

**Miller's Merry Manor**  
**Notice of Privacy Practices**  
**Effective Date: April 14, 2003**

**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.**

**A. Summary of Miller's Merry Manor policy regarding your health information**

Miller's Merry Manor is committed to protecting the privacy and confidentiality of your health information created and/or maintained at our facility. Federal and state regulations require us to maintain the privacy of your health information and to implement policies and procedures to safeguard the confidentiality of your health information. We are required by law to provide you with this Notice of Privacy Practices.

This Notice provides you with information about our privacy practices and describes the ways in which we may use or disclose your health information. The Notice also describes your rights and our legal obligations regarding any such uses or disclosures. It applies to all of your health information created and/or maintained at our facility, including any information that we receive from other health care providers. Also, this Notice applies to health information that we share with our business associates.

We reserve the right to change this Notice and to make the revised Notice effective for all health information we already have about you as well as any information we create or receive in the future. Whenever we revise this Notice, we will make the revised Notice available to you upon request on or after the effective date of the revised Notice and will have a copy of the Notice available at our facility to take with you. We will post a copy of the current Notice in our facility and on our website at [www.millersmerrymanor.com](http://www.millersmerrymanor.com). We will follow the terms of the Notice that is currently in effect. The heading of each page of the Notice contains the effective date of the most current Notice.

**B. How we may use and disclose your health information**

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

- **Treatment.** We may use your health information to provide you with health care treatment and services. Our facility healthcare team will share information about you in order to coordinate your care. We may disclose your health information to doctors, therapists, or other personnel who are involved in taking care of you. For example, physicians involved in your care will need information about your symptoms in order to determine the course of treatment that should work best for you. We may also

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disclose health information about you to a health care facility or family member who will be involved in your care once you have been discharged from our facility.

- **Payment.** We may use or disclose your health information so that we may bill and collect payment from you, an insurance company, or another third party for the health care services you receive at our facility. For example, a bill may be sent to you or a third party payer, including Medicare or Medicaid. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures and supplies used. We may also disclose your information to someone outside of our facility so that that person or business may receive payment for the health care services that were provided. For example, an ambulance provider may be needed to transport you from our facility to the hospital in an emergency situation and may not be able to obtain the information from you. We may disclose the minimum necessary information to the ambulance provider so that it may bill the appropriate payer for the services provided.
- **Health Care Operations.** We may use or disclose your health information for operations. These uses or disclosures are necessary to run our facility and to make sure our residents receive quality care. For example, we may use your health information to conduct quality assessment and improvement activities and to evaluate the performance of our staff in caring for you. We may disclose your health information to personnel for review and learning purposes. We may combine health information about many of our residents to determine whether certain services are effective or whether additional services should be provided. We may remove information that identifies you from this set of health information and share this information so that others may use the information to study health care and health care delivery without learning the identities of our residents. We may also use and disclose health information for conducting other business related management functions such as planning, auditing, and other administrative activities. We are also required to provide our resident's information to various governmental entities to maintain our license.
- **Business Associates.** We may disclose your health information about you to certain third parties with whom we contract to perform services on our behalf. If we give information to these parties, we will have a contract in place to require them to safeguard your information.
- **Appointment Reminders.** We may use or disclose your health information to contact you, or your personal representative if you have one, to remind you of an appointment regarding your care or to reschedule an appointment.
- **Treatment alternatives and health-related benefits, products and services.** We may use and disclose your health information to tell you about or recommend

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possible treatment alternatives or health-related benefits, products or services that may be of interest to you.

- **Directory.** Unless you request that we not do so, we may release your name, location in the facility, general condition, and religious affiliation for directory purposes. This information may be provided to members of the clergy, and, except for religious affiliation, to other people who ask for you by name. The directory information may not be placed in a public viewing area. We may use your name on a nameplate and/or your picture next to your room and various other non public places within the facility if we feel this will enhance your treatment while you are a resident at our facility.
- **Individuals involved in your care or payment for your care.** We may release your health information to individuals, such as family and friends, who are involved in your care or who help pay for your care. We also may disclose your health information to a person or organization assisting in disaster relief efforts for the purpose of notifying your family or friends involved in your care about your condition, status and location.
- **When required by the Secretary of Health and Human Services.** Federal law requires us to disclose health information to the Secretary of Health and Human Services when the Secretary requests such information for the purpose of determining our compliance with privacy laws. Therefore, should the Secretary request that we disclose health information for compliance purposes; we will disclose your information.
- **As required by law.** We may disclose your information when required to do so by federal, state or local law.
- **Public health activities.** We may disclose your health information to public health authorities that are authorized by law to receive and collect health information. These activities generally include but are not limited to the following:
  - To report disease or injury;
  - To report births and deaths ;
  - To conduct public health surveillance, investigations, and interventions;
  - To report child abuse or neglect;
  - To report suspected or actual abuse, neglect, or domestic violence involving a resident. We will only make this disclosure if you agree or when required or authorized by law;
  - To report adverse reactions to medications or problems with health care products;
  - To track FDA regulated products ;
  - To notify individuals of product recalls;
  - To conduct post marketing surveillance;

