



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.

We are required by law to maintain the privacy of your health information and provide you with this Notice of our responsibilities and Privacy Practices. Should our privacy practices change you will be notified.

Right to a Paper Copy of this Notice

A copy of our Notice of Privacy Practices is posted on public bulletin boards in the facility as well as on bulletin boards in each living option. You have the right to request a paper copy of our Notice at any time, even if you have received one previously. A copy is also available on our web site at www.evergreenoshkosh.com.

USES AND DISCLOSURES OF YOUR HEALTH INFORMATION

Evergreen may use and disclose your health information to others in order to provide treatment for you, obtain payment for services provided to you, and for our internal health care operations. The privacy of your health information is very important to us therefore, we have established policies and procedures to guard against unnecessary disclosure of your health information. The following is a summary of the most common permitted uses and disclosures of your health information by Evergreen.

To Provide Treatment

We may use your protected health information to provide care for you and disclose it to others who provide care for you. For example, information we obtain will be recorded in your health record and used to determine the course of treatment to best meet your needs. Your physician will document your medical status and give orders for treatments, medications and diagnostic testing to be administered. Nurses and other members of your treatment team will then record the actions they took and their observations of your response to treatment to determine its effectiveness and your progress.

We may share your protected health information with members of your treatment team, which may include contracted service providers, including physicians, consultants, diagnostic service providers such as lab and x-ray, acute care and emergency providers (should you require transfer to a hospital or other acute care setting), rehabilitation therapy (physical, occupational and speech therapies), pharmacy services, oxygen therapy, dental service, audiology, podiatry, optometry, suppliers of medical equipment, family members, and other health care professionals as necessary to coordinate services.

We may provide your physician and other providers who will treat you once you are discharged from Evergreen with information from your health record to assure you receive the appropriate follow-up care in your new living environment.

To Obtain Payment

Evergreen may disclose your health information to obtain payment for the cost of your care. For example, a bill may be sent to you or third parties such as your insurance provider that may include information identifying you, listing your diagnoses, procedures and treatments provided, and supplies used. This information may also be shared with your insurance provider and certain medical review agencies on an ongoing basis as necessary to obtain prior approval for treatment and authorization for payment. As appropriate, we may also share your information with government funding programs such as Medicaid or Medicare to obtain payment.

We may provide your protected health information to our contracted health care providers (*Business Associates*) who will perform services or provide supplies and medical equipment for you on our behalf (i.e. lab, x-ray, pharmacy, rehabilitation therapy) so they may obtain payment for their services.

Business Associates

Examples of a Business Associate include our insurance provider, financial auditors, nursing home software providers, and consultants. Business associates may use subcontractors to perform a service. We may disclose your protected health information to our business associates who in turn may disclose to a subcontractor so they can perform the job we've asked them to do and receive payment for their services. To protect your health information, we require our business associates to sign a contract promising to appropriately safeguard your information according to the guidelines established by Evergreen's privacy policies and the Privacy Rule of the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996.

To Conduct Health Care Operations

We may use and disclose your protected health information for our own operations as necessary to assure provision of quality care to all residents. For example, members of our quality assurance committee, other committees, outside auditors and accrediting agencies may use your protected health information to assess the care provided to you and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the health care services we provide. Other activities include those designed to reduce health care costs, develop protocols, case management and coordination, professional review and performance evaluation, training programs, legal services, business management and general administrative activities.

For the Facility Directory

Evergreen maintains a resident directory for internal use that includes your name, address and phone number. On admission you are asked to complete a Resident Options Form. You will be asked if you want your name, address and phone number included in the directory. If you check no, your name, address and phone number will not be included in the directory. This directory is updated periodically. If you decide at a later point in time that you do not want to be included in this directory, notify the front office staff at (920-233-2340). If you have opted out of being included in the directory we will not be able to confirm to anyone who inquires of you, either in person or by phone that you are a resident at Evergreen.

