

CHRISTIAN CARE CENTERS, INC.

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.

I. Our Commitment

Christian Care Centers, Inc. is committed to protecting the personal information entrusted to us by our residents. The trust you place in us when you share your personal information is a responsibility we take **very** seriously and is the cornerstone of how we have always conducted our operations.

The Health Insurance Portability and Accountability Act (**HIPAA**) provides Christian Care Centers, Inc. with guidelines and standards to follow when we use or disclose your **Protected Health Information (PHI)**. This new law also gives you, our resident, numerous rights regarding your ability to see, inspect, and copy your PHI. Because our commitment to privacy means complying with all privacy laws, we are providing you with this notice outlining our **Privacy Practices**. The following information is intended to help you understand what we can and cannot do with your PHI and what your rights are under HIPAA.

II. Our Use and Disclosure of Your PHI

HIPAA allows us to use and disclose your PHI for treatment, payment and health care operations without asking for your permission. For instance, a nurse caring for you will report any change in your condition to your physician (Treatment). We may use and disclose your PHI so that we can bill and receive payment for any treatment and services you receive at the facility(ies) (Payment). We may use and disclose your PHI for facility operations. These uses and disclosures are necessary to manage the facility and monitor our quality of care. For example, we may use PHI to evaluate our facility's services, including the performance of our staff.

We can also make disclosures under the following circumstances without your permission:

- ? As required by law, including response to court and administrative orders, or to report information about suspected criminal activity;
- ? To report abuse, neglect, or domestic violence;
- ? To authorities that monitor our compliance with these privacy requirements;
- ? To coroners, medical examiners, and funeral directors;
- ? For research and public health activities, such as disease and vital statistics reporting;
- ? To avert a serious threat to health or safety;
- ? To the military, certain federal officials for national security activities, and to correctional institutions;
- ? To a foundation related to the facility for fundraising activities. Information is limited to your name, address and phone number.
- ? To a spouse, family member or other personal representative, if they can show they are assisting in your care or payment of your care. If they cannot show your authorization, we can **ONLY** provide basic information about your status.

Unless you give us written authorization, we cannot use or disclose your PHI for any reason except as otherwise described in this notice. You may revoke your written authorization at any time by writing to us at the address indicated at the end of this notice.

III. YOUR INDIVIDUAL RIGHTS

You have the following rights with regard to your PHI at the facility:

- ? **To Restrict Our Use or Disclosure.** You have the right to ask us to limit our use or disclosure of your PHI. While we will consider your request, we are not legally required to agree to the additional restrictions. If we do agree to all or part of your request, we will inform you in writing. We cannot agree to limit any use and disclosure of your PHI if the use and disclosure is required by law, if you are being transferred to another health care institution, or it is needed to provide emergency treatment.

