



Arden Wood

NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION

THIS NOTICE DESCRIBES HOW HEALTH CARE INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY

A. INTRODUCTION

During the course of providing services and care to you, Arden Wood gathers, creates, and retains certain personal information about you that identifies who you are and relates to your past, present, or future physical or mental condition, the provision of Christian Science care to you, and payment for your health care services. This personal information is characterized as your “protected health information.” This Notice of Privacy Practices describes how Arden Wood maintains the confidentiality of your protected health information, and informs you about the possible uses and disclosures of such information. It also informs you about your rights with respect to your protected health information.

B. ARDEN WOOD’S RESPONSIBILITIES

Arden Wood is required by federal and state law to maintain the privacy of your protected health information. Arden Wood is also required by law to provide you with this Notice of Privacy Practices that describes Arden Wood’s legal duties and privacy practices with respect to your protected health information. Arden Wood will abide by the terms of this Notice of Privacy Practices. Arden Wood reserves the right to change this or any future Notice of Privacy Practices and to make the new Notice provisions effective for all protected health information that it maintains, including protected health information already in its possession. A copy of the current Notice will be posted at Arden Wood. The Notice will contain the effective date on the first page. At any time you may request a copy of the current Notice in effect.

C. USE AND DISCLOSURE WITH YOUR AUTHORIZATION

Arden Wood will require a written authorization from you before it uses or discloses your protected health information, unless a particular use or disclosure is expressly permitted or required by law without your authorization. Arden Wood has prepared an authorization form for you to use when you wish to authorize Arden Wood to use or disclose your protected health information in a way that requires your express written permission.

You are not required to sign the form as a condition to obtaining care or having your care paid for. If you sign an authorization to release your protected health information for a particular purpose, you may revoke it at any time by written notice. Arden Wood then will not use or disclose your protected health information, except where it has already relied on your authorization.

D. HOW ARDEN WOOD MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION WITHOUT YOUR AUTHORIZATION

1. Mandatory Disclosures

Arden Wood will disclose protected health information to outside persons or entities without your written authorization as required by law in the following circumstances:

a. Court Order; Order of Administrative Tribunal

Arden Wood will disclose protected health information in accordance with an order of a court or of an administrative tribunal of a government agency.

b. Subpoena

Arden Wood will disclose protected health information in accordance with a valid subpoena issued by a party to adjudication before a court, an administrative tribunal, or a private arbitrator. Reasonable efforts will be made to notify you of the subpoena, or attempts will be made to obtain an order or agreement protecting your protected health information.

c. Law Enforcement Agencies

Arden Wood will disclose protected health information to law enforcement agencies in accordance with a search warrant, a court order or court-ordered subpoena, or an investigative subpoena or summons.

d. Medical Examiner

Arden Wood will disclose protected health information to a medical examiner where the medical examiner requests the information to identify a decedent; to notify next of kin; or to investigate passings that may involve public health concerns, suspicious circumstances, or elder abuse.

e. Elder Abuse Reporting

Arden Wood will disclose protected health information about a resident/patient who is suspected to be the victim of elder abuse to the extent necessary to complete any oral or written report mandated by law. Under certain circumstances, Arden Wood may disclose further protected health information about the resident/patient to aid the investigating agency in performing its duties. Arden Wood will promptly inform the resident/patient about any disclosure unless Arden Wood believes that informing the

resident/patient would place the resident/patient in danger of serious harm, or would be informing the resident's/patient's personal representative, whom Arden Wood believes to be responsible for the abuse, and believes that informing such person would not be in the resident's/patient's best interest.

f. Other Disclosures Required by Law

Arden Wood will disclose protected health information about a resident/patient when otherwise required by law.

2. Permissive Disclosures

Arden Wood may, in its discretion, use or disclose your protected health information without your written authorization in the following circumstances:

a. Your Care

Arden Wood may use or disclose your protected health information to provide you with or assist in your care and services. For example, Arden Wood may disclose your health information to your Christian Science practitioner of record, who is involved in your care, to assist the practitioner in his/her prayerful treatment, if necessary. Arden Wood may also disclose your protected health information to health care providers who are involved in your care if you leave its premises.

b. Billing and Payment

i. Medicare and Other Public or Private Health Insurers – Arden Wood may use or disclose your protected health information to public or private health insurers (including medical insurance carriers, HMOs, and Medicare) in order to bill and receive payment for your treatment and services that you receive on its premises. The information on or accompanying a bill may include information that identifies you, as well as your care needs and difficulties, procedures, and supplies used.

ii. Health Care Providers – Arden Wood may also disclose your protected health information to health care providers in order to allow them to determine if they are owed any reimbursement for care that they have furnished to you and, if so, how much is owed.

c. Christian Science Nursing Operations

Arden Wood may use your protected health information for its own Christian Science nursing operations. These uses and disclosures are necessary to manage Arden Wood and to monitor our quality of services and care. For example, we may use your protected health information to review our services and to evaluate the performance of our staff in caring for you.

