



LOVEJOY REHABILITATION CENTERS

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.

Effective Date: September 23, 2013

OUR RESPONSIBILITIES

LoveJoy Rehabilitation Centers takes the privacy of your health information seriously. This Notice describes the privacy practices of LoveJoy Rehabilitation Centers, including its licensed group homes, unlicensed clinical settings, home care, mentoring programs, and all other current or future LoveJoy owned/ operated programs, locations, offices, or facilities.

This Notice applies to all of the records of your care generated by LoveJoy Rehabilitation Centers' employees, contractors, providers, and volunteers while caring for you at any of our facilities or programs. All of these persons and entities, sites and locations (collectively, "we", "our" or "LoveJoy" follow the terms of this Notice.

OUR PLEDGE REGARDING HEALTH INFORMATION

We understand that information about you and your health is personal. We are committed to protecting health information about you. We create record(s) of the care and services you receive from LoveJoy Rehabilitation Centers. We need this record to provide you with quality care and to comply with certain legal requirements. This Notice tells you about the ways that we may use and disclose health information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of health information.

We are required by law to:

- Maintain the privacy of health information that identifies you;
- Give you this Notice of our legal duties and privacy practices with respect to health information about you;
- Notify you following a breach of unsecured health information that identifies you; and
- Follow the terms of the notice that are currently in effect (see front page for effective date).

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

The following categories describe different ways that we use and disclose health information for our Clients. For each category we explain what we mean and give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

- **For Treatment.** We may use health information about you to provide you with treatment, care or services. We may disclose your health information to doctors, nurses, case managers, community mental health agency representatives, therapists, psychiatrists, or other Organization employees who are involved in taking care of you at LoveJoy. We may also share health information about you in order to coordinate the services you need, such as prescriptions, lab work and medication reviews. Subsequently, we may disclose health information about you to people outside LoveJoy Rehabilitation Centers who may

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be involved in your medical care. **For example, vital signs and/or symptoms exhibited by a client may be shared with the doctor or other caregiver to affect the best possible care and treatment.** We also may make your health information available electronically through one or more health information exchanges or organizations (HIOs) to other health care providers, health plans or health care clearinghouses. Our participation in HIOs allows helps us care for you because it lets us see their information about you.

- **For Payment.** We may use and disclose your health information to bill and collect for the treatment and services we provide to you. We may send your health information to an insurance company or a third party for the payment. **For example, if your stay at Lovejoy Rehabilitation Centers is a paid for by a Medicaid waiver agency, these agencies requires us to make available to them certain assessment information relating to your level of care and progress.**
- **For Health Care Operations.** We may use and disclose your health information for operations. These uses and disclosures are necessary to run LoveJoy and to make sure all of our clients and residents receive quality care. . For example, we may use health information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine health information about many clients to decide what additional services we should offer, what services are not needed, and whether certain new interventions are effective. We may also disclose information to doctors, nurses, technicians, volunteers, other health care providers or personnel for review and learning purposes. We may also combine the health information we have with information from other health care providers to compare how we are doing and see where we can make improvements in the care and services we offer. Sharing your health information through HIOs, as noted above, may also occur as part of our health care operations.
- **Fundraising Activities.** We may use your health information to contact you in an effort to raise money for LoveJoy and its operations. In these cases, we would release only contact information, such as your name, address and phone number and the dates you were at LoveJoy. If you do not want LoveJoy to contact you for fundraising efforts, you must notify in writing the person listed on the last page of this Notice.
- **Individuals involved in Your Care or Payment for Your Care.** We may release health information about you to your responsible party, friend or family member who is involved in your health care. We may also give information to someone who helps pay for your care. We may also tell your family or friends your condition and progress unless otherwise advised in writing not to do so.
- **Client Name Adjacent to Client Bedroom Door.** Lovejoy Rehabilitation Centers will be displaying both first and last name of each Client at a Lovejoy Rehabilitation Centers Facility adjacent to the bedroom door to facilitate care and treatment.
- **Conversations and Discussions about the Clients' Condition or Care.** Due to the nature of long term care facilities, conversations and discussions about the clients' condition or care could be overheard by third parties, but Lovejoy Rehabilitation Centers will institute safeguards to avoid such disclosures whenever possible.
- **Use of Client Name and/or Photograph in Conjunction with Activities Programming.** Lovejoy Rehabilitation Centers may place the Clients' name and/or

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photograph on an activities bulletin board in conjunction with some of the events and activities that it will be holding.

