

THE SHOOK HOME

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.

USES AND DISCLOSURES

This facility is hereby permitted to use and disclose the Protected Health Information (PHI) of its residents for the purposes of any and all internal treatment, payment and healthcare operations.

With respect to treatment, this means that all doctors and qualified nurses may access your records for the purposes of treating you at this facility. Such uses include accessing records for review, commentary and update. Such uses also include use of the records to identify previous and current medical conditions, present medications, and any other health problems for which you will be treated at this facility.

With respect to payment, certain health care information shall be used and disclosed, such that proper billing may occur. This includes review of certain files and records to be submitted to government agencies (i.e. Medicare and Medicaid) as well as insurance carriers, HMO's and other Group Health Plans.

With respect to Health Care Operations, certain PHI will be used within this facility for quality assurance, or other monitoring purposes, as well as administrative review and future planning and analysis of facility procedures and operations.

In addition, it may be necessary for certain PHI to be sent to outside agencies, or business associates (individuals or entities that require information to assist this facility in performing its obligations to you). An example of such business associate is legal counsel, or an auditing firm, which may have to review medical records and other PHI for such reasons as lawsuits, quality assurance, or record review.

In situations where the PHI is not to be used for Treatment, Payment or Health Care Operations, this facility shall first obtain the authorization of you, as resident, prior to any use or disclosure of your PHI. Once the Authorization is signed, this facility shall be free to use and disclose the permitted information, for as long as the Authorization lasts, or until you revoke the Authorization.

INDIVIDUAL RIGHTS:

ACKNOWLEDGMENT- Upon receipt of this notice, you shall sign the Acknowledgment form, indicating that you have received this document. This acknowledgment functions as proof that it was received, and that you understand that this facility may make certain uses and disclosures of your healthcare information when appropriate.

RESTRICTIONS- You shall have the right to request restrictions upon the uses and disclosures of your PHI, however, this facility is not obligated to adhere to any of those requests. However, should this facility adopt any of your restrictions and agree to limit the use and disclosure, this facility is obligated to honor your request, and follow the restriction that you have imposed.

RECEIVING CONFIDENTIAL INFORMATION- You, as a resident of this facility have a right to receive confidential information comprising your PHI upon request. Such requests include review of your medical chart, and billing information related to your care at this facility. As a resident of this facility, however, you are not privileged to review psychotherapy notes or any information that has been prepared for a criminal investigation or similar government review or audit.

INSPECTING AND COPYING INFORMATION- Because this PHI maintained at this facility is your private and personal information, you have the right to inspect and copy any of this information. The privacy laws are designed to protect you, the resident from disclosure by this facility. The rules do not prohibit you from viewing, using or copying your own medical records.

CHANGING INFORMATION- You shall always have the right to request that the facility change any health information about you. Such a request must be in writing, explain why the information is desired to be changed, and may only relate to information that was obtained during your residency at this facility. This facility is obligated to respond to your request within 60 days of the request for a change, but the facility may make a request for an extension for time in which to reply, citing reasons for the delay. The facility may deny to make the change where this facility is not the originator of the information, the information is not part of the designated record, the information is accurate and complete, or the information is part of unavailable PHI (psychotherapy notes or prepared in anticipation of government action).

FINDING OUT WHO HAS RECEIVED YOUR INFORMATION- You have a right to see a listing of all persons who has had access to your PHI for a period of 6 years prior to when the request is made, except for any disclosures that were made: for purposes of carrying out TPO; for the facility's directory; to persons involved in the direct care of you; for any national security or intelligence purposes; to law enforcement officials; that was requested by you; or was previously authorized by you.

FREE COPY OF WRITTEN NOTICE- Whenever this Notice shall be preserved in electronic media, such will be transmitted in such a way (i.e. electronic mail, or internet posting), you have the right to receive a free hard copy of this notice upon request.

THE SHOOK HOME DUTIES

Our facility is regulated by Federal and State laws that require us to maintain the privacy of health information protected by those laws and to provide you with notice of our legal duties and our privacy practices with respect to protecting your health information.

We are required by law to follow the practices we have described in this Notice until and unless this Notice is revised and we have mailed or delivered a copy of the revised notice to you or your legal representative and have posted the revised notice on the Resident Bulletin Board(s) in the facility. Our facility retains the right to change the terms of this

Notice and to make the provisions of any later revised notice application to any information about you in our possession.

COMPLAINTS

If you believe that your Privacy Rights are being violated or that our facility is not doing something it is required by law to do to protect your Privacy Rights, you can file a Complaint with our Privacy Officer (see Contact Information below) and you can also file a Complaint with the Secretary of the U.S. Department of Health and Human Services and the Office for Civil Rights, which can be contacted at:

Office for Civil Rights
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Room 509F, HHH Building
Washington, D.C. 20201

Complaints to the Secretary or the Office for Civil Rights must: identify the facility where you have the problem; give some information about the problem; be in writing (which includes a fax or email), and usually must be filed within 180 days of when you knew or should have known about the problem (the Secretary can extend the time for good reasons).

You can obtain additional information about handling or filing a Complaint from our Privacy Officer.

CONTACT: If you have any questions about this Notice, need more information about your Privacy Rights, or have a complaint that your Privacy Rights may have been violated, you can contact: Privacy Officer, Sandra Walsh at (717) 262-6313 or at her office in the facility located in room 6313.

EFFECTIVE DATE: April 1, 2003.

FREE COPIES AND REVISIONS:

Copies of this Notice are available free at the Reception Desk for you, your family, on anyone else, to have upon request. Copies of this Notice are also posted at the Reception Desk, outside the Administrator's Office, and on the Residents' bulletin board (s) in the facility.

If this Notice is revised, a free copy of the revised Notice will be provided to each resident, free copies will be available at the Reception Desk, and copies of the revised Notice will be posted in the facility. Copies of this Notice and all revisions are retained by the facility in the Administrator's Office for a period of six (6) years from the date each was last in effect.