

ATTACHMENT H

BROOKSIDE CARE CENTER
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.

Our Legal Duty

Brookside Care Center ("Brookside") participates in an Organized Health Care Arrangement ("OHCA") with other covered entities. This Notice is jointly used by and jointly describes the practices of all participants within the OHCA, including, without limitation:

- Any health care professional authorized to enter information into your chart.
- All departments or units of Brookside.
- Any member of a volunteer group we allow to help you while you are a resident of, or being treated at, Brookside.
- All employees, staff, or other Brookside personnel.

Each of the above individuals or entities participating in the OHCA will follow the terms of this Notice. In addition, these individuals or entities may share medical information with each other for treatment, payment or health care operations related to the OHCA. A complete list of OHCA participants using this Notice is available upon request. Provision of the Notice to an individual by any one of the OHCA participants will satisfy requirements with respect to all other OHCA participants covered by the Notice.

Brookside is required by law to maintain the privacy of your medical information, to provide you (or your representative) this Notice of our duties and privacy practices, and to notify you (or your representative) following a breach of your unsecured medical information. Brookside is required to abide by the terms of our Notice as may be amended from time to time. Brookside has the right to change the terms of our Notice. Any revisions to this Notice will be effective for all medical information that Brookside has created or maintained in the past, and for any records that Brookside creates or maintains in the future. Brookside will post our current Notice in a prominent location in our facility, as well as on our website, <http://co.kenosha.wi.us/index.aspx?nid=224>.

Uses and Disclosures of Medical Information

THE FOLLOWING IS A SUMMARY OF THE CIRCUMSTANCES UNDER WHICH AND THE PURPOSES FOR WHICH BROOKSIDE MAY USE OR DISCLOSE YOUR MEDICAL INFORMATION:

Treatment: Brookside may use or disclose your medical information to treat you and coordinate your care within Brookside. For example, your attending physician or others involved in your care may use information about your symptoms in order to prescribe appropriate medications. Brookside may also disclose your health care information to individuals outside of Brookside involved in your care, including family members, pharmacists, suppliers of medical equipment or other health care professionals.

Payment: Brookside may use or disclose your medical information to bill or collect payment for services or items you receive from Brookside. For example, Brookside may be required by your health insurer to provide information regarding your health care status so that the insurer will reimburse you or Brookside.

Brookside may also need to obtain prior approval from your insurer and may need to explain to the insurer your need for health care and the services that will be provided to you.

Health Care Operations: Brookside may use or disclose your medical information for our own operations in order to facilitate the functions of Brookside and as necessary to provide care to all Brookside residents. For example, Brookside may use your medical information to evaluate our staff performance, combine your medical information with that of other Brookside residents to evaluate how we may more effectively serve all Brookside residents, disclose your medical information to Brookside staff and contracted personnel for training purposes, or use your medical information to contact you or your family as part of general community information mailings. Brookside may also disclose your medical information to a health oversight agency performing activities authorized by law, such as investigations or audits. These agencies include governmental agencies that oversee the health care system, government benefit programs and organizations subject to government regulation and civil rights laws. In addition, Brookside may disclose your medical information to another health care provider subject to Federal privacy protection laws, as long as the provider has or has had a relationship with you and the information is for that provider's health care operations.

For the Brookside Directory: If you are receiving care at Brookside, unless you request otherwise, Brookside may disclose certain information about you (*e.g.*, name, general health status and room number) that is contained in Brookside's directory to anyone who asks for you by name. In addition, if you provide your religious affiliation, it may be disclosed, but only to members of the clergy. Brookside also may list your name outside your room. If you do not want Brookside to include your information in the directory, you must notify the **Brookside Medical Records Supervisor at (262) 653-3827**.

For Fundraising Activities: In support of our charitable mission, Brookside may use information about you (*e.g.*, demographic information, dates of health care provided, department of service information, treating physician, outcome information and health insurance status) to contact you or your family to raise money for Brookside. Brookside may also disclose this information to an organizationally-related foundation for the same purpose. You may choose to "opt-out" of receiving these fundraising communications by notifying the **Brookside Medical Records Supervisor at (262) 653-3827** that you do not wish to be contacted.

