



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.

If you have any questions about this notice, please contact (585) 214-1403

A. OUR COMMITMENT TO YOUR PRIVACY:

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive from our agency. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by this facility.

This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information. We are required by law to:

- make sure that medical information that identifies you is kept private;
- give you this notice of our legal duties and privacy practices with respect to medical information about you; and
- follow the terms of the notice that is currently in effect.

B. HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU.

The following categories describe different ways that we use and disclose medical information.

For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

1. **For Treatment.** We may use medical information about you to provide you with medical treatment or services. For example, if you have a condition that requires hospitalization, your medical record or portions of your medical record may be forwarded to hospital staff. We might disclose your medical information to a pharmacy when we obtain a prescription for you. Many of the people who work for our facility may use or disclose your medical information to others in order to treat you or assist others in your treatment. We may also disclose medical information about you to people who may be involved in your medical care such as family members.
2. **For Payment.** We may use and disclose medical information about you in order to bill and collect payment for the services you receive from this agency. For example, we may need to give your health plan information about the services you received from Lifetime Care so your health plan will pay us or reimburse you for the care. We may also tell your health plan about services you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment. We may use or disclose your medical information to obtain payment from third parties that may be responsible for such

costs, such as family members. We may also disclose information about you to other health care providers or entities to assist in their billing and collection efforts. If you have paid in full for a particular treatment, you can request that we do not provide information regarding the treatment to your health plan.

3. **For Health Care Operations.** We may use and disclose medical information about you to operate our business. These uses and disclosures are necessary to run the agency and make sure that all of our patients receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also disclose information to doctors, nurses, and students for review and learning purposes. We may disclose your medical information to other health care providers and entities to assist in their health care operations.
4. **Individuals Involved in Your Care or Payment for Your Care.** Unless you object, we may release medical information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.
5. **Appointment Reminders.** We may use and disclose medical information to contact you about your scheduled services.
6. **Treatment Alternatives & Health-Related Benefits and Services.** We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives or to tell you about health-related benefits or services that may be of interest to you.
7. **Research.** Under certain circumstances, we may use and disclose medical information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another, 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 medical information, trying to balance the research needs with patients' needs for privacy of their medical information. Before we use or disclose medical information for research, the project will have been approved through this research approval process, but we may, however, disclose medical information about you to people preparing to conduct a research project, for example, to help them look for patients with specific medical needs. **As Required By Law,** we will disclose medical information about you when we are required to do so by federal, state or local law.
8. **To Avert a Serious Threat to Health or Safety.** We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. In these circumstances, we will only make disclosures to someone able to help prevent the threat.
9. **To Our Business Associates:** A business associate is defined as someone that assists us in managing our business. For example, a professional that reviews the quality of our products and services. We may disclose PHI to another company that helps us manage our business. These business associates are required to sign a Business Associate Agreement with us that limits their use or disclosure of the PHI they receive.

C. SPECIAL SITUATIONS

1. **Worker's Compensation**. We may release medical information about you for worker's compensation or similar programs. These programs provide benefits for work-related injuries or illness.
2. **Public Health Risks**. We may disclose medical information about you for public health activities. These activities generally include the following:
 - To prevent or control disease, injury or disability;
 - To report births and deaths;
 - To report child abuse or neglect;
 - To report reactions to medications or problems with products;
 - To notify people of recalls of products they may be using;
 - To notify a person who may have been exposed to a disease or be at risk for contracting or spreading a disease or condition;
 - To notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.
3. **Health Oversight Activities**. We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
4. **Lawsuits and Disputes**. If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.
5. **Law Enforcement**. We may release medical information 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, 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 facility; 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.
6. **Coroners, Medical Examiners and Funeral Directors**. We may release medical information 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 medical information about patients to funeral directors in order for the funeral directors to carry out their duties.
7. **Organ and Tissue Donation**. If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

8. **Military and Veterans**. If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.
9. **National Security and Intelligence Activities**. We may release medical information about you to authorized federal officials of intelligence, counterintelligence, and other national security activities authorized by law.
10. **Inmates**. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; (3) for the safety and security of the correctional institution.
11. **Marketing or Sale of Protected Health Information**. We will not use or disclose your medical information for the purposes of marketing non-health related products or services, or sell it to a third party without first obtaining your consent. You would not be treated differently for choosing not to consent.
12. **Fundraising**. If we engage in any fundraising activities, you have the right to opt out of receiving such communications. You would not be treated differently for opting out.

D. YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU.

You have the following rights regarding medical information we maintain about you:

1. **Right to Inspect and Copy**. You have the right to inspect and copy medical information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes.

To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to Lifetime Care Home Health and Hospice, Medical Records Department, 3111 Winton Road S., Rochester, NY 14623-2905. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. We will comply with the outcome of the review.

2. **Right to Amend**. If you feel that medical information we have about you is incorrect or incomplete, you may ask to amend the information. You have the right to request an amendment for as long as the information is kept by or for this facility. In certain cases, we may deny your request to amend your medical information.

To request an amendment, your request must be made in writing and submitted to: Lifetime Care Home Health and Hospice, Privacy Officer, 3111 Winton Road S., Rochester, NY 14623-2905.

Right to an Accounting of Disclosures. You have the right to request an “accounting of disclosures.” This is a list of certain non-routine disclosures that we made of medical information about you. To request this accounting of disclosures, you must submit your request in writing to Lifetime Care Home Health and Hospice, Privacy Officer, 3111 Winton Road S., Rochester, NY 14623-2905. Your request must state a time period that may not be longer than six years and may not include dates before April 14, 2003. The first list you request within a 12 month period will be free. For additional lists, we may

charge you for the costs of providing the list. 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.

- 3. Right to Request Restrictions.** You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. If you pay out of pocket in full for a service we provide to you, you have the right to request we restrict disclosure of the health information related to that service to your health plan when it is for the purposes of payment or health care operations. You also have the right to request a limit on the medical information 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.

We are not required to agree to your request. If we do agree, we will comply with your request unless the use or disclosure of your information is required by law, the information is needed to treat you or in certain emergency situations.

To request restrictions, you must submit a written request to Lifetime Care Home Health and Hospice, Privacy Officer, 3111 Winton Road S., Rochester, NY 14623-2905. Your request must include:

- (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, for example, disclosures to your spouse.

- 4. 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 to Lifetime Care Home Health and Hospice, Privacy Officer, 3111 Winton Road S., Rochester, NY 14623-2905.

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.

- 5. Right to a Paper Copy of This Notice.** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time.

You may obtain a copy of this notice on our website at <http://www.lifetimecare.org>, see Privacy Policy.

To obtain a paper copy of this notice: Lifetime Care Home Health and Hospice
Privacy Office
3111 Winton Road S.
Rochester, NY 14623-2905

F. BREACH OF UNSECURED INFORMATION

We will notify you should there be a breach of unsecured information. We are required to notify you if there is any acquisition, access, use, or disclosure of your unsecured personal health information (PHI) that compromises the security or privacy of your PHI.

G. COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with this facility or with the Secretary of the Department of Health and Human Services.

To file a complaint with this facility, contact our office at:

Lifetime Care Home Health and Hospice
Privacy Office
3111 Winton Road S.
Rochester, NY 14623-2905

You will not be penalized for filing a complaint.

H. OTHER USES OF MEDICAL INFORMATION

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. This revocation will not affect any actions Lifetime Care Home Health and Hospice took in reliance on your authorization before your authorization cancellation form was processed.

I. CHANGES TO THIS NOTICE

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice at the facility. The notice will contain on the first page, in the top right-hand corner, the effective date. In addition, each time you come to the facility for treatment or health care services, you may ask for a copy of the notice currently in effect.