



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.

INTRODUCTION

This notice describes the privacy practices of Westminster Canterbury of Lynchburg (WCL) and its subsidiary home health agency, Senior Independence (SI). We are required by law to maintain the privacy of your protected health information (PHI) and to provide you with this notice, which explains your rights about your PHI and how we use and disclose it. We are required by law to abide by the terms of this notice. In this notice, "you" refers to the resident or patient. Where appropriate, it may also refer to an individual acting on behalf of the resident or patient. "We" refers to WCL, SI and the staff members of each.

PROTECTED HEALTH INFORMATION

PHI includes information that we create or receive about your past, present, or future physical or mental health or condition. PHI also includes information that relates to your treatment or payment for the services provided to you.

HOW WE MAY USE AND DISCLOSE YOUR PHI

Treatment: We may use and disclose your PHI to provide and coordinate your health care. For example, we will use and disclose clinical information, such as medication prescriptions and the results of lab tests and x-rays, that is necessary to provide you care. In addition, we may disclose your PHI to health care providers outside of WCL in order to coordinate or facilitate your care. We will obtain your consent before disclosing your PHI for treatment purposes when required by law to do so.

Payment: We may use and disclose your PHI to bill you or your health insurance provider for treatment and services provided to you, or to determine your eligibility for health insurance benefits. For example, we may disclose your PHI to your health insurance provider in order to determine whether it will cover treatment recommended by your physician or other health care provider. We will obtain your consent before disclosing your PHI for payment purposes when required by law to do so.

Fundraising: Donations are used to support the services of WCL. If you do not wish to be contacted for these purposes, you may opt out by contacting our Development Director at (434) 386-3507 or by mail to: Westminster Canterbury of Lynchburg, 501 V.E.S. Road, Lynchburg, VA 24503.

Health Care Operations: We may use and disclose your PHI to support the operation of our organization. For example, we may use your PHI to evaluate the performance of our staff members or for quality assurance purposes. We will obtain your consent before disclosing your PHI for health care operations purposes when required by law to do so.

Directory of Information: If you take residence at WCL, we will include your name, room number and phone number in our facility directory. You may request that this information not be

released to others by contacting the Privacy Officer. If you do not object, the information will be released to visitors and callers who ask for you by name.

Required by Law: We may disclose PHI when we are legally required to do so by federal, state or local law. For example, we may use PHI to make mandatory reports to various government agencies about the following: you and your care needs, communicable diseases, residents we believe to be victims of abuse or neglect, problems with medical and other products and reactions to medications, and certain types of other incidents. We may be required to disclose your PHI to the Secretary of the United States Department of Health and Human Services when the Secretary is investigating or determining our compliance with the HIPAA Privacy Rule.

Business Associates: We may contract with individuals or entities known as Business Associates to perform various functions on our behalf or to provide certain types of services. In order to perform these functions or provide these services, Business Associates will receive, create, maintain, transmit, use, and/or disclose your protected health information, but only after they agree in writing with us to implement appropriate safeguards regarding your protected health information.

Health Oversight: We may disclose your PHI to government agencies authorized by law to license, audit, inspect, or investigate health care providers and the health care system.

Legal Proceedings: We may disclose PHI pursuant to a valid court order or search warrant and, under certain circumstances, in response to a subpoena or other discovery requests.

Death Certificates: Consistent with state law, we may release a copy of the death certificate of a deceased patient to funeral directors, coroners, and/or medical examiners.

Organ and Tissue Donation: Consistent with state law, we may release PHI about organ donors to organizations that obtain organs, eyes, or tissue for donation or transplantation.

Threats to Safety and Health: Consistent with state law, we may disclose your PHI, when necessary, to avoid a serious threat to your health or safety, or the health or safety of another person.

Other Uses or Disclosures: The following uses and disclosures will be made only with your authorization: (i) most uses and disclosures of psychotherapy notes; (ii) uses and disclosures of PHI for marketing purposes; (iii) disclosures that constitute a sale of PHI; and (iv) other uses and disclosures not described in this notice. We are prohibited from selling your PHI without your express written authorization. You may revoke an authorization by notifying the Privacy Officer in writing at the address below. Beginning at the time we receive your revocation, we will no longer use or disclose your PHI for the purposes stated in your authorization provided your revocation does not conflict with any state or federal requirements for release of information.

YOUR RIGHTS REGARDING YOUR PHI

Right to Request Restriction: You may request a restriction or limitation on: (1) the PHI we use or disclose about you for treatment, payment, or health care operations purposes; and/or (2) the PHI about you we disclose to someone (such as a family member or friend) involved in your care or the payment for your care. However, we are not required to agree to your request, although we will comply with a request to restrict disclosure of PHI to a health plan for purposes of payment or health care operations (but not for treatment) when the PHI pertains solely to a health care item or service that has been paid for in full out-of-pocket.

Right to Request Confidential Communications: You may request that we communicate PHI to you in a certain way or at a certain address. To make such a request, you must do so in writing and supply us with an alternative place or manner of contact. We will accommodate your reasonable request as long as we can easily communicate the PHI in the manner you request.

Right to Inspect and Copy: You have the right to inspect your PHI for as long as we maintain it. However, there are certain circumstances in which we may deny you access. If we deny you access, we will tell you in writing the reason(s) for the denial and explain what appeal rights, if any, you have. Instead of providing you a copy of all PHI you request, we may offer to give you a summary or explanation of the PHI. However, you may refuse our offer. If you request a copy of your PHI, we may charge a copying fee for it if permitted to do so by law.

Right to Amend: If you believe the PHI we maintain about you is incorrect or incomplete, you may ask us to correct it. In order to make such a request, you must submit your request to us in writing and tell us the reason for your request. We may deny your request for a variety of reasons. If we deny your request, we will tell you in writing the reason(s) for the denial and explain your rights regarding responding to the denial.

Right to an Accounting of Disclosures: You have the right to request an accounting of instances in which we disclosed your PHI to others. Some disclosures of PHI will not be listed in the accounting, however. There are also limits to the time period covered by the accounting. In addition, if you ask for more than one accounting within a twelve-month period, we may charge you a fee for every accounting provided after the first one.

Right to a Paper Copy of this Notice: You have the right to a paper copy of this notice even if you originally agreed to receive it in another manner. You may request a paper copy at any time.

Right to Be Notified of a Breach: We will notify you in the event that we (or a Business Associate) discover a breach of unsecured protected health information.

CHANGES TO THIS NOTICE

We reserve the right to change our privacy policies and this notice. If we change our privacy policies, we will revise this notice accordingly. Any revised version of this notice will be effective for all PHI that we maintain about you, including information created prior to the effective date of the revision. Upon your request, we will provide you with a copy of the most recent version of this notice.

QUESTIONS AND COMPLAINTS

If you wish to exercise any of the rights explained in this notice, have any questions about this notice, believe we have violated your privacy rights, or wish to file a complaint, contact our Privacy Officer by phone or in writing at the address below. You may also file a written complaint with the United States Department of Health and Human Services. We will not retaliate in any way if you choose to file a complaint.

This notice is effective as of September 5, 2013 and supersedes any and all prior versions of this notice.

Sean Huyett, Privacy Officer
Westminster Canterbury of Lynchburg
501 V.E.S. Road
Lynchburg, VA 24503
(434) 386-3505