To Inform You About Information That May Be of Interest to You: Brookside may use or disclose your medical information to tell you about or recommend possible options or alternatives for your care, or to inform you of other information that may be of interest to you.

Release of Information to Family/Friends: Unless you specifically request in writing that Brookside not communicate with such person(s), Brookside may release your medical information to a family member or friend who is involved in your treatment or who is helping pay for your care. Brookside may also use our professional judgment and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up filled prescriptions, medical supplies, x-rays or other similar forms of medical information.

Business Associates: Brookside may disclose your medical information to our business associates that perform functions on our behalf or provide us with services if the information is necessary for them to provide such functions or services. Brookside requires our business associates to agree in writing to protect the privacy of your medical information and to use and disclose your medical information only as specified in that written agreement.

Health Information Exchanges: Brookside may participate in an arrangement of health care organizations that have agreed to work with each other to facilitate access to health information that may be relevant to your care. For example, if you are admitted on an emergency basis to a hospital that participates in the exchange and you cannot provide important information about your condition, the arrangement will allow

the hospital to access the health information Brookside maintains about you to treat you at the hospital.

THE FOLLOWING IS A SUMMARY OF THE OTHER CIRCUMSTANCES UNDER WHICH, AND THE PURPOSES FOR WHICH, BROOKSIDE MAY USE OR DISCLOSE YOUR MEDICAL INFORMATION WITHOUT YOUR WRITTEN CONSENT OR AUTHORIZATION:

- To the extent required by law.
- For public health activities, including disease and vital statistic reporting, child abuse reporting, FDA oversight and to employers regarding work-related illness or injury.
- To report adult abuse or neglect.
- To health oversight agencies.
- In response to court and administrative orders and other lawful processes.
- To law enforcement officials pursuant to subpoenas and other lawful processes, concerning crime victims, suspicious deaths, crimes on our premises, reporting crimes in emergencies, and for purposes of identifying or locating a suspect or other person.
- To coroners, medical examiners and funeral directors.
- To avert a serious threat to health or safety.
- In connection with certain research activities.
- To the military and to federal officials for lawful intelligence, counterintelligence and national security activities.
- As authorized by state worker's compensation laws.
- To assist in disaster relief efforts.

Authorization to Use or Disclosure Medical Information

Other than as stated above, Brookside will not use or disclose your medical information without your written authorization. Your authorization (or the authorization of your representative) is specifically required before Brookside: (1) uses or discloses your psychotherapy notes; (2) uses your medical information to make a marketing communication to you for which it receives financial remuneration from a third party, unless such communication is face-to-face or in other limited circumstances; or (3) discloses your medical information in any manner that constitutes the sale of such information under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). Also, some types of medical information are particularly sensitive and the law, with limited exceptions, may require that Brookside obtain your authorization to use or disclose that information. Sensitive information may include information dealing with genetics, HIV/AIDS, mental health, developmental disabilities, and alcohol and substance abuse. If required by law, Brookside will ask that you (or your representative) sign an authorization before we use or disclose such information. If you (or your representative) authorize Brookside to use or disclose your medical information, you (or your representative) may revoke that authorization in writing at any time, except to the extent it has already been acted upon.

Your Individual Rights

Right to Receive Confidential Communication: You (or your representative) have the right to request that Brookside communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may request that Brookside only communicate with you about your health privately with no other family members present. All requests for confidential communications must be made in writing using the appropriate Brookside form. This form can be requested by contacting the **Brookside Medical Records Supervisor at (262) 653-3827**. Such request shall specify the requested method of contact or the location where you wish to be contacted. Brookside will accommodate reasonable requests. You (or your representative) do not need to give a reason for your request.

Right to Request Restrictions: You (or your representative) have the right to request restrictions on certain uses or disclosures of your medical information. For example, you (or your representative) have the right to request a limit on Brookside's disclose of your medical information to someone who is involved in your care or payment for your care. All requests for restrictions must be made in writing using the appropriate Brookside form. This form can be requested by contacting the **Brookside Medical Records Supervisor at (262) 653-3827**. We are not required to agree to your request for restrictions, but if we do, we are required to abide by our agreement (except when otherwise required by law or in emergencies). Except as otherwise required by law, Brookside must agree to a restriction if: (1) the disclosure is to a health plan for purposes of carrying out payment or health care operations (and not for purposes of carrying out treatment); and (2) the medical information pertains solely to a health care item or service for which Brookside has been paid out of pocket, in full, by you or someone else on your behalf (not the health plan). If you self-pay and request a restriction, it will apply to only those health records created on the date that you received the item or service for which you, or another person (other than the health plan) on your behalf, paid in full, and which document the item or service provided on such date.

