

KESWICK MULTI-CARE CENTER, INC. & All Entities  
KESWICK AT HOME, LLC  
KESWICK MANAGEMENT, LLC  
KESWICK COMMUNITY HEALTH, INC.  
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

## **I. Our Duty Is To Safeguard Your Protected Health Information**

Individually identifiable information about your health, the provision of health care to you or payment for the health care is considered “Protected Health Information (PHI)”. We are committed to protecting the PHI we create, maintain or obtain from you. This Notice of Privacy Practices (this “Notice”) describes how we may use and disclose your PHI, the rights you have with respect to your PHI and certain obligations we have regarding the use and disclosure of your PHI. We are required by law to. (i) maintain the privacy of your PHI; (ii) follow the terms of this Notice currently in effect; (iii) give you this Notice describing our legal duties and privacy practices respect to your PHI; and (iv) notify affected individuals following a breach of unsecured PHI. We reserve the right to amend this Notice. If we make any material revisions to this Notice, we will post a copy of the revised Notice on our website, in our facility and will offer you a copy of the revised Notice. Except in specified circumstances, we must use or disclose only the minimum necessary PHI to accomplish the intended purpose of the use or disclosure.

## **II. How We May Use and Disclose Your Protected Health Information.**

We have the right to use and/or disclosure your PHI for purposes of treatment, payment or our health care operations. We may also use your PHI for other purposes that are permitted and/or required by law and pursuant to your written authorization. Any other uses not described in this Notice will only be made with your explicit written authorization which you may revoke at any time by providing us with written notice of your revocation.

If we disclose your PHI to an outside entity in order for that entity to perform a function on our behalf, we must have in place an agreement with the outside entity that it will extend the same degree of privacy protection to your PHI that we must apply to your PHI. However, the law provides that we are permitted to make some uses/disclosures without your consent or authorization. The following lists examples of how we may use and/or disclose your PHI.

- **Treatment.** We may use and disclose your PHI for treatment purposes. For example, a health care provide who is treating you may need to obtain information from us about current treatment while you are in our facility.
- **Payment.** We may use and disclose your PHI for purposes related to payment for health care services. For example, we may use your PHI to bill and collect payment for the health care services we provide to you.
- **Health Care Operations.** We may use and disclose your PHI in connection with the management of our facility. For example, we may use and disclose your PHI for quality improvement activities, case management and care coordination, accreditation purposes, internal compliance audits and performance evaluations.
- **Fundraising.** We may use and disclose certain protected health information related to you (i.e., name, address, other contact information, age, gender, date of birth, dates of health care, department of service, treating physician, outcome information, health insurance status) to a business associate or to our staff for the purpose of raising funds to support our mission. If we do contact you about making a donation, you will be informed how to elect not to receive further fundraising communications.
- **Uses and Disclosures Requiring Authorization.** For uses and disclosures beyond treatment, payment and operations purposes we are required to have your written authorization, unless the use or disclosure falls within one of the exceptions described below. Authorizations can be revoked at any time to stop future uses/disclosures except to the extent that we have already undertaken an action in reliance upon your authorization.
  - **Other Permitted and Required Uses and Disclosures.** We may use and disclose your PHI without obtaining your authorization and without offering you the opportunity to agree or object as follows:
    - as required by law, provided that the use or disclosure will be made in compliance with applicable law;
    - for public health activities that generally include for purposes of preventing or controlling disease, injury or disability; for reporting problems with medications and products; and reporting vital statistics;
    - for disclosures about victims of abuse, neglect or domestic violence to an authority authorized to receive such disclosures;
    - for health oversight activities authorized by law, including audits, investigations, inspections, licensure or other appropriate oversight activities;
    - for judicial and administrative proceedings in response to a subpoena, court order, discovery request, etc. but only if efforts have been made to inform you about the request or to obtain an order protecting the information requested;
    - for law enforcement purposes to report certain injuries, comply with court orders or warrants or similar process; to identify a suspect, fugitive, missing person or victim or to report a crime;

- to a coroner or medical examiner to perform duties authorized by law such as identification of a deceased person or determining the cause of death;
- to funeral directors as necessary to carry out their duties with respect to a dependent;
- for cadaveric organ, eye or tissue donation purposes for the purpose of facilitating organ, eye or tissue donation and transplantation;
- for research purposes in certain circumstances and provided that certain approvals and assurances are given;
- to avert a serious threat to health or safety so long as the disclosure is only to a person who is reasonably able to prevent or lessen such threat;
- for specialized government functions including military and veterans activities (including foreign military personnel) to assure the proper execution of a military mission and to determine eligibility for benefits; for national security and intelligence activities to conduct lawful intelligence, counter-intelligence and other national security activities; for protection of the President and other authorized persons or foreign heads of state or to conduct authorized investigations.

