

## NOTICE OF PRIVACY PRACTICES

**Effective Date: September 20, 2013**

**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.**

Image Healthcare (“Image”), its medical staff, and its other healthcare providers are part of a clinically integrated care setting that constitutes an organized healthcare arrangement under HIPAA. This arrangement involves the participation of legally separate entities in providing healthcare services to Image residents, but does not make any entity responsible for the medical judgment or patient care provided by one of the other participating entities. All of these participating entities have agreed to abide by this Notice of Privacy Practices (NPP) while working on behalf of Image.

Image creates a record of the care and services you receive through the employees and independent medical professionals who provide services through Image. Your medical records and billing information are created and retained on a computer system that includes Electronic Health Records. That system is accessible to Image personnel and members of its medical staff, and these persons are able to access and use your Protected Health Information to carry out treatment, payment, or healthcare operations. Image uses administrative and technical safeguards, such as personnel training, written policies, password protection, and document encryption, to prevent improper access or use of information maintained on our computer system.

We are required by law to protect your privacy and the confidentiality of your Protected Health Information, to provide you with notice of our legal duties and privacy practices, and to notify you in the event of any breach of unsecured protected health information about you. This NPP describes your rights and our legal duties regarding your Protected Health Information. The entities covered by this NPP include Image and all healthcare providers who are members of their medical staff.

**Definitions:** From time to time, you may see or hear certain terms that relate to this NPP. Some of the terms you are likely to see or hear are defined below:

**1. Protected Health Information or PHI.** PHI is individually identifiable information that relates to your medical condition(s), your treatment, and/or payments for your care, and is sent, received, or maintained electronically or in another format, such as a paper record. Image uses your PHI to provide your treatment, to bill for the services we provide, and to carry out healthcare business operations, such as quality assurance reviews.

**2. Privacy Officer.** The Privacy Officer is the individual employed by Image who is responsible for developing and implementing Image policies and procedures relating to patient privacy and PHI. The Privacy Officer is also responsible for receiving and investigating any concerns or complaints you may have about the use or disclosure of your PHI. While you are in the care of Image, you may contact the Privacy Officer by dialing (918) 622-4799, or by asking any staff member at Image to contact the Privacy Officer for you. Your treatment will not be negatively affected, and you will not be retaliated against for expressing a concern or making a complaint to the Privacy Officer.

**3. Business Associate.** This an individual or business that is separate from Image, but that works with Image to carry out certain duties related to healthcare services, payment activities, and certain business operations of the company. For example, if Image used an outside company to file residents’ insurance claims, that company would be a Business Associate. Business Associates who have access to your PHI have a legal obligation to protect it from improper use or disclosure.

**4. Authorization.** We will obtain your authorization any time it is required, giving Image permission to use or disclose your PHI for purposes other than your treatment, obtaining payment for your bills, and/or operations of Image and its organized healthcare arrangement.

**5. Organized Healthcare Arrangement.** Image and the independent healthcare professionals who have been credentialed to provide services through Image are part of a clinically integrated care setting in which your PHI will be shared for purposes of treatment, payment, and healthcare operations as more fully described below.

**6. Health Information Network.** Image may participate in a digital health information exchange with other healthcare providers and health plans, in which your patient data would be sent to a secure electronic network and would be accessible to other network members who were also treating you, those who pay for your care, and for operational purposes. Any such network would be committed to protecting your privacy and information under the federal privacy and security laws.

### **TREATMENT, PAYMENT, AND HEALTHCARE OPERATIONS**

Image may use and disclose your PHI, without your authorization, for the following treatment, payment, and healthcare operations:

**1. Treatment.** Image and its professional staff may use your PHI to provide you with medical treatment or services. We may disclose your PHI to doctors, nurses, technicians, or other healthcare personnel who are involved in taking care of you. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. We also may disclose your PHI to individuals outside of Image who will be providing other healthcare services to you. For example, we may disclose PHI about your treatment at Image to your primary care doctor so he or she will know the status of your progress while being treated by Image.

**2. Payment.** We may use and disclose your PHI so that the treatment and services you receive from Image or its professional staff may be billed to and payment may be collected from you, an insurance company, or a third party. For example, we may need to give your health plan information about treatment you received through Image so that your health plan will pay us or reimburse you for the care. We may also tell your health plan about a treatment you are going to receive to obtain prior authorization or to determine whether your plan will cover the treatment.

**3. Healthcare Operations.** We may use and disclose your PHI for Image's healthcare business operations. These uses and disclosures are necessary to manage Image and make sure that all of our residents receive quality care. For example, we may use PHI about your diabetes care to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine the PHI of many Image residents to decide what additional services Image should offer, what services are not needed, and whether certain new treatments are effective. We may also combine the PHI of our residents with the PHI of residents from other agencies to compare our services with those at other agencies and to see what improvements we can make in the services we offer. For example, may combine the PHI of Image residents who have diabetes to compare it with the PHI of other agencies' residents who have diabetes, so that we can make improvements in the care and services that Image provides to these residents.