- **Disclosure of Clients Name and other Information to Third Parties when on Excursions.** Lovejoy Rehabilitation Centers may disclose the clients' name and other information to third parties such as bus drivers, tour guides or other individuals who may be responsible for the clients' well-being while taking excursions outside the facility.
- **As Required by Law.** We will disclose your health information when required to do so by federal, state, or local law. We are also required to provide our clients' information to various governmental entities, including the State of Michigan, to maintain our licenses.
- **Workers' Compensation or other rehabilitative activities** reporting as required by law or insurers in order to provide benefits for work related or victim injuries or illnesses.
- **For Public Health Purposes.** We may disclose your health information for public health activities. These activities generally include the following:
 - To prevent or control disease, injury or disability;
 - To report births and deaths;
 - To report defective medical devices or problems with medications;
 - To notify people of recalls of products they may be using; and
 - To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.
- **About Victims of Abuse.** We may notify the appropriate government authority if we believe a client has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.
- **Health Oversight Activities.** We may disclose your health information to a health oversight agency for activities authorized by law. These oversight activities might include audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
- **Judicial Purposes.** We may disclose your health information in response to a court or administrative order. We may also disclose your health information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.
- **Law Enforcement.** We may release health information if asked to do so by a law enforcement official:
 - In response to a court order, subpoena, warrant, summons or similar process;
 - To identify or locate a suspect, fugitive, material witness, or missing person;
 - About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
 - About a death we believe may be the result of criminal conduct;
 - About criminal conduct at LoveJoy; and
 - In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.
- **Coroners, Medical Examiners and Funeral Directors.** We may release health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release health

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information about clients of LoveJoy to funeral directors as necessary to carry out their duties.

- **Organ and Tissue Donation.** We may release your health information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.
- **Research.** Under certain circumstances, we may use and disclose health information about you for research purposes. For example, a research project may involve comparing the health and recovery of all clients who received one medication to those who received another, for the same condition. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of health information. Before we use or disclose health information for research, the project will have been approved through this research approval process, but we may however, disclose health information about you to people preparing to conduct a research project, for example, to help them look for clients with specific health needs, so long as the health information they review does not leave LoveJoy. We will almost always ask for your specific permission if the researcher will have access to your name, address or other information that reveals who you are, or will be involved in your care at LoveJoy.
- **To Avert a Serious Threat to Health or Safety.** We may use and disclose your health information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.
- **Military and Veterans.** If you are a member of the armed forces, we may release your health information as required by military command authorities. We may also release health information about foreign military personnel to the appropriate foreign authority.
- **National Security and Intelligence Activities.** We may release your health information to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.
- **Protective Services for the Client and Others.** We may disclose your Health information to authorized federal officials so they may provide protection to the client, other authorized person or foreign heads of state or conduct special investigations.
- **Organization Directory.** We may include certain limited information about you in LoveJoy directory while you are a client at LoveJoy. This information may include your name, location in LoveJoy, your general condition (e.g. fair, stable, etc.) and your religious affiliation. The directory information, except for your religious affiliation, may also be released to people who ask for you by name. Your religious affiliation may be given to a member of the clergy, such as a priest or minister, even if they do not ask for you by name.
- **Other Disclosures.** Lovejoy Rehabilitation Centers may use or disclose the clients' information for any of the following purposes: Appointment reminders, research or acknowledgement contained in Lovejoy Rehabilitation Centers Admission Agreement.
- **Admission Agreement Acknowledgement.** Lovejoy Rehabilitation Centers may use or disclose the clients' personal or clinical information according to any agreement or acknowledgement contained in Lovejoy Rehabilitation Centers Admission Agreement.

OTHER USES OF HEALTH INFORMATION

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Other uses and disclosures of health information not covered by this Notice or the laws that apply to us will be made only with your written authorization. For example, we must get your prior written authorization before marketing a product or service to you if we will receive payment for the marketing communication. Likewise, we must obtain your written authorization if we will receive remuneration in exchange for your health information. Additionally, most uses of psychotherapy notes require your written authorization. We may use or disclose your health information for treatment, payment or health care operation purposes in connection with participation by LoveJoy Rehabilitation Centers in HIOs. In some cases you can request to opt out of such use or disclosure by contacting our Corporate Compliance Officer at the address noted above. If you provide us authorization to use or disclose your health information, you may revoke that authorization, writing, at any time. If you revoke your authorization, we will no longer use or disclose health information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made under the authorization and that we are required to retain our records of the care that we provided to you.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

You have the following rights regarding health information we maintain about you:

- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for your care like a family member or friend. For example, you could ask that we not use or disclose information to a family member about health care services you have received.

