



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.

This is the required Privacy Notice of The Eliza Jennings Senior Care Network and its Organized Health Care Arrangement. This Notice applies to and will be followed by all employees, staff, volunteers and other personnel of The Eliza Jennings Senior Care Network and its affiliated entities. This Notice applies to Eliza Jennings Senior Care Network, The Eliza Jennings Home, Devon Oaks, The Renaissance, Acacia Place and Eliza Jennings at Home.

Explanation of Forms. This Facility handles medical information about you, and how that information is handled is regulated by law. To comply with the applicable law, the Facility requires you to receive this notice and, in some circumstances, to sign an authorization form.

The Facility is allowed by law to use and disclose information about you for the purposes essential to providing care, including, but not limited to, treatment, payment collection or health care operations.

An authorization allows the Facility to use and disclose information about you for any other reason that is listed in the authorization. The Facility may not refuse to admit or treat you for refusing to sign the authorization. Other rules about your rights regarding medical information are described in this notice.

Types of Uses and Disclosures. Medical information about you may be used or disclosed by this Facility for treatment, payment, and health care operations without your authorization. Treatment includes consultation, diagnosis, provision of care, and referrals. Payment includes all those things necessary for billing and collection, such as claims processing. Health care operations includes things the Facility does to assess the quality of care, train staff, and manage the Facility's business. Some examples of disclosures and use are below.

Example of Treatment Disclosure. The Facility may disclose medical information about you to your treating physician, a hospital or other providers to help them diagnose and treat an injury or illness.

Example of Payment Disclosure. The Facility may disclose medical information about you when Medicare, Medicaid, or other payors require the information before paying for your health care services.

Example of Health Care Operations Use. The Facility may use medical information about you when it hires new staff whose training requires information about the medical needs of our residents.

Other Uses and Disclosures. We may use or disclose your protected health information in the following situations without your authorization. These situations include:

As Required By Law. We may use or disclose your protected health information to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required by law, of any such uses or disclosures.

Public Health. We may disclose your protected health information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury or disability. We may also disclose your protected health information, if directed by the public health authority, to another government agency that is collaborating with the public health authority.

Communicable Diseases. We may disclose your protected health information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

Health Oversight. We may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.

Abuse or Neglect. We may disclose your protected health information to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your protected health information if we believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

Food and Drug Administration. We may disclose your protected health information to a person or company required by the Food and Drug Administration to report adverse events, product defects or problems, biologic product deviations, track products; to enable product recalls; to make repairs or replacements, or to conduct post marketing surveillance, as required.

Legal Proceedings. We may disclose protected health information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), in certain conditions in response to a subpoena, discovery request or other lawful process.

Law Enforcement. We may also disclose protected health information, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include (1) legal processes and otherwise required by law, (2) limited information requests for identification and location purposes, (3) pertaining to victims of a crime, (4) suspicion that death has occurred as a result of criminal conduct, (5) in the event that a crime occurs on the premises of the Facility, and (6) medical emergency (not on the Facility's premises) and it is likely that a crime has occurred.

Coroners, Funeral Directors, and Organ Donation. We may disclose protected health information to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose protected health information to a funeral director, as authorized by law, in order to permit the funeral director to carry out his duties. We may disclose such information in reasonable anticipation of death. Protected health information may be used and disclosed for cadaveric organ, eye or tissue donation purposes.

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

Criminal Activity. Consistent with applicable federal and state laws, we may disclose your protected health information, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

Military Activity and National Security. When the appropriate conditions apply, we may use or disclose protected health information of individuals who are Armed Forces personnel (1) for activities deemed necessary by appropriate military command authorities; (2) for the purpose of a determination by the Department of Veterans Affairs of eligibility for benefits, or (3) to foreign military authority if you are a member of that foreign military services. We may also disclose your protected health information to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or others legally authorized.

Workers' Compensation. Your protected health information may be disclosed by us as authorized to comply with workers' compensation laws and other similar legally-established programs.

