

LYNN HOUSE OF POTOMAC VALLEY, INC.

**NOTICE OF PRIVACY PRACTICES
FOR PROTECTED HEALTH INFORMATION**

THIS NOTICE DESCRIBES HOW HEALTH CARE INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED BY LYNN HOUSE 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, Lynn House 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 Lynn House 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. LYNN HOUSE’S RESPONSIBILITIES

Lynn House is required by federal and state law to maintain the privacy of your protected health information. Lynn House is also required by law to provide you with this Notice of Privacy Practices that describes Lynn House’s legal duties and privacy practices with respect to your protected health information. Lynn House will abide by the terms of this Notice of Privacy Practices. Lynn House 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 Lynn House and on our website. 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 or view it on our website.

C. USE AND DISCLOSURE WITH YOUR AUTHORIZATION

Lynn House 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. Lynn House has prepared an authorization form for you to use when you wish to authorize Lynn House 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. Lynn House then will not use or disclose your protected health information, except where it has already relied on your authorization.

D. HOW LYNN HOUSE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION WITHOUT YOUR AUTHORIZATION

1. Mandatory Disclosures

Lynn House 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

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

b. Subpoena

Unless you file, and a court grants, a motion to quash the subpoena, Lynn House 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.

c. Law Enforcement Agencies

Lynn House 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

Lynn House 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, Neglect, or Exploitation Reporting

Lynn House will disclose protected health information about a resident/patient who is suspected to be the victim of elder abuse, neglect or exploitation, to the extent necessary to complete any oral or written report mandated by law. Under certain circumstances, Lynn House may disclose further protected health information about the resident/patient to aid the investigating agency in performing its duties. Lynn House will promptly inform the resident/patient about any disclosure unless Lynn House 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 Lynn House believes to be responsible for the abuse, neglect or exploitation, and believes that informing such person would not be in the resident's/patient's best interest.

f. Other Disclosures Required by Law

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

2. Permissive Disclosures

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

a. Your Care

Lynn House may use or disclose your protected health information to provide you with or assist in your care and services. For example, Lynn House 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. Lynn House 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

Medicare and Other Public or Private Health Insurers – Lynn House 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.

c. Christian Science Nursing Operations

Lynn House may use your protected health information for its own Christian Science nursing operations. These uses and disclosures are necessary to manage Lynn House 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

Lynn House 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, Lynn House 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. Lynn House 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 Lynn House. In that case, Lynn House 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, Lynn House may, at its discretion, 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. Lynn House 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

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

i. Business Associates

Lynn House may contract with certain individuals or entities to provide services on its behalf. Examples include data processing, quality assurance, legal, or accounting services. Lynn House may disclose your protected health information to a business associate, as necessary, to allow the business associate to perform its functions on Lynn House's behalf. Lynn House 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

Lynn House may add your name, address, telephone number, and gender to its mailing list for newsletters, etc. You may notify Lynn House 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

Lynn House 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

Lynn House may disclose protected health information to the medical examiner to allow the medical examiner to perform its duties.

m. Members of Workforce

It is Lynn House'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 Lynn House's behalf. At the same time, Lynn House 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 Lynn House at the following address: 4400 W. Braddock Road, Alexandria VA 22304.

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

You have the right to request and receive a copy of Lynn House'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 in writing, 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. Lynn House 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 Lynn House or you. You have the right to request, in writing, that Lynn House 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 Lynn House. In certain limited circumstances, Lynn House 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 Lynn House. 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 Lynn House. Lynn House 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 Lynn House at the following address: 4400 W. Braddock Road, Alexandria VA 22304, 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, Office for Civil Rights, Region III – 150 S. Independence Mall West, Suite 372, Public Ledger Building, Philadelphia PA, 19106-9111. Attention OCR Regional Manager. **Lynn House 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 Lynn House at the following address or telephone number: 4400 W. Braddock Road, Alexandria VA 22304. (703) 379-6000.

I have read and reviewed this Notice of Privacy Practices for Protected Health Information at Lynn House and understand and accept them as presented.

Signature of Patient/Resident or Personal Representative

Date

Printed Name