Right to Inspect and Copy your Medical Information: You (or your representative) have the right to inspect and copy your medical information, including billing records. All requests to inspect and copy your medical information must be made in writing using the appropriate Brookside form. This form can be requested by contacting the **Brookside Medical Records Supervisor at (262) 653-3827**. If you (or your representative) request a copy of your medical information, we will provide you (or your representative) a copy of your medical information in the format you request unless we cannot practicably do so. Brookside may charge a reasonable fee for any copying and assembling costs associated with your request. Brookside may deny your request to inspect and/or copy your medical information in certain limited circumstances. If Brookside denies your request, you (or your representative) may request that we provide you with a review of our denial. Reviews will be conducted by a licensed health care professional who we have designated as a reviewing official and who did not participate in the original decision to deny the request.

Right to Amend Your Medical Information: If you (or your representative) believe your medical information is incorrect or incomplete, you (or your representative) have the right to request that Brookside amend your records. That request may be made so long as Brookside still maintains your records, and must contain a reason for the amendment. All requests for amendments must be made in writing using the appropriate Brookside form. This form can be requested by contacting the **Brookside Medical Records Supervisor at (262) 653-3827**. Brookside may deny the request if it is not in writing or does not include a reason for the amendment. The request may also be denied if the requested amendment pertains to medical information that was not created by Brookside, if the records you are requesting to amend are not part of Brookside's records, if the medical information you wish to amend is not part of the medical information you (or your representative) are permitted to inspect and copy, or if, in the opinion of Brookside, the records containing your medical information are accurate and complete.

Right to an Accounting of Disclosures: You (or your representative) have the right to request an accounting of disclosures of your medical information made by Brookside for certain purposes. All requests for an accounting must be made in writing using the appropriate Brookside form. This form can be requested by contacting the **Brookside Medical Records Supervisor at (262) 653-3827**. The request must specify the time period for the accounting, which may not be in excess of six years. Brookside will provide the first accounting you request during any 12-month period without charge. Subsequent accounting requests may be subject to a reasonable, cost-based fee.

Right to a Paper Copy of this Notice: You (or your representative) have the right to receive a separate paper copy of this Notice at any time, even if you (or your representative) have received this Notice previously (and regardless of whether it was in electronic form). To obtain a separate paper copy, please contact the **Brookside Medical Records Supervisor at (262) 653-3827**. A copy of our current Notice may also be found

on our website, <http://co.kenosha.wi.us/index.aspx?nid=224>.

Right to Breach Notification: You (or your representative) have a right to be notified of any breach of your unsecured medical information. Notification of a breach may be delayed or not provided if so required by a law enforcement official. If you are deceased and there is a breach of your medical information, the notice will be provided to your next of kin or personal representative if Brookside knows the identity and address of such individual.

Contact Person

Brookside has designated the **Brookside Medical Records Supervisor** as its contact for all issues regarding privacy and your rights under the Federal privacy standards. If you want more information about our privacy practices or have questions or concerns, please contact the **Brookside Medical Records Supervisor at (262) 653-3827**. You may also write to the Brookside Administrator at:

Brookside Care Center
Attention: **Brookside Medical Records Supervisor**
3506 Washington Road
Kenosha, WI 53144
Fax: (262) 653-3850

Complaints

Brookside encourages you to express any concerns you may have regarding the privacy of your medical information. You will not be retaliated against in any way for expressing your concerns or filing a complaint. You (or your representative) have the right to express complaints to Brookside or to the Secretary of Health and Human Services if you (or your representative) believe that your privacy rights have been violated. All complaints to Brookside may be made by calling the **Brookside Medical Records Supervisor at (262) 653-3827** or by writing to: 3506 Washington Road, Kenosha, WI 53144.

Effective Date

This Notice is effective as of September 23, 2013.