Inmates. We may use or disclose your protected health information if you are an inmate of a correctional facility and your physician created or received your protected health information in the course of providing care to you.

Required Uses and Disclosures. Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the law.

Fundraising. The Facility may contact you in order to raise funds for Eliza Jennings. You have the right to opt out of receiving fundraising communications. If you wish to have your name removed from the list to receive fundraising requests supporting Eliza Jennings, please call (216) 226-5000 or send an email to development@elizajen.org.

Facility Directories. Unless you object, we will use and disclose in our Facility directory your name, the location at which you are receiving care, your condition (in general terms), and your religious affiliation. All of this information, except religious affiliation, will be disclosed to people that ask for you by name. Members of the clergy will be told your religious affiliation.

Others Involved in Your Healthcare. Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your protected health information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose protected health information to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location, general condition or death. Finally, we may use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care.

Authorized Uses and Disclosures. Additional uses and disclosure may be made if you have given written authorization, which may be revoked at any time in writing delivered to the Executive Director, except to the extent the Facility acted in reliance on the authorization.

Your authorization is required for use and disclosure, in the following situations:

Psychotherapy Notes. Most uses and disclosures of psychotherapy notes require your authorization. Psychotherapy notes means notes recorded by a health care provider who is a mental health professional documenting or analyzing the contents of conversation during a private counseling session or a group, joint, or family counseling session and that are separated from the rest of the individual's medical record.

Marketing Purposes. Uses of health information for marketing purposes requires your authorization. Marketing is a communication about a product or service that encourages recipients of the communication to purchase or use the product or service.

Sale of Health Information. Disclosures that would constitute a sale of health information. A sale of health information includes receiving direct or indirect remuneration in exchange for the disclosure of health information.

Other uses and disclosures not described in the Notice of Privacy Practices will be made only with your authorization.

Restrictions. You have the right to restrict certain disclosures of health information to a health plan where you pay out of pocket in full for the health care item or service. You have the right to request other restrictions on the use and disclosure of medical information about you; however, the Facility will only be bound by the restrictions if the Facility notifies you that it agrees with them.

Breach. You have the right to be notified following a breach of unsecured health information.

Confidentiality. You have the right to have the Facility use only confidential means of communicating with you about medical information. This means you may have information delivered to you at a certain time or place, or in a manner that keeps your information confidential.

Access. You have the right to see and receive a copy of information about you kept by the Facility under most circumstances.

You shall have access to your medical information upon request, except in instances where your treating physician determines that it would not be medically advisable to provide the information to you, in which case the information will be provided to your legal representative.

Excluding weekends and holidays, you or your legal representative will have access to medical information within twenty four (24) hours of the request for access. Should you or your legal representative wish to obtain a photocopy of your medical information, copies shall be provided by the Facility upon two (2) working days notice.

Amendment. You have the right to have the Facility amend its records of information about you. The Facility may refuse to amend information that is accurate, that was created by someone else, or is not disclosable to you.

Accounting. You have the right to see a list of disclosures of medical information about you by the Facility, which includes the purposes and recipients of the information.

Copy. You have the right to receive a paper copy of this notice.

Out-of-Pocket-Payments. If you paid out-of-pocket (or in other words, you have requested that we not bill your health plan) in full for a specific item or service, you have the right to ask that your Protected Health Information with respect to that item or service not be disclosed to a health plan for purposes of payment or health care operations, and we will honor that request.

Privacy Notice. The Facility is required by law to keep medical information about you private and to give you this notice. The Facility must abide by this notice. However, the Facility reserves the right to amend this notice and make such changes applicable to all medical information maintained by the Facility. Any revised notice will be provided to you.

Complaints. You may complain to the Facility if you believe your privacy rights have been violated by giving a written complaint to the Chief Operations Officer at 14701 Detroit Avenue, Suite 620, Lakewood, Ohio 44107. You may also complain to the Secretary of the U.S. Department of Health and Human Services. The Facility will not retaliate against you for making a complaint.

Effective Date. This notice is effective from September 23, 2013, until revised by the Facility.