

ESKATON

NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

A. INTRODUCTION

During the course of providing services and care to you, Eskaton gathers, creates, and retains certain personal information about you that identifies who you are and relates to your past, present, or future physical or mental condition, the provision of health care to you, and payment for your health care services. This personal information is characterized as your “protected health information.” This Notice of Privacy Practices describes how Eskaton maintains the confidentiality of your protected health information, and informs you about the possible uses and disclosures of such information. It also informs you about your rights with respect to your protected health information.

B. ESKATON’S RESPONSIBILITIES

Eskaton is required by federal and state law to maintain the privacy of your protected health information. Eskaton is also required by law to provide you with this Notice of Privacy Practices that describes Eskaton’s legal duties and privacy practices with respect to your protected health information. Eskaton will abide by the terms of this Notice of Privacy Practices. Eskaton reserves the right to change this or any future Notice of Privacy Practices and to make the new notice provisions effective for all protected health information that it maintains, including protected health information already in its possession. If Eskaton changes its Notice of Privacy Practices, it will personally deliver or mail a revised notice to the most recent address Eskaton has for you.

C. USE AND DISCLOSURE WITH YOUR AUTHORIZATION

Eskaton will require a written authorization from you before it uses or discloses your protected health information, unless a particular use or disclosure is expressly permitted or required by law without your authorization. Eskaton has prepared an authorization form for you to use that authorizes Eskaton to use or disclose your protected health information for the purposes set forth in the form. You are not required to sign the form as a condition to obtaining treatment or having your care paid for. If you sign an authorization, you may revoke it at any time by written notice. Eskaton then will not use or disclose your protected health information, except where it has already relied on your authorization.

D. HOW ESKATON MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION WITHOUT YOUR AUTHORIZATION

1. Permissive Disclosures

Eskaton may, in its discretion, use or disclose your protected health without your written authorization in the following circumstances:

a. Your Care and Treatment

Eskaton may use or disclose your protected health information to provide you with, or assist in, your treatment, care and services. For example, Eskaton may disclose your health information to health care providers who are involved in your care to assist them in your diagnosis and treatment, as necessary. Eskaton may also disclose your protected health information to individuals who will be involved in your care if you leave Eskaton.

b. Billing and Payment

- i. Medicare, Medi-Cal and Other Public or Private Health Insurers – Eskaton may use or disclose your protected health information to public or private health insurers (including medical insurance carriers, HMOs, Medicare, and Medi-Cal) in order to bill and receive payment for the treatment and services that you receive at Eskaton. The information on or accompanying a bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.
- ii. Health Care Providers – Eskaton may also disclose your protected health information to health care providers in order to allow them to determine if they are owed any reimbursement for care that they have furnished to you and, if so, how much is owed.

c. Health Care Operations

We may use or disclose your health information to perform certain operational functions. These uses or disclosures are necessary for Eskaton to operate and to make sure that you receive quality care. For example, we may use your health information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may use or disclose your health information for the purposes of contacting you to complete a service satisfaction survey. We may combine health information about many of our residents to determine whether certain services are effective or whether additional services should be provided. We may disclose your health information to physicians, nurses, nursing assistants, restorative nursing aides, medication aides, rehabilitation therapy staff, pharmacists, dietitians, technicians, medical and nursing students, and other personnel for review and learning purposes. We also may combine health information with information from other health care providers or facilities to compare how we are doing and see where we can make improvements in the care and services offered to our residents. We may remove information

that identifies you from this set of health information so that others may use the information to study health care and health care delivery without learning the specific identities of any Individuals.

d. Licensing and Accreditation

Eskaton may disclose your protected health information to any government or private agency, such as to the California Department of Health Services and the California Department of Social Services, responsible for licensure or accreditation so that the agency can carry out its oversight activities. These oversight activities include audits; civil, administrative, or criminal investigations; inspections; licensure or disciplinary actions; civil, administrative, or criminal proceedings or actions; or other activities necessary for appropriate oversight.