For Fundraising Activities

The Evergreen Foundation uses resident names and addresses and those of family members to provide opportunities for them to donate to the Evergreen projects requiring Foundation support. Residents may opt out of receiving fundraising materials for themselves and/or family members by calling the Foundation Office (237-2121).

For Treatment Alternatives

Evergreen may use and disclose your health information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

To the Food and Drug Administration (FDA)

We may disclose your health information to report adverse events, product defects, to track products or enable product recalls, repairs and replacements and to conduct post-marketing surveillance and compliance with requirements of the Food and Drug Administration.

When there are Risks to Public Health

Evergreen may disclose your health information for the following public activities and purposes:

To prevent or control disease, injury or disability, report disease, injury, vital events such as birth or death and the conduct of public health surveillance, investigations and interventions. To notify a person who has been exposed to a communicable disease or who may be at risk of contracting or spreading a disease.

To Coroners, Medical Examiners and Funeral Directors

Evergreen may disclose your health information to coroners and medical examiners for purposes of determining your cause of death or for other duties as authorized by law. Health information may also be disclosed to funeral directors consistent with applicable law and if necessary to carry out their duties with respect to your funeral arrangements.

As Legally Required

Evergreen will disclose your health information when it is required to do so by and Federal, State or local law.

In Connection with Judicial and Administrative Proceedings

As permitted or required by law, Evergreen may disclose your health information in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal as expressly authorized by such order or in response to a subpoena, discovery request or other lawful process, but only when Evergreen makes reasonable efforts to either notify you about the request or to obtain an order protecting your health information.

Law Enforcement

We may disclose your health information to law enforcement officials as required by applicable law for law enforcement purposes, including, under certain limited circumstances, if you are a victim of a crime or in order to report a crime.

To Report Abuse, Neglect or Domestic Violence

We may disclose your health information to notify government or legal authorities if we believe you were the victim of abuse, Neglect, or domestic violence as specifically required by applicable law or when you agree to the disclosure.

Complaint Investigation

We may disclose your health information to an appropriate health oversight agency, public health authority or attorney to investigate a complaint registered in good faith which states we or one of our business associates engaged in unlawful conduct or have otherwise violated professional standards and are potentially endangering one or more residents, workers or the public.

For Organ, Eye or Tissue Donation

Evergreen may use or disclose your health information to organ procurement organizations or other entities engaged in the procurement, banking or transplantation of organs, eyes or tissue for the purpose of facilitating the donation and transplantation.

For Specified Government Functions

We may disclose your health information under certain circumstances according to Federal regulations, to facilitate specified government functions relating to the military and veterans, national security and intelligence activities, protective services for the President and others.

To Health Oversight Activities

We may disclose your health information to health oversight agencies for activities that include: audits; civil, administrative, or criminal investigations; inspections, licensure or disciplinary action. We may not, however, disclose your health information if you are the subject of an investigation and the investigation does not arise out of and is not directly related to your receipt of health care or public benefits.

For Emergency Notification

We may use or disclose protected health information to notify or assist in notifying a legal representative or another person responsible for your care regarding a significant change in condition or an emergency situation.

In the Event of a Serious Threat to Health or Safety

We may disclose your health information consistent with applicable law and ethical standards of conduct, if we believe in good faith that such a disclosure is necessary to prevent or lessen a serious and imminent threat to your health and safety or the health and safety of the general public.

For Disaster Relief

We may release your health information to organizations authorized to handle disaster relief effort, such as the Red Cross, so those who care for you can receive information about your location or health status. You may agree or disagree orally to such release, unless there is an emergency.

To Your Religious Affiliation/Clergy unless you opt out

Evergreen compiles a list of residents by religious affiliation to provide to clergy. On admission you are asked to complete a Resident Options Form. You will be asked if you want your name provided to clergy members who visit Evergreen. If you opt out your name will not be provided to clergy. If you decide at a later point in time that you do not want to be included on this list, notify the front office staff at (920-233-2340).

Worker's Compensation

We may disclose your health information to the appropriate persons in order to comply with the laws related to Worker's Compensation or other similar programs. If an Evergreen employee is injured while providing care to you, we may release medical information about you if it is pertinent to the case.

