

**Lynn House of Potomac Valley**  
**Patient Privacy Information**  
**HIPAA Privacy Notice**  
*(This notice required by Federal Law)*

**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.**

At Lynn House, the confidentiality of all information concerning patients is of the utmost importance. The ethical standards upheld by nurses and other staff come from the teachings of Christian Science with its emphasis on the confidential relationship between nurse and patient, and practitioner and patient. Maintaining that confidentiality for your protection is now a federal law known as HIPAA (Health Insurance Portability and Accountability Act of 1996, effective April 14, 2003). This law requires that all organizations such as ours protect the privacy of patients in a variety of ways. Lynn House adheres to the letter and spirit of this law.

1. I understand that the use or disclosure of my protected health information (PHI) by Lynn House will only be for the purpose of providing Christian Science Nursing care to me, obtaining payment for my care bills, and for conducting the normal business of running our facility. PHI refers to any information about myself and my care collected at Lynn House or from others regarding my care needs that is deemed necessary to nurse me properly.
2. I understand that, for my protection, Lynn House will sign agreements with any business associates (for example, our auditor), that would have a valid reason to disclose my PHI. These agreements will include a promise that the business will not disclose any PHI in any way not essential to the normal activities of their business.
3. For my further protection, I understand that I will be asked to sign specific authorization any time Lynn House decides to disclose any of my PHI to anyone for purposes other than routine needs described above. The only exceptions to this would be for contact with legal authorities, my family and close friends and others deemed to be within the normal scope of providing care.
4. I understand Lynn House expects me to bring any concerns about this policy, or Lynn House's compliance with it, to the attention of the Lynn House HIPAA

Compliance Officer, the Executive Director, at (703) 379-6000. I also have the right to file a formal complaint with the Lynn House HIPAA Compliance Officer and/or with the federal agency, HHS, if I feel that there has been a violation of these privacy rights. Lynn House will not retaliate against me if I feel the need to file a complaint.

5. I understand that I have the right to review the complete Lynn House HIPAA Privacy Policy which is always available at the Charge Nurse's Office and the Main Office. This Policy describes the types of uses and disclosures of my PHI that may occur in the course of my stay at Lynn House. This Policy is also on the Lynn House website, <http://www.LynnHouse.org> . I may also inspect, copy or amend my PHI.

---

Printed name of Patient or Personal Representative

---

Signature of Patient or Personal Representative

---

Date

07/19/05