

Lutheran Brethren Homes, Inc. NOTICE OF PRIVACY PRACTICES

Lutheran Brethren Homes, Inc. [dba LB Homes] and Affiliates:

Lutheran Brethren Retirement Services, Inc. [dba LB Alcott Manor / dba Lutheran Brethren Home Care / dba LB Broen Home / dba LB Short Stay]; Lutheran Brethren Home Health Services, Inc. [dba LB Home Care / dba LB Connect]; Lutheran Brethren Hospice Care Services, Inc. [dba LB Hospice]; Lutheran Brethren Sheridan House, Inc. [dba LB Sheridan House]; Lutheran Brethren Woodland Lodge, Inc. [dba LB Woodland Lodge]

Note: This notice describes how healthcare information about you may be used and disclosed and how you can get access to this information. Please read it carefully.

This notice is effective December 16, 2013

If you have any questions about this notice, please contact:

LB Homes Privacy Officer: Rebecca Horton, HIM Coordinator Phone: 218-998-1400

Each time you receive services from a healthcare provider a record of your visit is generated. Typically this record contains your symptoms, examination, test results, diagnoses, treatment, and a plan for future care or treatment. This information is often referred to as your health or medical record and serves as a:

- Basis for planning your care and treatment. We use the information to monitor the quality of care that you receive and to make on-going plans for treatment
- Means of communication among the many health professionals who contribute to your care
- Legal document describing the care you receive
- Means by which you or a third party payer can verify that services billed were actually provided
- Tool in educating health professionals or for medical research
- Source of information for public health officials responsible for improving the health of the United States
- Source of information for internal business management, planning and development
- Tool to assess and continually work to improve the care we render and the outcomes we achieve

Understanding what is in your record and how your health information is used helps you to:

- Ensure its accuracy by providing us with information about your health
- Better understand who, what, when, where, and why others may access your health information and make more informed decisions when authorizing disclosure to others
- Request communication of your health information by alternative means or at alternative locations
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken

Our responsibilities:

LB Homes is required to:

- Maintain the privacy of your health information. We must make sure that medical information that identifies you is kept private
- Provide you with this notice of our legal duties and privacy practice with respect to medical information we collect and maintain about you
- Follow the terms of this notice
- Notify you if we are unable to agree to a requested restriction

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- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

Protected health information is defined in the Privacy Rule of the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996.

How we may use or disclose Protected Health Information (PHI) about you for Treatment, Payment and Health Care Operations:

We will use your Protected Health Information for treatment purposes; for example:

- 1) Information obtained by a nurse, physician or other member of our healthcare team will be recorded in your record and used to determine the course of treatment that should work best for you. Your physician will document in your record his/her orders for treatment and medications. Members of your healthcare team will then record the actions they take and their observations. In that way, the physician will know how you are responding to treatment.

We may disclose your medical information to your interdisciplinary care team, such as physicians, nurses, home health aides/nursing assistants, care attendants, technicians, social workers, pharmacists, suppliers of medical equipment, other health care professionals, clergy, volunteers, designated family members and medical students, who are involved in taking care of you while you are a resident/patient/client of LB Homes. We may also disclose information about you to individuals or other LB Homes affiliated providers who may be involved in your care after you discontinue the services you are receiving from any LB Homes affiliate. Unless you object, this may include family members, your physician, other LBHomes affiliated providers or a subsequent healthcare provider.

- 2) **We will use your Protected Health Information for payment; for example:**

We may use and disclose your medical information to bill and receive payment for the treatment and services you receive while you are a resident/patient/client of LB Homes. For these purposes we may disclose information to your representative, an insurance or managed care company, Medicare, Medicaid or another third party payer. We may inform a health plan about the services you are going to receive to obtain prior approval or to decide if your plan will cover the service.

- 3) **We will use your health information for regular health care operations; for example**

We may use and disclose your Protected Health Information necessary to manage the business of each LB Homes entity and to monitor our quality of care residents/patients/clients. For example; we may use your protected medical information to review our treatment and services to residents/patients/clients which reflects our staff's performance in caring for you. Your PHI may also be used in training programs including those in which students, trainees or practitioners in health care learn under supervision.

Health care operations include such activities as:

Appointment Reminders: We may use/disclose medical information to contact you as a reminder of an appointment for treatment or medical care in your home, at our facility or another facility.

Business Associates: There are some services provided in our organization through contracts with business associates. An example includes a consulting pharmacist who reviews your health record to assess the appropriateness of medication use. When services are contracted, we may disclose your health information to our business associates so they can perform the job we've asked them to do. To protect your information, we require the business associate to appropriately safeguard your information in the form of a written contract.

