

To a list of the reports we have made: You have the right to know to whom your PHI has been reported. This will include reports for payment, treatment or health care operations; reports you have previously authorized; reports made directly to you or your family; reports from our facility directory or for national security, corrections or law enforcement personnel; or reports prior to April 14, 2002. We will respond to your request within 60 days and include reports made in the last six years unless you request a shorter time. The list will include the date, identity of the person(s) receiving the report, type of information reported and the reason for the report. There is no charge for this list. But, if you make more than one request in the same year, there may be a fee for additional requests.

To correct or update your PHI: If you feel there is a mistake in your PHI, or that important information is missing, you may ask for a correction. This must be done in writing and include the reason for the request. We will respond within 60 days. We may deny your request if (1) the PHI is correct and complete (2) if not created by us (3) not allowed to be shared with you or (4) not in our records. If denied, you will be informed of the reason. You may file a written statement of disagreement or ask that your original request and our denial be attached to all future records of PHI. If we honor your request, we will change your OHI, inform you of the change and tell any others that need to know about the change.

Person to contact for information about this notice or to file a complaint about our privacy practices.

If you have questions about this notice, wish to file a complaint about our privacy practices, feel we may have violated your privacy rights or disagree with a decision we have made about access to your PHI, please contact:

You may also send a written complaint to the

Secretary

US Department of Health and Human Services

200 Independence Avenue, SW

Washington, DC 20201

Your complaint will not change or affect the care we provide to you.

EFFECTIVE DATE OF THIS NOTICE:

THIS NOTICE IS IN EFFECT AS OF

APRIL 14, 2003



**NOTICE
OF
PRIVACY**

April 2003

1811 Broad Street

Cranston, Rhode Island 02905

401-461-1433 Fax: 401-461-4005

E-mail:

Scandinavianhome@scandinavianhome.com

Privacy Notice

This notice describes how your medical information may be used and disclosed and how you can get access to this information.

Review it carefully.

We have a legal duty to safeguard your protected health information (“PHI”).

The law requires us to protect your PHI privacy and to follow the practices in this notice. PHI includes information we create or receive about your past, present or future health or condition, care provided to you or the payment for care provided to you. In general, we may not use or share any more PHI than is needed to accomplish our purpose.

The terms of this notice and our policies may change at any time. Any change will apply to the PHI we already have. An up to date notice is posted on bulletin boards throughout our facility.

How we may use and share your PHI

We use and share PHI for many reasons as described below.

1. Use of PHI for treatment, payment or health care operations for the following:

For treatment: We may use and share PHI with physicians, nurses, medical students and others who provide your health care services or are involved in your care: for example, a physical therapist who may care for you after an injury.

For Payment: PHI may be used and shared to bill and collect payment for treatment and services provided to you: for example, we may share your PHI with your health plan to be paid for your care or with a billing company that processes our claims.

For Health Care Operations: We may use PHI to operate this facility; for example, to evaluate the quality of care or evaluate the professionals who care for you.

We may also share PHI with our accountants, attorneys or others to make sure we are in compliance with the laws and regulations that affect us.

2. PHI may also be used.

When required by law: To give information to the government or law enforced about victims of abuse, neglect or domestic violence or when dealing with gunshot or other wounds, or when required in legal proceedings.

In public health matters: To report births, deaths or diseases to the government agency collecting that information. PHI relating to death may be given to coroners, medical examiners and funeral directors.

For health oversight: To assist the government in investigating or inspecting a health care provider or organization.

For organ donation: To notify organ banks in connection with organ, eye or tissue donation and/or transplants.

For research: To conduct medical research (*only with release form*).

To avoid harm: To law enforcement in order to avoid a serious threat to the health or safety of a person or the public.

For other government functions: Such as certain military or veteran’s activities, national security and intelligence, protection of the President of the U.S. or correctional facilities.

For worker’s compensation: To comply with workers’ compensation laws.

For appointment reminders and health related benefits and services: Such as treatment choices or programs we offer.

For fundraising: To raise funds for this organization. Donations are used to expand and support the company and the services we provide. We use only general information, including name and address for fundraising. If you do not wish to be contacted, please notify us.

3. When you may object to use of PHI:

Resident directories: We may include your name, room number or unit, general condition and religious affiliation in our resident directory. It is given only to clergy or visitors who ask for you by name.

Disclosure to family, friends or others: We may share your PHI with a family member, friend or others involved in your care or the payment for your care.

4. When use of PHI requires your PIROR WRITTEN authorization.

We must ask for this authorization for any other use of your PHI not described in the preceding sections. If you allow us to use your PHI, you can tell us in writing at any time to stop future use of your PHI.

5. Your PHI rights:

The request limits on our use of PHI: We will consider your request, but are not legally required to agree to it. If we agree, we will follow your limits, except in emergencies. You cannot limit the uses and reports that we are or allowed to make under the law.

To choose how we send PHI to you: You may ask that we send PHI to you at a different address (work rather than home) or by e-mail instead of surface mail. We will agree as long as we can easily provide it in the way you request.

To view and get a copy of your PHI: Except for mental health notes, you can receive a copy of your PHI. You must ask in writing. If we do not have your PHI, but know who has them, we will tell you how to get it and will reply to you within 30 days of your request. If we deny your request, we will tell you in writing; our reasons. You have the right to have denial reviewed. If you request a copy of your PHI; we may charge a fee. Instead of the PHI you requested; we may offer a summary or explanation of the PHI as long as you agree to that and the cost in advance.