We are not required to agree to your request for a restriction if it involves treatment, payment or disclosures we are required to make by law except we must agree to a requested restriction on the disclosure of health information to a health plan for payment or health care operations not required by law if the PHI pertains to an item or service for which you or someone other than the health plan has paid in full. If we do agree to other requested restrictions, we will comply with your request unless the information is needed to provide you with emergency medical treatment.

To request restrictions, you must make your request in writing to the Corporate Compliance Officer. In your request, you must tell us (1) what information you want to limit, (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply.

- **Right to Request Confidential Communications.** You have the right to request that we communicate with you or your responsible party about health matters in an alternative way or at a certain location. . For example, you can ask that we only contact you at work or by mail. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

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- **Right to Inspect and Copy.** You have the right to inspect and copy health information that may be used to make decisions about your care. To inspect and copy health information that may be used to make decisions about you, you can submit your request in writing or orally. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request. We may deny your request to inspect and obtain a copy in certain very limited circumstances. If you are denied access to health information, you may request that the denial be reviewed. Another officer chosen by LoveJoy will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.
- **Right to Amend.** You have the right to ask us to amend your health and/or billing information for as long as the information is kept by LoveJoy. If you feel that health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for LoveJoy Rehabilitation Centers.

To request and amendment, your request must be made in writing. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
 - Is not part of the health information kept by or for LoveJoy;
 - Is not part of the information which you would be permitted to inspect and copy; or
 - Is accurate and complete.
- **Right to an Accounting of Disclosures.** You have the right to request a list of certain disclosures that we have made of your health information. This is a list of the disclosures we made of health information about you for reasons other than treatment, payment or operations and for which we did not otherwise get your written authorization or for which we only needed to give you an opportunity to object (e.g., facility directory and disclosures to family and friends during your care). Your request must state a time period that may not be longer than six (6) years and may not include dates before September 23, 2007. Your request should indicate in what form you want the list (for example, on paper, electronically). The first list you request within a twelve (12) month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.
 - **Right to a Paper Copy of This Notice.** You have the right to a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy of this Notice.

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WHO THIS NOTICE APPLIES TO:

This Notice describes LoveJoy's practices and those of:

- Any health care professional authorized to enter information into or consult your Organization medical record.
- All departments and units of LoveJoy.
- Any member of a volunteer group we allow to help you while you are in LoveJoy.
- All employees, staff and other Organization personnel.
- Both Lovejoy Rehabilitation Centers and its facilities follow the terms of this Notice. In addition, Lovejoy Rehabilitation Centers and its facilities may share health information with each other for treatment, payment or operations purposes described in this Notice.

CHANGES TO THIS NOTICE

We reserve the right to change this Notice. We reserve the right to make the revised Notice effective for health information we already have about you as well as any information we receive in the future. We will post a copy of the current Notice in LoveJoy. The Notice will contain on the first page, in the top right-hand corner the effective date. In addition, if we revise the Notice, and you are still a client of LoveJoy, we will offer you a copy of the current Notice in effect.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the Corporate Compliance Department or with the Secretary of the Department of Health and Human Services. To file a complaint with LoveJoy, contact Vanessa Smith, Corporate Compliance 734-469-4019. All complaints must be submitted in writing.

You will not be penalized for filing a complaint.

If you have any questions about this Notice, please contact Vanessa, Smith, Corporate Compliance Officer, LoveJoy Rehabilitation Centers, 17101 Dolores, Livonia, MI 48152, (734) 469-4019.

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ACKNOWLEDGEMENT OF RECEIPT of NOTICE OF PRIVACY PRACTICES

I, _____, state that I have received and/or read a copy of this organization's Notice of Privacy Practices which describes how medical information about me or my ward may be used or disclosed and how I can get access to this information.

I understand that if I have any questions, I am to ask the Home Manager or Administrator.

CLIENT or DESIGNATED PERSON SIGNATURE

DATE