HIPAA NOTICE OF PRIVACY PRACTICES

Oak Ridge Assisted Living of Hastings Notice of Privacy Practices Effective Date: September 22, 2015

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.

If you have any questions about this notice please contact the privacy officer.

As part of providing services to you, we will collect information about your health care. We need this information to provide you with quality services and to comply with certain legal requirements. This notice applies to all of the records of your care generated by or at Oak Ridge Assisted Living of Hastings.

The law requires us to:

- ~ Make sure that information that identifies you is kept private;
- \sim Give you this notice of our legal duties and privacy practices with respect to information about you; and
- ~ Follow the terms of the Notice that is currently in effect.

How we May Use and Disclose Information about You - Listed below is a number of reasons or ways in which information about you might be disclosed. In each category we will explain what we mean and give an example. NOT EVERY USE OR disclosure IN A CATEGORY WILL BE LISTED. The ways we might disclose information include:

For Treatment - We may disclose information about you to any personnel at Oak Ridge Assisted Living of Hastings who are involved in your care. For example, your direct care staff may need to share information about your medication with your doctor, or with your case manager.

For Payment - We may use and disclose information about you so that services may be billed and payment may be collected from you, an insurance company, or a government health program.

Coroners, Medical Examiners and Funeral Directors - We may release information to a coroner or medical examiner to identify a deceased person or determine a cause of death. We may release information to a funeral director as necessary to help them carry on their duties.

National Security and Intelligence Activities - We may release information about you to authorized federal officials for intelligence, counterintelligence and other national security activities authorized by law.

YOUR RIGHTS REGARDING INFORMATION ABOUT YOU

You have the following rights:

To Inspect and Copy your Oak Ridge Assisted Living Records - Usually, this includes medical and billing records. To inspect and copy information in your record, you must submit your request in writing to the Facility Administrator or HIPPA Privacy Officer. We may charge a fee for the costs of copying, mailing or other costs related to your request.

In very limited circumstances, we may deny your request. If we deny your request, you may ask that the denial be reviewed.

To Amend Your Records - If the information we have about you is incorrect or incomplete, you make a written request to the HIPPA Compliance Officer to amend the information. You must include a reason that supports your request.

We may deny your request if it is not in writing or does not include a reason to support the request. We may also deny your request if you ask us to amend information that:

"was not created by us, unless the person or entity that created the information is no longer available to make the amendment;

~is not part of the information kept in our file;

~is not part of the information you would be permitted to inspect and copy or

~we believe the information is accurate and complete.

CHANGES TO THIS NOTICE - This notice is subject to change in the future.

COMPLAINTS - If you believe your privacy rights have been violating, you may file a complaint with our HIPAA Compliance Officer or with the Secretary of Health and Human Services. All complaints must be in writing.

We will not retaliate against you for filing a complaint.

My signature below acknowledges that I have been provided with a copy of the Notice of Privacy Practices:	
Signature of Resident or Personal Representative	Date
Print Name	

Personal Representative's Title (e.g., Guardian, Executor of Estate, Health Care Power of Attorney)