

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 THIS NOTICE CAREFULLY.

We are required by law to maintain the privacy of medical and health information about you (“Protected Health Information”) and to provide you with this Notice so that you will understand how we may use or share your medical and health information and our legal duties and privacy practices relative to this information. We are required to follow the terms of this notice currently in effect.

We reserve the right to change our practices and make the new provisions effective for all health information we maintain. If we make material changes, we will make the revised Notice available to you by posting it in a clear and prominent location.

If you have questions about this notice please contact our Privacy Officer at (207) 872-8992.

How we May Use and Disclose Your Protected Health Information

The following categories describe ways in which we may use and disclose your medical information. Each category contains examples of the ways we may use and disclose your information. Not every use or disclosure in a category is listed. However, all of the ways we use and disclose information about you will fall into one of these categories.

1. **For treatment:** We may disclose your medical and health information to doctors, nurses, and other health care personnel who are involved in providing, managing, or coordinating your health care and any related services. For example, your medical and health information will be shared with our nurses, personal care attendants, and medication administration personnel. In the event that you are sent to the Emergency Room, we may inform Emergency Room personnel of the symptoms that led to your transport to the Emergency Room.
2. **To obtain payment:** We may disclose your medical and health information in order to bill and collect payment for health care services we provide to you. For example, we may release portions of your medical and health information to a government program, an insurance company, or third party payer. This may include certain activities that your health insurance plan may undertake including determination of eligibility for coverage, billing, collection activities, and medical necessity determinations.
3. **For health care operations:** We may use or disclose your medical or health information in the course of performing certain functions within our organization to ensure that you and others continue to receive quality care and services. For example, we may take your photograph for medication identification purposes, use your medical and health information in evaluating the quality of services provided. We may disclose your medical or health information to our staff for auditing, service planning, treatment and learning purposes.

4. **Business Associates:** There are some services provided in our organization through contacts with third parties who perform services on our behalf. Examples include pharmacy consultants, auditors, and attorneys. When these services are contracted we may disclose your medical and health information so that they can perform the job we have asked them to do. To protect your health information, however, we require these business associate to appropriately safeguard your information.
5. **Providers:** Many of the services provided to you, as part of your care, are offered by providers other than members of our organization. These include a variety of providers such as physicians, therapists, portable radiology units, clinical labs, hospice caregivers, pharmacies, and medical equipment suppliers. We may use and disclose health information to them for their treatment or payment activities.
6. **Facility Directory:** We may use your name, location in our community, your general condition, (e.g., fair, stable), and your religious affiliation for directory purposes. This is so your family, friends, and clergy can visit you and generally know how you are doing. This information, except for your religious affiliation, may be disclosed to people who ask for you by name. Your religious affiliation may be disclosed to a member of the clergy even if they don't ask for you by name. If you do not want to be included in the directory, please notify the Executive Director.
7. **Workers' Compensation:** We may disclose medical information to the extent necessary to comply with laws relating to workers compensation or other similar programs. These programs provide benefits for work-related illnesses or injuries.
8. **Disclosures to Family, Friends, or Others Designated by You:** We may disclose your medical and health information to a close friend, family member, or a person you designate on the *Consent for Use and Disclosure of Protected Health Information* you complete at the time of admission.
9. **When required by law:** We may disclose your medical and health information when a federal, state, or local law requires that we report information about suspected abuse, neglect or exploitation or violation of other resident rights. We must also disclose medical or health information when it relates to criminal activity or in response to a court order or subpoena.
10. **For public health activities:** We may disclose your medical and health information for public health purposes, including the prevention or control of diseases, injury, or disability; reporting deaths; reporting reactions to medications or problems with products; or notifying a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease.
11. **For health oversight activities:** We may disclose your medical and health information to a health oversight agency such as a protection and advocacy agency, the state agency responsible for inspecting and licensing our facilities or to other agencies responsible for monitoring the health care system for such purposes as reporting or investigation of unusual

incidents or to ensure that we are in compliance with applicable state and federal laws and regulations and civil rights issues.

12. **To medical examiners, funeral directors, organ procurement organizations or tissue banks:** We may disclose your medical and health information to a coroner, medical examiner, or funeral director so that they can carry out their duties related to your death, as permitted by law. If you are an organ donor, we may disclose your health information to the organization that will handle your organ, eye or tissue donation for the purposes of facilitating your organ or tissue donation or transplantation.
13. **Disaster relief:** We may disclose health information about you to an organization assisting in a disaster relief.
14. **To avert threat to health or safety:** We may disclose your medical and health information to avoid a serious threat to your health or safety or to the health or safety of others. When such disclosure is necessary, information will only be released to those law enforcement agencies or individuals who have the ability or authority to prevent or lessen the threat of harm.
15. **For specific government functions:** We may disclose your medical and health information to authorized federal agencies or to correctional institutions.

YOUR WRITTEN AUTHORIZATION IS REQUIRED FOR ALL OTHER USES OR DISCLOSURES OF YOUR HEALTH INFORMATION.