**4. Business Associates.** We may disclose your PHI to Business Associates with whom we contract to provide certain services or business operations on our behalf. However, we will only make these disclosures if we have received written assurance that the Business Associate and any subcontractors it may use will properly safeguard your privacy and the confidentiality of your PHI. For example, we may contract with a company outside of Image to provide medical transcription or billing services for Image.

### **PHI DISCLOSURES NEEDING YOUR CONSENT OR PERMITTING YOUR OBJECTION**

**1. Health Related Benefits and Services.** We may use and disclose your PHI to tell you about health-related benefits or services or to recommend possible treatment options or alternatives that may be of interest to you. You may notify us in writing if you wish to restrict the manner in which we tell you about such benefits or services, for example, if you do not want to be contacted at home, or if you prefer to be contacted by mail.

**2. Individuals Involved in Your Care or Payment for Your Care.** We may disclose to a family member, close friend, or other individual you identify, the PHI that is directly relevant to that person's involvement in your healthcare and/or payment for your healthcare. For example, we may go over your home care instructions with the person(s) who will be caring for you at home when you no longer need services from Image.

**3. Disaster Relief; Disclosure after Death.** We may use or disclose your PHI to an entity that is authorized to assist in a disaster relief effort, so that your family, or another individual you identify, can be notified about your condition, status and location. We may also disclose relevant PHI to persons who were involved in your care or payment for your care, following your death. You may object to these disclosures by notifying a social worker at Image or contacting the Privacy Officer.

**4. Situations that Always Require your Permission.** Unless you give us written permission, we will not share your PHI for marketing purposes nor will we sell your PHI. We also will not disclose psychotherapy notes in most circumstances without your authorization, if we maintain such information.

### **DISCLOSURES THAT MAY OR MAY NOT REQUIRE YOUR CONSENT**

**1. Research.** Under certain circumstances, Image may use and disclose your PHI for research purposes. For example, a research project may involve comparing the health of residents who received one type of treatment to those who received another treatment for the same condition. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of PHI, trying to balance the needs of research with residents' need for privacy of their PHI. Before we use or disclose medical information for research, the project will have been approved through this approval process. We may, however, disclose PHI about you to people preparing to conduct a research project, to help them look for residents with specific medical needs or conditions, so long as the PHI they review does not leave our premises. We will generally ask for your specific permission if the researcher will have access to your name, address, or other identifying information, or will be involved in your care at Image. You may contact the Privacy Officer for more information about our research approval policy and process.

**2. As Required by Law.** We will disclose PHI about you when required to do so by federal, state, or local law. For example, Oklahoma law requires us to report any deaths that occur in the facility to the Oklahoma Department of Health.

**3. To Avert a Serious Threat to Health or Safety.** Image and its professional staff may use and disclose your PHI when necessary 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. Any disclosure will be made only to persons or entities that are reasonably able to prevent or lessen an imminent threat

**4. Organ and Tissue Donations.** If you are an organ donor, we may release your PHI to organizations that handle organ donations or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

**5. Military.** If you are a member of the armed forces, Image and its professional staff may release your PHI as required by military command authorities. We may also release PHI about foreign military personnel to the appropriate foreign military authority.

**6. Workers Compensation.** We may release PHI about you for workers' compensation or similar programs as authorized by state laws. These programs provide benefits for work-related injuries or illness.

**7. Public Health Risks.** We may disclose PHI about you for public health activities, to, for example:

- prevent or control disease, injury or disability;
- report births and deaths;

- report child abuse or neglect;
- report reactions to medications or problems with products;
- notify people of recalls of products they may be using;
- notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition as ordered by public health authorities;
- notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence, if you agree or when required by law.

**8. Health Oversight Activities.** Image and its professional staff may disclose PHI to a health oversight agency for activities necessary for the government to monitor the healthcare system, government programs, and compliance with applicable laws. These oversight activities include, for example, audits, investigations, inspections, medical device reporting, and licensure.

**9. Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose PHI about you in response to a court or administrative order. We may also disclose PHI about you in response to a court order, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you or your representative about the request or to obtain an order protecting the information requested.

**10. Law Enforcement.** We may release your PHI if asked to do so by a law enforcement official:

- in response to a court order, subpoena, warrant, summons or similar process;
- to identify or locate a suspect, fugitive, material witness, or missing person;
- about the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- about a death we believe may be the result of criminal conduct;
- about criminal conduct at our offices; and
- in emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

**11. Coroners, Medical Examiners and Funeral Directors.** We may release PHI to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release PHI about residents of the facility to funeral directors as necessary to carry out their duties.

**12. National Security and Intelligence Activities.** We may release PHI about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

**13. Protective Services for the President and Others.** We may disclose PHI about you to authorized federal officials so they may provide protection to the President, other authorized persons, or foreign heads of state, or conduct special investigations.