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Individuals Involved in Your Care: We may disclose Protected Health Information about you to a family member or friend whom you have designated to be involved in your medical care, or to those who assist in payment for your care. This may include informing family or friends of your condition and if you are in your home, at our facility or another facility or out. We may also disclose Protected Health Information about you to an entity assisting in disaster relief efforts so that your family can be notified about your status.

As Required by Law: We may disclose PHI about you when required by federal, state or local laws.

To Avert a Serious Threat to Health or Safety: We may use and disclose Protected Health Information to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

Public Health Risks as Required by Law: We may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

Food and Drug Administration (FDA): We may disclose your name to the FDA regarding health information relative to adverse events with respect to food, supplement, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacements.

Research: We may disclose information to researchers according to Minnesota State Law when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.

Organ and Tissue Donation Organizations: If you are an organ donor, we may disclose your Protected Health Information to organizations engaged in tissue and organ donation and transplantation.

Military and Veterans: If you are a member of the armed forces, we may disclose Protected Health Information about you as required by military command authorities. We may also disclose Protected Health Information about foreign military personnel to the appropriate foreign military authority.

Workers Compensation: We may disclose Protected Health Information necessary to comply with laws relating to workers compensation or other similar programs established by law.

Marketing, Fundraising and Sale of PHI: Your PHI will not be used for marketing of services or products without your authorization if/when LB Homes receives financial compensation for marketing purposes that generate a profit. You may be contacted as part of a fundraising effort for an entity of LB Homes. You have the option to opt out of receiving our communications regarding fundraising activities. LB Homes cannot sell your PHI without your authorization.

Marketing: We may verbally inform you about products, services or disease management programs available to you as treatment options.

Fundraising: We may contact you as part of a fundraising effort for LB Homes. We may disclose Protected Health Information to a foundation so that the foundation may contact you or your family as part of fund raising efforts for an entity of LB Homes. We will only release contact information such as your name, address and phone number and the dates you received treatment or services from an entity of LB Homes.

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Law Enforcement: We may disclose health information for law enforcement purposes as required by law including: to comply with a court order, warrant, subpoena, summons, investigative demand or similar legal process; to identify or locate a suspect, fugitive, material witness, or missing person, when information is requested about the victim of a crime, if the individual agrees or under other limited circumstances, to report information about a suspicious death; to provide information about criminal conduct occurring in your home or at our facility while under the care of an entity of LB Homes, to report information in emergency circumstances about a crime or where necessary to identify or apprehend an individual in relation to a violent crime or an escape from lawful custody or in response to a valid subpoena.

Health Oversight Activities: We may disclose your Protected Health Information to a health oversight agency for activities authorized by law. These may include, for example; audits, investigation, inspections and licensure actions or other legal proceedings. These activities are necessary for the government oversight of the health care system, government payment or regulatory programs and compliance with civil right laws.

Coroners, Medical Examiners and Funeral Directors: We may disclose medical information to a coroner or medical examiner. This may be necessary to identify a deceased person or determine the cause of death. We may also disclose Protected Health Information about residents/patients/clients to funeral directors as necessary to carry out their duties.

National Security and Intelligence Activities: We may disclose Protected Health Information about you to authorized federal officials for intelligence, counter intelligence and other national security activities authorized by law.

Health Insurance: When applicable, a group health plan or health insurance issuer or HMO may disclose Protected Health Information per contract to the sponsor of the plan.

If you are a resident of a facility operated by LB Homes, your PHI may be used as follows:

Directory: Unless you notify us that you object, we may include certain limited information about you in the facility directory to assist our receptionist with telephone inquiries while you are a resident here. This information may include your name, location in the facility, your religious affiliation, Veteran and your general condition, i.e. fair, stable etc. This directory information, except for your religious affiliation, may also be released to people who ask for you by name. Your religious affiliation may be given to a member of the clergy such as a pastor, priest or rabbi, even if they do not ask for you by name. Unless you notify us that you object, we will post your first and last name outside of your room. Unless you object, we will include your first and last name and room number in our "Facility Directory". The directory provides information so your family, friends and clergy can visit you in the facility.

Visitor Book: Unless you notify us that you object, we will allow visitors to sign the visitor book which will include your name when family, friends or members of the community come to visit you.

Birthday Announcements: Unless you notify us that you object, post your name and birthday within the facility.

Member and/or Service Organizations: Unless you notify us that you object, we may release limited information about you such as your first/last name, location within our facility, and/or dates of stay to organizations based on a need to know basis as defined and agreed upon by our Privacy Committee. For example: Veterans of Military service, Lions Club, Knights of Columbus and/or volunteer students from local schools who participate in our activity program. (This list is not all inclusive). Your name, location within our

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facility and/or dates of stay may be given to a representative of the organization even if they do not ask for you by name.