e. Special Directory

Eskaton maintains a Special Directory to allow staff to provide certain basic information to members of the clergy, or to other persons, who ask for Individuals by name. Unless you notify Eskaton that you object, it will include certain limited information about you, such as your name, your location, your general condition, and your religious affiliation in its Special Directory.

f. Individuals Involved in Your Care or Payment for Your Care

Unless you specifically object, Eskaton may disclose to a family member, other relative, a close personal friend, or to any other person identified by you, all protected health information directly relevant to such person's involvement with your care or directly relevant to payment related to your care. Eskaton may also disclose your protected health information to these same individuals to assist in notifying them of your location, general condition, or death.

g. Disaster Relief

Eskaton may disclose your protected health information to a public or private entity authorized to assist in disaster relief efforts.

h. Business Associates

Eskaton may contract with certain individuals or entities to provide services on its behalf. Examples include data processing, quality assurance, legal, or accounting services. Eskaton may disclose your protected health information to a business associate, as necessary, to allow the business associate to perform its functions on Eskaton's behalf. Eskaton will have a contract with its business associates that obligates the business associates to maintain the confidentiality of your protected health information.

i. Fundraising

Eskaton may use or disclose a limited amount of your health information for purposes of contacting you to raise money for our community services programs. This information will be limited to your name, phone

number, and dates for which you received treatment or services from Eskaton. We may disclose this information to the Eskaton Foundation staff who may contact you to request donations. If you do not want Eskaton or the affiliated Foundation to contact you for these fundraising purposes, you must notify the Director of the Eskaton Foundation, in writing, at 5105 Manzanita Avenue, Carmichael, Ca. 95608.

j. Research

Eskaton may disclose your protected health information for research purposes, provided that an outside Institutional Review Board overseeing the research approves the disclosure of the information without a written authorization.

k. Hospital Peer Review

Eskaton may disclose your protected health information to hospital medical staff to aid in the credentialing and/or privileging of applicants as required and in the peer review of members.

l. Organ Procurement

Following your death, Eskaton may disclose your protected health information to an organ procurement agency or tissue bank in order to aid in using your organs or tissues in transplantation.

m. Medical Examiner or Funeral Directors

Eskaton may disclose protected health information to a medical examiner or funeral director to allow them to carry out their duties.

n. Appointment Reminders

Eskaton may use or disclose your protected health information to remind you about appointments.

o. Treatment Alternatives or Health-Related Benefits and Services

Eskaton may use or disclose your protected health information to inform you about treatment alternatives or health-related benefits and services that may be of interest to you.

p. Members of Workforce

It is Eskaton's policy to allow members of its workforce to share protected health information with one another to the extent necessary to permit them to perform their legitimate functions on Eskaton's behalf. At the same time, Eskaton will work with, and train, its workforce to ensure that there are no unnecessary or extraneous communications that will violate the rights of Individuals or the confidentiality of their protected health information.

q. Veterans

Eskaton may use and disclose to components of the Department of Veterans Affairs medical information about you to determine whether you are eligible for certain benefits.

r. Workers' Compensation

Eskaton may use or disclose your protected health information to comply with laws relating to Workers' Compensation or similar programs.

2. Mandatory Disclosures

Eskaton will disclose protected health information to outside persons or entities without your written authorization as required by law in the following circumstances:

a. Court Order, Order of Administrative Tribunal

Eskaton will disclose protected health information in accordance with an order of a court or of an administrative tribunal of a government agency.

b. Subpoena

Eskaton will disclose protected health information in accordance with a valid subpoena issued by a party to adjudication before a court, an administrative tribunal, or a private arbitrator. Reasonable efforts will be made to notify you of the subpoena, or of efforts to obtain an order or agreement protecting your protected health information.

c. Law Enforcement Agencies

Eskaton will disclose protected health information to law enforcement agencies in accordance with a search warrant, a court order or court-ordered subpoena, or an investigative subpoena or summons.