**Uses and Disclosures Requiring You to have an Opportunity to Object.** In the following situations, we may disclose a limited amount of your PHI if we inform you about the disclosure in advance and you do not object, as long as the disclosure is not otherwise prohibited by law.

- **Patient Directories.** Your name, location, and general condition may be put into our patient directory for disclosure to callers or visitors who ask for you by name. Additionally, your religious affiliation may be shared with clergy.
- **To families, friends or others involved in your care.** We may share with these people information directly related to their involvement in your care, or payment for your care.
- **Emergency.** We may use or disclose your PHI in an emergency treatment situation, if such disclosure is consistent with your prior preference or for your best interest as determined by one of our healthcare providers in the exercise of his/her professional judgment. If this happens, we shall try to obtain your acknowledgement as soon as reasonably practicable after the delivery of treatment. If we have attempted to obtain your acknowledgement but are unable to do so, we will document that inability and may still use or disclose your PHI to provide treatment.

**III. Your Rights Regarding Your PHI.** As our resident, you have the following rights relating to your PHI.

- **Restrictions on uses/disclosures.** You have the right to ask that we limit how we use or disclose your PHI. We will consider your request but are not legally bound to agree to the restriction.

- **Confidential Communications.** You have the right to ask that we send PHI to an alternative address or by an alternative means. We must agree to your request as long as it is reasonable for us to do so.

- **Inspecting and copying your PHI.** We will respond to your request within 48 hours unless documented restrictions apply. If we deny your access, we will give you written reasons for the denial and explain any right to have the denial reviewed. We may charge a reasonable cost-based fee provided the fee only includes the cost of labor or copying, supplies, postage or preparation of a summary if you have agreed to a summary. All fees will be in compliance with Federal and State law or regulation. We will notify you of the cost and you may choose to withdraw or modify your request before we charge you. If the PHI is maintained electronically, we will provide you with access in the electronic form and format that you request.

- **Amendment of your PHI.** If you believe that there is a mistake or missing information in our record of your PHI, you may request, in writing, that we correct or add to the record. You must provide a reason that supports your request for an amendment. In certain cases, we may deny your request for an amendment. We will respond within 60 days of receiving your request. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. We may deny amending information that: (1) was not created by us, unless the person or entity that created the information is no longer available to make the amendment; (2) is not part of the health information that is kept by us or for us; (3) is not part of the information you would be permitted to inspect or copy; or (4) is accurate and complete.

- **Accounting of Disclosures.** You have a right to get a list of when, to whom, for what purpose, and what content of your PHI has been released other than instances of disclosure for treatment, payment, and health care operations; to you, your family, or the facility directory; or pursuant to your written authorization. We will respond to your written request for such a list within 60 days of receiving it. Your request can relate to disclosures going as far back as six years. There will be no charge for up to one such list each year. Thereafter, we may charge you, at our discretion, a reasonable, cost-based fee for each request for an accounting of disclosures. We will notify you of the cost for an accounting of disclosures and you may choose to withdraw or modify your request before we charge you.

- **Notice of Privacy Practices.** You have a right to receive a paper copy of this Notice and/or an electronic copy by email upon request.

#### **IV. How to Complain about our Privacy Practices.**

If you think we may have violated your privacy rights, or you disagree with a decision we made about access to your PHI, you may file a complaint with the person listed in Section V below. You also may file a written complaint with the Secretary of the U.S.

Department of Health and Human Services. We will take no retaliatory action against you if you make such complaints.

To file a complaint with the Secretary. U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Washington, DC 20201, (202) 619-0257 or Toll Free at 1-877-696-6775.

You may download a "Health Information Privacy Complaint" form or file an electronic complaint form by accessing the website of the Office of Civil Rights. [www.hhs.gov/ocr/privacy/hipaa/complaints](http://www.hhs.gov/ocr/privacy/hipaa/complaints).

**V. Contact Person for Information or to Submit a Complaint.**

If you have questions about this Notice or any complaints about our privacy practices, please contact Privacy Officer at 410-662-4200.

**VI. Effective Date.** April 14th, 2003

**ACKNOWLEDGEMENT OF RECEIPT OF  
NOTICE OF PRIVACY PRACTICES**

I hereby acknowledge receipt of the "Notice of Privacy Practices of Keswick Multi-Care Center, Inc. ("Keswick").

I understand that I have the right to object to disclosure of some or all of my Protected Health Information as outlined in the "Notice of Privacy Practices" and the circumstances that allow the Keswick to use and disclose Protected Health Information.

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PRINTED NAME

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SIGNATURE AND DATE