Although your health record is the physical property of the healthcare practitioner or agency that compiled it, the information belongs to you. You have the right to:

Right of Access to Protected Health Information: You have the right to inspect and/or receive a copy of medical information that may be used to make decisions about your care. This includes medical and financial records, but does not include psychotherapy notes that are filed separate from your medical record.

You may submit a request to the LB Homes Privacy Officer either orally or in writing. If you request a copy for reviewing your current medical care, we will provide that without cost within 2 working days. For other requests, we may charge a fee for the costs of copying according to LB Homes policy and procedure.

We will allow you to inspect your record within 24 hours (excluding hours occurring during a weekends or holidays) of your request.

We may deny your request to inspect or receive copies in certain limited circumstances per MN State Law. If you are denied access to your Protected Health Information, you may request that the denial be reviewed. Another licensed health care professional chosen by our facility will review your request and the denial. LB Homes will then comply with the outcome of the review.

You have the right to obtain an electronic copy of your health information that exists in an electronic format and you may direct that the copy be transmitted directly to an entity or person designated by you, provided that any such designation is clear, conspicuous and specific with complete name and mailing address or other identifying information. A fee may be charged, however will not exceed the labor costs for responding to the request.

Right to Request Amendment: If you feel that the medical information maintained is incorrect or incomplete, you may request an amendment. You may make a request in writing to the LB Homes Privacy Officer. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. We also may deny it if the information was not created by the facility, is not part of the Protected Health Information maintained by or for our facility, is not part of the information to which you have a right of access to; or is already accurate and complete as determined by the LB Homes staff. If we deny your request for amendment, we will give you a written denial including the reason for the denial and the right to submit a written statement disagreeing with the denial.

Right to Request Restrictions: You have the right to request restrictions on the use or disclosure of your Protected Health Information for treatment, payment or health care operations. You also have the right to restrict the Protected Health Information we disclose about you to a family member, friend or others involved in your care or payment for your care. We will honor your request unless the information is needed to provide you emergency treatment or you are being transferred to another health care institution, or the disclosure is required by law. You must make your request in writing to our Privacy Officer. In your request, you must tell us; 1) what information you want to limit, 2) whether you want us to limit our use, disclosure or both, and 3) to whom you want the limits to apply, example your family members.

You have a right to request a restriction on disclosure of your protected health information to a health plan for payment or healthcare operations provided the restriction pertains specifically to health care services for which you paid for out-of-pocket, in full.

Right to Receive Confidential Communications: You have the right to request that we communicate with you in a certain way. For example, you may ask that only conduct communications pertaining to your health information with you privately with no other family members present. If you wish to receive confidential communications, please contact the LB Homes Privacy Officer. We will not request that you provide any

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reasons for your request and will attempt to honor your reasonable requests for confidential communications.

Right to an Accounting of Disclosure: You or your representative may request an “accounting of disclosure”. This is a list of the disclosures we made of your PHI. Not all disclosures are subject to this requirement.

To request this list of an accounting of disclosures, you must submit a written request to our Privacy Officer. Your request must state a time period which may not be longer than six years and may not include dates prior to 4/14/2003. The first list you request within a 12 month period will be free of charge. For additional requests within the 12 month period, we may charge you a fee for processing. We will notify you of the cost involved and you may choose to withdraw or modify your request before any costs are incurred.

Other uses of Protected Health Information: Other uses and disclosures of medical information not covered by this notice or the laws that apply will be made only with your written permission. If you provide us permission to use or disclose Protected Health Information about you, you may revoke that permission in writing at any time. If you revoke the permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made in good faith with your permission. You have a right to request communication of your health information by alternative means or at alternative locations.

Disclosure of PHI

Disclosure of your PHI not described within this Notice of Privacy Practice will only be made with your authorization

Notification of Breach of PHI

You will be notified of a data breach that affects your PHI.

If you believe your privacy rights have been violated you may file a written complaint with our Privacy Officer or with the Office of Civil Rights. You can also leave a verbal message on our Compliance Hotline at: (320) 239 2217 Extension 150. We will not retaliate against you if you file a complaint.

We reserve the right to change our practices and to make the new provisions effective for all Protected Health Information we maintain. Should our information practices change, we will post the updated notice at the facility in which you reside, provide you with a copy of the updated notice during your current stay or upon readmission and have copies available for distribution. If you do not reside in a facility of LB Homes but receive services from an LB Homes entity, we will provide a copy of the revised Notice to you or your appointed representative.

You or your representative has a right to a separate paper copy of this Notice at any time even if you or your representative has received this Notice previously. To obtain a separate paper copy, please contact the LB Homes Privacy Officer, 218-998-1400. A current version of the LB Homes Notice of Privacy Practices is also available on our website, www.lbhomes.org.