

LUTHERAN SOCIAL SERVICES OF UPSTATE NEW YORK, INC.
(a.k.a. LUTHERAN RETIREMENT HOME)

WEBSITE NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT
OUR RESIDENTS MAY BE USED AND DISCLOSED AND
HOW YOU CAN GET ACCESS TO THIS INFORMATION

PLEASE REVIEW IT CAREFULLY

If you have any questions regarding the following material, please contact our Privacy Officer at the address or phone number at the bottom of this notice.

Whom does this notice cover?

Lutheran Social Services of Upstate New York, Inc. (a.k.a. Lutheran Retirement Home) provides health care to our residents and clients in partnership with physicians and other professionals and organizations. The information privacy practices in this notice will be followed by:

- Any health care professional who treats you in our facility.
- All departments of our organization.
- All employed staff or volunteers of our organization, including staff of LSS Group, Inc., our parent organization; Lutheran Social Services Senior Housing; and LSS Foundation.
- Any business associate or partner of Lutheran Social Services of Upstate New York, Inc. with whom we share health information.

General Overview.

We understand that medical information about you is personal. We are committed to protect medical information about you. We create a record of the care and services you receive to provide quality care and to comply with legal requirements. This notice applies to all of the records of your care that we maintain, whether created by our facility staff, your personal physician, or other health care professionals. Your personal physician may have different policies or notices regarding the physician's use and disclosure of your medical information created in the physician's office. Law requires us to:

- Keep medical information about you private.
- Give you notice of our legal duties and privacy practices with respect to medical information about you.
- Follow the terms of the notice that is currently in effect and to notify you when this policy is amended or changes.

Changes in this Policy.

Lutheran Social Services of Upstate New York, Inc. may change its policies at any time. Changes will apply to medical information we already hold, as well as new information after the change occurs. Before we make a significant change in our policies, we will change our notice and post the new notice in the public areas. You can receive a copy of the current notice at any time. The effective date is listed just below the title. You will be asked to acknowledge in writing your receipt of this notice.

How we may use and disclose medical information about you.

- We may use and disclose medical information about you for treatment (such as sending medical information about you to a specialist as part of a referral, in connection with discharge planning or transfer); to obtain payment for treatment (such as sending billing information to your insurance company or Medicare); and to support our health care operations (such as comparing resident or resident data to improve treatment methods.)
- We may use or disclose medical information about you without your prior authorization for several other reasons. Subject to certain requirements, we may give out medical information about you without prior authorization for public health purposes, abuse or neglect reporting, health oversight audits or inspections, research studies, funeral arrangements, workers' compensation purposes, and emergencies. We also disclose medical information when required by law, such as in response to a request from law enforcement in specific circumstances, or in response to valid judicial or administrative orders.
- We may also contact you for appointment reminders, or to tell you about or recommend possible treatment options, alternatives, health-related benefits or services that may be of interest to you, or to support fundraising efforts.
- If admitted as a resident to Lutheran Social Services of Upstate New York, Inc., unless you tell us otherwise, your name may be posted outside your room. We will list in our directory your name, resident room number, general health status (e.g. "fair," "good," "quarantined") and your religious affiliation, and will release this information with the exception of your religious affiliation to anyone who asks about you by name. Your religious affiliation may be disclosed only to a clergy member and even if they do not ask for you by name.
- We may disclose medical information about you to a family member or friend who you have identified as involved in your medical care or to disaster relief authorities so that your family can be notified of your location and condition.

Other uses of medical information.

In any other situation not covered by this notice, we will ask for your written authorization before using or disclosing medical information about you. If you choose to authorize use or disclosure, you can later revoke that authorization by notifying us in writing of your decision.

Your rights regarding medical information about you.

- In most cases, you have the right to look at or get a copy of medical information that we use to make decisions about your care, when you submit a written request. If you request copies, we may charge you a fee for the cost of copying, mailing or other related supplies. If we deny your request to review or obtain a copy, you may submit a written request for a review of that decision.
- If you believe that information in your record is incorrect or if important information is missing, you have the right to request that we correct the records, by submitting a request in writing that provides your reason for requesting the amendment. We could deny your request to amend a record if the information was not created by us; if it is not part of the medical information maintained by us; or if we determine that the information is accurate. You may appeal, in writing, a decision by us not to amend a record.
- You have a right to a list of those instances where we have disclosed medical information about you, other than for treatment, payment, healthcare operations or where you specifically authorized a disclosure, when you submit a written request. The request must state the time period desired for the accounting, which must be less than a six-year period and starting after April 14, 2003. You may receive the list in paper or electronic form. The first disclosure list request in a twelve-month period is free; other requests will be charged according to our cost of producing the list. We will inform you of the cost before you incur any costs.
- If this notice was sent to you electronically you have the right to a paper copy of this notice.
- You have the right to request that medical information about you be communicated to you in a confidential manner, such as sending mail to an address other than your home, by notifying us in writing of the specific way or location for us to use to communicate with you.
- You may request, in writing, that we not use or disclose medical information about you for treatment, payment or healthcare operations or to persons involved in your care except when specifically authorized by you, when required by law, or in an emergency. We will consider your request but we are not legally required to accept it. We will inform you of our decision on your request.

All written requests or appeals should be submitted to our Privacy Officer listed at the bottom of this notice.

Complaints.

- If you are concerned that your privacy rights may have been violated, or you disagree with a decision we made about access to your records, you may contact our Privacy Officer (listed below.) You may also contact LSS Corporate Compliance Officer at (716) 483-8238 or the 24-hour confidential Corporate Compliance Hotline at (716) 661-9900.

- Finally, you may send a written complaint to the U.S. Department of Health and Human Services Office of Civil Rights at 200 Independence Avenue S.W., Washington, D.C., 20201.
- Under no circumstances will you be penalized or retaliated against for filing a complaint.

Privacy Officer.

Charles E. Rice, Administrator
Lutheran Retirement Home
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Jamestown, New York 14701
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Fax (unsecured): (716) 665-8062

Effective date: April 14, 2003

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