d. Accreditation

Arden Wood may disclose your protected health information to any entity responsible for accrediting its operations so that the organization can carry out its activities.

e. Provision of Basic Information about Residents/Patients

If a person asks for a resident/patient by name, Arden Wood staff will try to contact that resident/patient to inform him/her of the inquiry. If the resident/patient is not available, the staff will take a message for the resident/patient. Arden Wood staff will not disclose the presence, location, or general condition of the resident/patient to that person without the resident's/patient's express permission. If a resident/patient wishes to avoid being contacted altogether in such situations, the resident/patient should provide written notice to Arden Wood. In that case, Arden Wood will not forward any outside inquiries to the resident/patient at all.

f. Individuals Involved in Your Care or Payment for Your Care

Unless you specifically object, Arden Wood may disclose to a family member, other relative, a close personal friend, or to any other person identified by you, all protected health information directly relevant to such person's involvement with your care or directly relevant to payment related to your care. Arden Wood may also disclose your protected health information to a family member, personal representative, or other person responsible for your care to assist in notifying them of your location, general condition, or passing.

g. Disaster Relief

Arden Wood may disclose your protected health information to a public or private entity authorized to assist in disaster relief efforts.

h. Disclosures within Arden Wood Community

Unless you specifically object, Arden Wood may disclose certain general information about you (e.g., past activities, present interests) to members of its community by means such as newsletter or bulletin board. Arden Wood may also disclose specific information (e.g., a passing, city and state where you moved from) to other residents/patients and staff, by means such as memorandum.

i. Business Associates

Arden Wood may contract with certain individuals or entities to provide services on its behalf. Examples include data processing, quality assurance, legal, or accounting services. Arden Wood may disclose your protected

health information to a business associate, as necessary, to allow the business associate to perform its functions on Arden Wood's behalf. Arden Wood will have a contract with its business associates that obligate the business associates to maintain the confidentiality of your protected health information.

j. Mailing List

Arden Wood may add your name, address, telephone number, and gender to its mailing list for newsletters, etc. You may notify Arden Wood in writing if you object to being added to the mailing list or at any time desire to be removed from it.

k. Public Health Activities

Arden Wood may disclose your protected health information to any public health authority that is authorized by law to collect it for purposes of preventing or controlling disease, injury, or disability.

l. Medical Examiner

Arden Wood may disclose protected health information to the medical examiner to allow the medical examiner to perform its duties.

m. Members of Workforce

It is Arden Wood's policy to allow members of its workforce to share residents'/patient's protected health information with one another to the extent necessary to permit them to perform their legitimate functions on Arden Wood's behalf. At the same time, Arden Wood will work with and train its workforce members to ensure that there are no unnecessary or extraneous communications that will violate the rights of its residents/patients to have the confidentiality of their protected health information maintained.

E. YOUR RIGHTS REGARDING PROTECTED HEALTH INFORMATION

You have the following rights with respect to your protected health information. To exercise these rights, contact Arden Wood at the following address: 445 Wawona Street, San Francisco, CA 94116-3058, Attention: Privacy Official.

a. Right to Receive a Copy of the Notice of Privacy Practices

You have the right to request and receive a copy of Arden Wood's Notice of Privacy Practices for Protected Health Information in written or electronic form.

b. Right to Request Special Privacy Protections

You have the right to request restrictions on the use and disclosure of your protected health information for treatment, payment or health care operations, or providing

notifications regarding your identity and status to persons inquiring about or involved in your care. Arden Wood is not required to grant your request, but if it does, it will comply with your request, except in an emergency situation or until the restriction is terminated by Arden Wood or you. You have the right to request that Arden Wood communicate protected health information to the recipient by alternative means or at alternative locations.

c. Right to Request Access

You have the right to inspect and copy your health records maintained by Arden Wood. In certain limited circumstances, Arden Wood may deny your request as permitted by law.

d. Right to Request Amendment

You have the right to request an amendment to your health records maintained by Arden Wood. If your request for an amendment is denied, you will receive a written denial, including the reasons for such denial, and an opportunity to submit a written statement disagreeing with the denial.

e. Right to an Accounting

You have the right to receive an accounting of disclosures of your protected health information created and maintained by Arden Wood. Arden Wood is not required to provide an accounting of certain routine disclosures or of disclosures of which you already are aware.

F. COMPLAINTS

If you believe that your privacy rights have been violated, you may file a complaint with Arden Wood at the following address: 445 Wawona Street, San Francisco, CA 94116-3058, Attention: Executive Director. You also have the right to submit a complaint to the Secretary of the U.S. Department of Health and Human Services, 50 United Nations Plaza – Room 322, San Francisco, CA 94102, Attention OCR Regional Manager. **Arden Wood will not retaliate against you if you file a complaint.**

G. FURTHER INFORMATION

If you have questions about this Notice of Privacy Practices or would like further information about your privacy rights, contact Arden Wood at the following address: 445 Wawona Street, San Francisco, CA 94116-3058, (415-379-2107) Attention: Privacy Official.

The effective date of this Notice of Privacy Practices is November 25, 2009.