Other uses and disclosures of medical and health information other than those described above will be made only with your written permission (“Authorization”). If you provide us with an Authorization to use or disclose medical or health information about you, you may revoke that Authorization. You understand that we are unable to take back any disclosure we have already made with your permission, and that we are required to retain our records of the care that we provided to you. In order to revoke an Authorization you may use our *Authorization for Use or Disclosure of Protected Health Information* form and/or our *Revocation of an Authorization* form. Copies of these forms are available from the Executive Director.

Your Rights Regarding Your Protected Health Information

You have the following rights relating to your protected health information:

1. **To request restrictions on uses and disclosures:** You may request restrictions on our use and disclosure of your medical and health information for a particular reason related to service, payment, and health care operations. All requests for such restrictions must be made in writing to the Executive Director. While we will consider all requests for additional restrictions carefully, we are not required to agree to a requested restriction. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. If you wish to request additional restrictions, you can obtain a copy of our

Request to Restrict the Use and Disclosure of Protected Health Information form the Executive Director. We will send you a written response.

2. **To choose how we contact you:** You have the right to ask that we send you information at alternative addresses or by an alternative means. Your request must be submitted to the Administrator in writing. You are not required to explain the reason for your request. We will agree to your request as long as it is reasonably easy for us to do so.
3. **To inspect and request a copy of your medical and health information:** You have the right to inspect and obtain a copy of your medical, health, and billing information for as long as we maintain the protected health information. In order to inspect and/or copy your medical, health, or billing information, you must submit a written request to the Executive Director. You may submit your request on our *Request for Inspection/Copy of Protected Health Information* form.

If you request a copy of your medical, health, or billing information, we may charge you an established fee for the costs of copying, mailing, or summarizing your health information. We will provide you with information concerning the cost of copying your health information prior to performing such service.

4. **To request amendment of your medical and health information:** You have the right to request that we amend your medical and health information. Your request must be submitted to the Executive Director in writing on our *Request for Amendment/Correction of Protected Health Information* form. Copies of these forms are available from the Executive Director. We will respond within sixty (60) days of receiving your written request. If we approve the request for amendment, we will change your medical and health information and so inform you, obtain a list from you of individuals with whom the amendment is to be shared, and make reasonable efforts to provide these individuals with the amendment.

We may deny the request if we determine that (1) Your request was not submitted in writing; (2) Your request does not contain a reason to support your request; (3) The information was not created by us, unless the person or entity that created the information is no longer available to make the amendment; (4) The information is not part of the health information kept by or for our facility; and/or (5) The information is already accurate and complete. If your request is denied, we will provide you with a written notification of the reason(s) of such denial and your rights to have your request, the denial, and any written response you may have relative to the information and denial process appended to your health information.

5. **To find out what disclosures have been made:** You have the right to request that we provide you with a written accounting of certain disclosures made by us during a certain time period. This accounting will not include disclosures we have made for purposes of treatment, payment or health care operations as described in this Notice of Privacy Practices or any releases pursuant to your authorization.

Your request must be submitted in writing to the Executive Director and must indicate the time period for which you wish the information (e.g., May 1, 2003 through August 31, 2005).

Your request may not include releases for more than six (6) years **prior** to the date of your request and may not include releases prior to April 14, 2003. Your request must indicate in what form (e.g., printed copy or email) you wish to receive this information.

We will respond to your written request for such a list within sixty (60) days of receiving it. Should additional time be needed to reply, you will be notified of such extension. However, in no case will such extension exceed thirty (30) days. There will be no charge for up to one such list in each twelve (12) month period. There will be a reasonable fee for additional requests during a twelve (12) month period. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

- 6. To receive this notice:** You have the right to receive a paper copy of this notice from the Administrator even though you may have agreed to receive an electronic copy of this notice. You may request a paper copy of this notice at any time or you may obtain a copy of this information from our website (as applicable).

SPECIAL REGULATIONS REGARDING DISCLOSURE OF SUBSTANCE ABUSE OR PSYCHIATRIC AND HIV-RELATED INFORMATION

For disclosures concerning certain health information such as HIV-related information or records regarding psychiatric care or substance abuse that have been sent to us by another provider, special restrictions apply. Generally, we will disclose such information only with an Authorization, or as otherwise required by law.

To Report a Concern Regarding our Privacy Practices

If you believe that we have violated your privacy rights, you may file a complaint with our organization or with the Secretary of the Department of Health and Human Services. To file a complaint with our organization submit your complaint in writing on our *Privacy Practices Complaint* form to Privacy Officer Matthew Walters, Woodlands Assisted Living, LLC, 141 West River Road, Suite 300, Waterville Me, 04901. You may file a written complaint with the Secretary of the U.S. Department of Health and Human Services at 200 Independence Avenue SW, Room 509F, HHH Building, Washington D.C. 20201 or call toll free to 1-877-696-6775. We will take no retaliatory action against you if you make such complaints.

Effective Date: This notice is effective as of March 6, 2007