Other Uses and disclosures of your health information other than described above will only be made with your individual informed written authorization, which you may revoke in writing at any time, except as action has already been taken. The following uses and disclosures require an authorization:

1. Most uses and disclosures of psychotherapy notes.
2. Disclosures that constitute a sale of protected health information (practice not done by Evergreen).
3. Other uses and disclosures not described in this Notice.
4. Uses and disclosures of protected health information for marketing purposes such as receiving financial remuneration (direct or indirect payment) from or on behalf of a third party whose products or services are being described in exchange for making the communication. "Financial remuneration" does not include in-kind or non-financial benefits.

Exceptions from "marketing" include:

- communications that occur face-to-face.
- promotional gifts of nominal value.
- communications for prescription refill reminders that are for a prescription currently prescribed or a generic equivalent.
- communications promoting health in general that do not promote a product or service from a particular provider.
- communications about government and government sponsored programs
- communications about Evergreen's own health-related products and services (if no financial remuneration is received).
- treatment pertaining to existing condition(s) and Evergreen does not receive any financial remuneration in either cash or cash equivalent.

- recommended or direct alternative treatments, therapies, healthcare providers, or settings of care when Evergreen does not receive any financial remuneration for making the communication.
- communications that do not involve protected health information such as purchasing a mailing list not derived from protected health information.
- for research that has undergone an extensive approval process.

YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION

Your health record is the legal physical property of Evergreen. The information contained within it belongs to you. Under the Privacy Rule of the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have the following rights regarding your health information. If you wish to exercise any of the following rights please contact the Medical Records Coordinator/Privacy Officer at 920-237-2151.

Right to Request Restrictions

You have the right to restrict how your health information is used or to whom your information is disclosed. You may want to limit the health information provided to family or friends involved in your care or payment of medical bills. Evergreen is not required to agree with your request in all circumstances.

You have the right to restrict disclosure of protected health information to a health plan for purposes of payment or healthcare operations when the health information pertains to a service for which the healthcare provider has been paid in full by the resident "out of pocket".

Right to Receive Confidential Communication

You have the right to ask that we communicate your health information to you in different ways or places. For example, you may wish to receive information about your health status in a special private room or through a written letter sent to a private address. We will accommodate reasonable requests.

Right to Access, Visually Inspect and Receive Copies of Your Health Information

You have the right to inspect and receive copies (fees may apply) of your health information, including billing records. You have the right to obtain a copy of your health record in electronic format where it is maintained in an electronic health record (EHR). Your health care records are stored in a secure area until destroyed (ten years after discharge or death).

Right to Amend Your Health Information

You have the right to request an amendment to your health information created by Evergreen if you believe it is incomplete or inaccurate. That request may be made as long as the information is maintained by Evergreen. You will be asked to make such a request in writing and give a reason as to why you believe your health information is incorrect. If Evergreen did not create the information that you believe is incorrect, or if we disagree with you and believe your health record is correct Evergreen can deny your request. Amendments to records are made in the form of addenda to the record since changes and/or deletions are not allowed.

Right to an Accounting of Disclosures

You have the right to request an accounting of disclosures Evergreen has made from your health record for certain purposes authorized by law. Requests should specify the time period to be included in the accounting (starting no earlier than April 14, 2003). Accounting requests may not be made for periods of time exceeding six years. Evergreen will provide the first accounting during any 12-month period without charge. There will be a reasonable cost-based fee for subsequent requests in any 12-month period.

Right to be notified

You have the right to be notified following a breach of your unsecured protected health information.

Right to Complain

If you believe your privacy rights have been violated, you may file a complaint with the Medical Records Coordinator who is the designated Privacy Officer for Evergreen (920-237-2151) or with the Corporate Compliance Officer at Evergreen (920-237-2132) or with the U.S. Department of Health and Human Services at the Office of Civil Rights, Washington, DC. Evergreen encourages you to express any concerns you may have regarding the privacy of your information. You will not be retaliated against in any way for filing a complaint.

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