**14. Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release PHI about you to the correctional institution or law enforcement official.

## **YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION**

You have the following rights regarding the PHI we maintain about you:

**1. Right to Inspect and Copy.** You have the right to inspect and request a copy of your PHI maintained in the “designated record set,” except as prohibited by law. The “designated record set” is the PHI in your medical and billing records used to make decisions about your care and payment for your care, as determined by Image. You also have the right to authorize third parties (such as a family member) to obtain your PHI.

To inspect and/or request a copy of your PHI in the designated record set, you must submit your request in writing on an approved Authorization form. You may obtain an Authorization form by contacting the Privacy Officer. If you request a copy of your PHI, we may charge a reasonable fee to offset the costs associated with your request. You will be advised of any applicable fees at the time you make your request.

**We may deny your request to inspect and copy in certain circumstances. If you are denied access to certain PHI, you may request that the denial be reviewed. Another licensed health care professional chosen by Image will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.**

**2. Right to Amend.** If you feel that PHI we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for Image. To request an amendment, your request must be made in a writing that states the reason for the request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- was not created by Image or its professional staff, unless the person or entity that created the information is no longer available to make the amendment;
- is not part of the PHI kept by or for Image;
- is not part of the information which you would be permitted to inspect and copy; or
- is accurate and complete.

**3. Right to an Accounting of Disclosures.** You have the right to request one free accounting every 12 months of certain disclosures we have made of your PHI. This accounting does not include disclosures made:

- a. To carry out treatment, payment, or healthcare operations;
- b. To you, of your own PHI;
- c. Incident to a use or disclosure permitted by law;
- d. Pursuant to your signed Authorization;
- e. For national security or intelligence purposes;
- f. To correctional institutions or law enforcement officials;
- g. As part of a limited data set not including your individually identifiable information; or
- h. That occurred more than 6 years prior to your request.

To request an accounting, you must submit your request to the Privacy Officer in writing. Your request must state the period of time for which you want an accounting. This period may not be longer than 6 years, and may not include dates that are more than 6 years earlier than your request. Your request should indicate in what form you want the accounting (for example, on paper or electronically). For additional accountings (i.e., more than one every 12 months), we may charge you for the costs of providing the accounting. We will notify you of the cost involved when you make your request and you may choose to withdraw or modify your request at that time, before any costs are incurred.

**4. Right to Request Restrictions.** You have the right to request a restriction or limitation on the PHI we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the PHI we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had. You also have a right to request that we restrict disclosures to a health plan or insurance company if the disclosure is for the purpose of carrying out payment or healthcare operations and is not otherwise required by law, and the PHI pertains solely to a health care item or service for which you (or a person other than the health plan or someone else on your behalf) have paid the facility in full.

In certain circumstances, we are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions, you must make your request in writing. We will assist you or provide you with a form for this purpose upon request. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply.

**5. Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you must make your request in writing. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted. (For example, if request that we only contact you at work, you must provide us with your work contact information.)

**6. Right to a Paper Copy of This NPP.** You have the right to a paper copy of this NPP. You may ask us to give you a copy of this NPP at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

To obtain a paper copy of this notice, contact:

Corporate Office  
Image Health Care  
6116 S Memorial Dr  
Tulsa, OK 74133  
(918) 622-4799

You may obtain a copy of this NPP at our web site, [www.imagehealthcare.com](http://www.imagehealthcare.com)

**CHANGES TO THIS NPP.**

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for PHI we already have about you as well as any PHI we receive in the future. We will post a copy of the current NPP in our offices and on our website. The effective date of the NPP will be on the first page, near the top. In addition, each time you register at Image for health care services we will make available to you a copy of the current NPP.

**AUTHORIZATION FOR OTHER USES OF YOUR PHI**

Other uses and disclosures of PHI that are not covered by this notice or the laws that apply to us will be made only with your written Authorization. If you provide us Authorization to use or disclose PHI about you, you may revoke that Authorization, in writing, at any time. If you revoke your Authorization, we will no longer use or disclose PHI 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 with your Authorization, and that we are required to retain our records of the care that we provided to you.

**COMPLAINTS.**

If you believe your privacy rights have been violated, you may file a written complaint with the Image Privacy Officer or with the Office for Civil Rights at the U.S. Department of Health and Human Services. To file a written complaint with Image, write:

Corporate Office  
Image Health Care  
6116 S Memorial Dr

Tulsa, OK 74133  
(918) 622-4799

To file a complaint with the Office for Civil Rights, contact:

Office for Civil Rights  
U.S. Department of Health and Human Services  
<http://www.hhs.gov/ocr/office/about/contactus/index.html>

or

Office for Civil Rights, DHHS  
1301 Young Street, Suite 1169  
Dallas, TX 75202  
(214) 767-4056; (214) 767-8940 (TDD)

You will not be penalized or retaliated against for filing a complaint with Image or with the Office of Civil Rights.