

NOTICE OF PRIVACY INFORMATION PRACTICES

This notice describes how medical/personal and financial information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

A. Understanding Your Resident Record

Before your move to Youville, we obtained your permission to receive a report of your medical history from your primary care physician. This medical history is often updated to include your current conditions, your medications and your health care providers.

We also maintain the personal and financial information you provided to us in your application to Youville.

We retain this information as a confidential record, and use some or all of it to develop your service plan. We may also share some or all of this information for the following purposes:

- * To provide emergency medical information to health care professionals
- * For legal purposes to individuals who need to know your healthcare proxy, power of attorney, guardian, or advanced directives
- * To assist a third party payer to verify your need for services or the scope of your services
- * Review or audit by authorized state or federal agencies
- * Source of data for Youville's planning and marketing needs
- * To assess and continually work to improve the services we provide and the outcomes we achieve

Your resident record contains personal health information, the confidentiality of which is protected under both state and federal law. Understanding how we expect to use and disclose your personal and health information helps you to

understand the need for accurate information and the parties with whom it may be shared.

Your Health Information Rights

Although your resident record is the physical property of Youville, the information belongs to you. Under the Federal Privacy Rules, 45CFR Part 164, you have the right to:

- * Receive notice of the uses and disclosures we expect to make of your information, including a paper copy of the notice if requested, as provided in Rule 520.
- * Receive breach notification regarding your unsecured PHI.
- * Request additional restrictions on uses and disclosures of your health information (although we are not required to agree to any such request), or request that we send you confidential communications by alternative means or at alternative locations, as provided in Rule 522.
- * Inspect and obtain a copy of your health record as provided in Rule 524.
- * Request that your health record be amended as provided in Rule 526.
- * Obtain an accounting of disclosures of your health information made after December, 2002 for purposes other than treatment, payment, or health care operations, as provided in Rule 528.

Please direct requests to: The Privacy Officer, Youville Assisted Living Residence, 1573 Cambridge Street, Cambridge, MA 02138. Telephone: 617-491-1234.

Our Responsibilities

We are required by the Federal Privacy Rules to:

- * Maintain the privacy of your health information
- * Provide you with notice as to our legal duties and privacy practices with respect to health information we collect and maintain about you
- * Abide by the terms of this notice, subject to the following reservation of rights:

We reserve the right to change our health information practices and the terms of this notice, and to make the new provisions effective for all protected health information we maintain, including health information created or received prior to the effective date of any such revised notice. Should our health information practices change, we will post and/or provide a revised notice. We will not use

or disclose your health information without your consent or authorization, except as described in this notice.

Uses and Disclosures for Treatment, Payment and Operations, based on Your Consent

- * We will use your health information to assist you in planning your services at Youville.
- * We may provide health care providers with health information about you.
- * We may use your health information to obtain payment for services provided by Youville to third party payers, such as long term care insurance providers or Medicaid.
- * We may use your health information for the purposes of operations at Youville, including informing staff of your health conditions or need for services on a “need to know” basis, either verbally or in written form. These uses and disclosures are necessary to run Youville and ensure that our residents receive quality services.
- * We may use your health information during state, federal or private audits or reviews.
- * Unless you object in writing, we may disclose your health information on a “need to know” basis to health care professionals involved in your care, a family member, relative, close personal friend, or any other person you identify that may be involved with your care or providing payment for your care.
- * We may use or disclose your health information in connection with fund-raising communications permitted under the Federal Privacy Rules. We only release information such as your name, address, and phone number. Any such communication addressed to you will contain instructions describing how you may “opt out” of receiving further communications.
- * We will obtain authorization by you for disclosures that constitute a sale of PHI, disclosures of PHI for marketing purposes, and for disclosures of psychotherapy notes. You may revoke an authorization at any time.

Required Disclosures

The Federal Privacy Rules require us to disclose your personal health information in two instances: to you at your request under Rule 524 or Rule 528, and to the Secretary of Health and Human Services when requested as part of an investigation or compliance review under Rule 502.

Disclosures Permitted Without consent for National Priority Purposes

In addition, Rule 512 permits uses and disclosure of your health information without your consent or authorization for certain “national priority” purposes, including:

- * When required by state or federal law.
- * To state and federal public health authorities, including state medical officers, the Food and Drug Administration (FDA), and other agencies charged with preventing or controlling disease.
- * To government authorities, including protective service agencies, authorized to receive reports of abuse, neglect, or domestic violence.
- * To government health oversight agencies, such as the state and federal Departments of Health and Human Services, Medicare/Medicaid Peer Review Organizations (PRO’s), state Boards of Medicine, Nursing and Pharmacy, and other licensing authorities.
- * When required or court ordered in a judicial or administrative proceeding.
- * To law enforcement officials for certain law enforcement purposes, including the reporting of certain types of wounds or injuries, or pursuant to a warrant, subpoena, or other legal process, or for the purpose of identifying or locating a subject, fugitive, material witness, missing person, or victim, provided that the conditions in the rule are met.
- * To coroners, medical examiners or funeral directors for purposes of identifying a deceased person or carrying out their duties as required by law.
- * To organ procurement organizations for purposes of organ or tissue donation and transplantation, consistent with applicable law.
- * For research approved by an Institutional Review Board or Privacy Board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.

- * When required to avert a serious threat to health or safety.
- * When requested for certain specialized government functions authorized by law, including military and similar situations.
- * As authorized by law in connection with workers compensation programs.

Uses and Disclosures Specifically Authorized by You

We expect to make other uses and disclosures of your protected health information only on the basis of specific written authorization forms signed by you. You have the right to revoke any such authorization at any time, except to the extent we have already relied on it in making an authorized use or disclosure.

For More Information or to Report a Problem

If you have questions, you may contact the Privacy Office at Youville at 1573 Cambridge Street, Cambridge, MA 02138. Telephone: 617-491-1234.

If you believe your privacy rights have been violated, you can file a complaint with the Executive Director at the above address, or with the Secretary of Health and Human Services, Washington, D.C.

There will be no retaliation for filing a complaint.