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- To notify an individual who may have been exposed to a disease or may be at risk for spreading or contracting a disease or condition.
- **Health oversight activities.** We may disclose your health information to a health oversight agency that is authorized by law to conduct health oversight activities. These oversight activities may include audits, investigations, inspections, or licensure. These activities are necessary for the government to monitor the persons or organizations that provide health care to individuals and to ensure compliance with government programs, applicable state or federal laws, and regulations.
- **Judicial or administrative proceedings.** 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.
- **Workers' Compensation.** We may disclose your health information to worker's compensation or similar programs when your health condition arises out of a work related injury or illness.
- **Law enforcement official.** We may disclose your health information in response to a request received from a law enforcement official for the following purposes:
  - As required by law;
  - In response to a court order, subpoena, warrant, summons or similar lawful or administrative process;
  - To identify or locate a suspect, fugitive, material witness, or missing person;
  - Regarding a victim of a crime, if under certain limited circumstances, we are unable to obtain the person's agreement;
  - To report a death that we believe may be the result of criminal conduct;
  - To report criminal conduct at our facility;
  - In emergency situation, to report a crime – the location of the crime and possible victims; or the identity, description, or location of the individual who committed the crime.
- **Coroners, medical examiners, or funeral directors.** We may disclose your health information to a coroner or medical examiner for the purpose of identifying a deceased individual or to determine the cause of death. We also may disclose your health information to a funeral director for the purpose of carrying out his/her necessary activities.
- **Organ procurement organizations or tissue banks.** If you are an organ donor, we may release your health information to organizations that handle organ procurement, transplantation, or tissue banking for the purpose of facilitating organ or tissue donation or transplantation.

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- **Research.** We may use or disclose your health information for research purposes under certain limited circumstances as long as certain privacy – related standards are satisfied.
- **To avert a serious threat to health or safety.** We may use or disclose your health information when necessary to prevent a serious threat to the health or safety of you or other individuals. Any such use or disclosure would be made solely to the individual(s) or organization(s) that have the ability and /or authority to assist in preventing the threat.
- **Military and veterans.** We may disclose your health information as required by military command authorities.
- **National security and intelligence activities.** We may disclose your health information to authorized federal officials for purposes of intelligence, counterintelligence, and other national security activities, as authorized by law.
- **Protective Services for the President and Others.** We may disclose your health information to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.
- **Inmates and Persons in Custody.** If applicable, we may release health information about you to a correctional institution or law enforcement official having custody of you.
- **Other uses and disclosures of health information.** 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. You have the right to revoke a written authorization at any time as long as your revocation is provided to us in writing, except for information we have already released based on your authorization or if the authorization was obtained as a condition of obtaining insurance coverage and other law gives the insurer the right to contest a claim or the policy itself.

**C. Your rights regarding your health information**

You have the following rights regarding your health information which we create and/or maintain:

- **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 your health information, you must submit your request, either orally or in writing, to the facility administrator. 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.

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- **Right to request an amendment.** You have the right to ask us to amend your health and/or billing information for as long as the information is kept by or for our facility. To request an amendment, you must submit your request in writing, on the standard form, to the facility administrator. In addition, you must provide us with 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 our facility;
  - Is not part of the information which you would be permitted to inspect and copy;
  - Is accurate and complete.
- **Right to an accounting of disclosures.** You have the right to request a list of certain disclosures that we made of your health information on or after April 14, 2003. The list, called an accounting of disclosures, does not include certain disclosures. For example, it does not include disclosures: for treatment, payment or health care operations; disclosures made to you or your responsible party; disclosures authorized by you; made to individuals involved in your care, for directory and notification purposes; incidental disclosures; disclosures that are part of a limited data set; for national security purposes; disclosures regarding inmates to law enforcement or correctional officials; to health oversight agencies or law enforcement officials for the time period that they have asked to have the information not disclosed; and for disclosures made prior to April 14, 2003.

To request an accounting of disclosures, you must submit your request in writing, on the standard form, to the facility administrator. Your request must state the time period which may not be longer than six years prior to the date of your request and may not include dates before April 14, 2003. Your request should indicate in what form you want to receive the accounting (for example, on paper or via electronic means). The first accounting that you request within a twelve month period will be free. For additional accountings, we may charge you for the costs of providing the accounting. 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 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, such as a family member or friend, who is involved in your care or in the payment of your care. In most instances

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we are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide emergency treatment to you.

To request restrictions, you must make your request in writing, on the standard form, to the facility administrator. In your request, you must tell us:

- What information you want to limit;
  - Whether you want to limit our use, disclosure or both; and
  - To whom you want the limits to apply.
- **Right to request confidential communication.** You have the right to request that we communicate with you or your responsible party about your health care in an alternative way or at a certain location. To request confidential communications, you must make your request in writing, on the standard form, to the facility administrator. 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. We may condition granting your request upon you providing us with information as to how payment will be handled and an alternative address or method of contact.

*If you want to exercise any of these rights described above in this Notice, please contact the facility's business office. They will give you the necessary information and forms for you to complete and return.*

- **Right to a paper copy of this Notice.** You have the right to receive a paper copy of this Notice. You may ask us to give you a copy of our current 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. You may obtain a copy of our current Notice by contacting the facility's business office.

#### **D. Complaints**

If you believe your privacy rights have been violated, you may file a complaint with our facility or with the Secretary of the Department of Health and Human Services. To file a complaint with our facility contact the facility's administrator or contact Miller's Merry Manor's Privacy Officer at 800-678-5505. All complaints must be submitted in writing.

You will not be retaliated against for filing a complaint.

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If you have any questions about this Notice, please contact the facility administrator or Miller's Merry Manor's Privacy Officer at 800-678-5505.