing Center (“Heritage Hall”) is required to maintain the privacy of your health information and to provide you with a notice of its legal duties and privacy practices. Heritage Hall will not use or disclose your health information except as described in this notice. This notice applies to all of the medical records generated by Heritage Hall.

**EXAMPLES OF DISCLOSURES FOR TREATMENT PAYMENT AND HEALTH OPERATIONS:** The following categories describe the ways that Heritage Hall may use and disclose your health information.

**Treatment:** Heritage Hall will use your health information in the provision and coordination of the your healthcare. We may disclose all or any portion of your medical record information to your attending physician, consulting physician(s), nurses, technicians, certified nursing students, and other health care providers who have a legitimate need for such information in the care and continued treatment of the patient. Different departments may share medical information about you in order to coordinate specific services, such as prescriptions, lab work and x-rays. Heritage Hall also may disclose your medical information to people outside Heritage Hall who may be involved in your medical care after you leave Heritage Hall, such as family members, clergy and others used to provide services that are part of your care.

**Treatment and Care Alternatives:** Heritage Hall may use and disclose your medical information to tell you about or recommend possible treatment and care options or alternatives that may be of interest to you.

**Family/Friends:** Heritage Hall may release medical record information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care. We may also tell your family or friends your condition and that you are in Heritage Hall. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

**Payment:** Heritage Hall may release medical information about you for the purposes of determining coverage, billing, claims management, medical data processing, and reimbursement. The information may be released to an insurance company, third party payer or other entity (or their authorized representatives) involved in the payment of your medical bill and may include copies or excerpts of your medical record which are necessary for payment of your account. For example, a bill sent to a third party payer may include information that identifies you, your diagnosis, and the procedures and supplies used.

**Routine Health Care Operations:** Heritage Hall may use and disclose your medical information during routine healthcare operations, including quality assurance, utilization review, medical review, internal auditing, accreditation, certification, licensing or credentialing activities of Heritage Hall, and for educational purposes.

**Appointment Reminders:** Heritage Hall may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care at Heritage Hall.

**Nursing Center Directory:** Heritage Hall may include certain limited information about you in Heritage Hall directory while you are a resident at Heritage Hall. This information may include your name, location in Heritage Hall, your general condition and your religious affiliation. This is so your family and friends can visit you in Heritage Hall and generally know how you are doing. The directory information, except for your religious affiliation, may also be released 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.

**Health Related Business and Services:** Heritage Hall may use and disclose your medical information to tell you of health-related benefits or services that may be of interest to you.

**Business Associates:** Heritage Hall may use and disclose certain medical information about you to business associates. A business associate is an individual or entity under contract with Heritage Hall to perform or assist Heritage Hall in a function or activity, which necessitates the use or disclosure of medical information. Examples of business associates, include, but are not limited to, physician services in the emergency department, a copy service used by Heritage Hall to copy medical records, consultants, accountants, lawyers, medical transcriptionist and third-party billing companies. Heritage Hall requires the business associate to protect the confidentiality of your medical information.

**Fundraising:** Heritage Hall may use medical information to contact you in an effort to raise money for Heritage Hall and its operations. Heritage Hall may disclose certain medical information to a Foundation related to Heritage Hall so that the Foundation may contact you in raising money for Heritage Hall. The information released would only be contact information, such as your name, address, phone number and the dates you received treatment or services at Heritage Hall. If you do not want Heritage Hall to contact you for fundraising efforts, you must notify THE ADMINISTRATOR in writing.

**Marketing:** Heritage Hall may disclose certain contact information to a third party to provide marketing materials and information to you.

**Regulatory Agencies:** Heritage Hall may disclose your medical information to a health oversight agency for activities authorized by law, including, but not limited to, licensure, certification, audits, investigations and inspections. These activities are necessary for the government and certain private health oversight agencies to monitor the healthcare system, government programs, and compliance with civil rights.

**Law Enforcement/Litigation:** Heritage Hall may disclose your medical information for law enforcement purposes as required by law or in response to a valid subpoena or court order.

**Public Health:** As required by law, Heritage Hall may disclose your medical information to public health or legal authorities charged with preventing or controlling disease, injury or disability. For example, Heritage Hall is required to report the existence of a communicable disease, such as acquired immune deficiency syndrome (AIDS), to the Virginia Department of Health to protect the health and well being of the general public.

**Workers Compensation:** Heritage Hall may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illnesses.

**Military/Veterans:** Heritage Hall may disclose your medical information as required by military command authorities, if you are a member of the armed forces.

**Required by Law:** Heritage Hall will disclose medical information about you when required to do so by law. For example, Heritage Hall may disclose certain medical information to those persons who have a risk exposure related to a communicable disease, pursuant to Virginia law.

**Coroners, Medical Examiners, Funeral Directors:** Heritage Hall may release your medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or to determine a cause of death. Heritage Hall may also release your medical information to funeral directors as necessary to carry out their duties.

**Other Uses:** Any other uses and disclosures will be made only with your written authorization.

**PATIENT HEALTH INFORMATION RIGHTS:** Although all records concerning your stay and treatment at Heritage Hall are the property of Heritage Hall, you have the following rights concerning your medical information.

**Right to Confidential Communications:** You have the right to receive confidential communications of your medical information by alternative means or at alternative locations. For example, you may request that Heritage Hall only contact you at work or by mail.

**Right to Inspect and Copy:** You have the right to inspect and copy your medical information as provided by 45 CFR § 164.524.

**Right to Amend:** You have the right to amend your medical information as provided by 45 CFR § 164.528.

**Right to an Accounting:** You have the right to obtain a statement of the disclosures of your medical information as provided by 45 CFR § 164.528.

**Right to Request Restrictions:** You have the right to request restrictions on certain uses and disclosures of your medical information as provided by 45 CFR § 164.522. Heritage Hall may not agree to honor your request.

**Right to Receive Copy of this Notice:** You have the right to receive a paper copy of this Notice upon request.

**Right to Revoke Authorization:** You have the right to revoke your authorization to, use or disclose your medical information except to the extent that action has already been taken in reliance on your authorization.

**FOR MORE INFORMATION OR TO REPORT A PROBLEM:** If you have questions and would like additional information, you may contact THE ADMINISTRATOR of this facility. If you believe your privacy rights have been violated, you may file a complaint with Heritage Hall or with the Secretary of the Department of Health and 'Human Services. To file a complaint with Heritage Hall, please contact:

Chief Privacy Officer  
American HealthCare, LLC  
5372 Fallowater Lane, Suite 200  
Roanoke, VA 24018  
(800) 868-3318

**All complaints must be submitted in writing. There will be no retaliation for filing a complaint.**

**CHANGES TO THIS NOTICE:** Heritage Hall will abide by the terms of the notice currently in effect. Heritage Hall reserves the right to change the terms of its notice and to make the new notice provisions effective for all protected health information that it maintains. Heritage Hall will mail any revised NOTICE (prior to implementation of same) to the address indicated on the Admission Agreement or such other address designated by the undersigned from time to time.

**NOTICE EFFECTIVE DATE:** July 1, 2009