d. Coroner

Eskaton will disclose protected health information to a coroner, where the coroner requests the information to identify a decedent; to notify next of kin, or to investigate deaths that may involve public health concerns, suspicious circumstances, elder abuse, or organ or tissue donation.

e. Elder Abuse Reporting

Eskaton will disclose protected health information about an Individual who is suspected to be the victim of elder abuse to the extent necessary to complete any oral or written report mandated by law. Under certain circumstances, Eskaton may disclose further protected health information about the Individual to aid the investigating agency in performing its duties. Eskaton will promptly inform the Individual about any disclosure, unless Eskaton believes that informing the Individual would place him/her in danger of serious harm, or would be informing a personal representative, whom Eskaton believes to be responsible for the abuse, and believes that informing such person would not be in the Individual's best interest.

f. National Security and Intelligence Activities, Protected Services for the President and Others

Eskaton will disclose protected health information about an individual to authorized federal officials conducting national security and intelligence

activities or as needed to provide protection to the President of the United States, certain other persons or foreign heads of states, or to conduct certain special investigations.

g. Other Disclosures Required by Law

Eskaton will disclose protected health information about an Individual when otherwise required by law.

E. YOUR RIGHTS REGARDING PROTECTED HEALTH INFORMATION

a. Right to Request Access

You have the right to inspect and copy your protected health information maintained by Eskaton. In certain limited circumstances, Eskaton may deny your request as permitted by law. However, you may be given an opportunity to have such denial reviewed by an independent licensed health care professional.

b. Right to Request Amendment

You have the right to request an amendment to your protected health information maintained by Eskaton. If your request for an amendment is denied, you will receive a written denial, including the reasons for such denial, and an opportunity to submit a written statement disagreeing with the denial.

c. Right to Request Restriction

You have the right to request restrictions on the use and disclosure of your protected health information for treatment, payment or health care operations, or providing notifications regarding your identity and status to persons inquiring about or involved in your care. Eskaton is not required to grant your request, but, if it does, it will comply with your request, except in an emergency situation or until the restriction is terminated by you or Eskaton.

d. Right to Request Confidential Communications

You have the right to request that Eskaton communicate protected health information to the recipient by alternative means or at alternative locations.

e. Right to an Accounting

You have the right to receive an accounting of disclosures of your protected health information created and maintained by Eskaton over the six years prior to the date of your request or for a lesser period. Eskaton is not required to provide an accounting of the following disclosures:

- To carry out treatment, payment, and health care operations;
- To respond to your requests for access to protected health information;
- To include your information in Eskaton's Special Directory;
- To aid in the identification or care of an individual; or
- To any recipient prior to April 14, 2003, or for protected health information created more than six years before the date of your request for an accounting.

g. Right to Receive a Copy of the Notice of Privacy Practices

You have the right to request and receive a copy of Eskaton's Notice of Privacy Practices for Protected Health Information in written or electronic form.

F. COMPLAINTS

If you believe that your privacy rights have been violated, you may file a complaint with Eskaton at the following address: 5105 Manzanita Avenue, Carmichael, California 95608, Attention: Privacy Officer. Phone (916)334-8613. You also have the right to submit a complaint to the Secretary of the U.S. Department of Health and Human Services, 50 United Nations Plaza – Room 322, San Francisco, CA 94102, Attention OCR Regional Manager. Eskaton is prohibited by regulation from retaliating against you if you file a complaint.

G. FURTHER INFORMATION

If you have questions about this Notice of Privacy Practices or would like further information about your privacy rights, contact Eskaton at the following address: 5105 Manzanita Avenue, Carmichael, California 95608, Attention: Privacy Officer. Phone (916)334-8613.

The effective date of this Notice of Privacy Practices is _____

I hereby acknowledge receipt from Eskaton of a copy of its Notice of Privacy Practices for Protected Health Information effective on the date set forth above.

Individual:

(Printed or typed name)

(Signature)

Date: _____

PERSONAL REPRESENTATIVE (If signed on Individual's behalf):

(Printed or typed name)

(Signature)

Date: _____

Relationship: _____