We respect your privacy and your personal health information are committed to maintaining your confidentiality. This Notice applies to all information and records related to your care that our Service Provider has received or created. It can be made by our employees, staff, volunteers and the Medical Director or employed physicians. This Notice informs you about the possible uses and disclosures of your personal health information. It also describes your rights and our obligations regarding your personal health information.

We are required by law to:

•  report to the federal Food and Drug Administration (FDA) concerning adverse events or problems with medications or biologics.
•  report to the health care clearinghouse concerning claims transactions or other transactions the Service Provider is required to report to the clearinghouse by law.
•  notify you in an effort to raise money for the Service Provider and its operations. We may disclose personal health information about foreign military personnel as required by the appropriate foreign military authorities. We may also use and disclose personal health information to the military command authorities. We may use and disclose personal health information to inform you about treatment alternatives that may be of interest to you.
•  use or disclose personal health information to carry out activities authorized by law.

If you are a member of the armed forces, we may use and disclose your personal health information for public health activities. Unless you object, we may use your personal health information to contact you in an effort to provide you with a health-related benefit or service. For example, you can request that we contact you at only a certain phone number. We will accommodate your reasonable requests.

Marketing Communications. Discussions between Service Provider and you concerning possible products or services you may be interested in. For example, if an outside vendor requests that we promote their product or service to you, or provide you with a pamphlet or other written brochure, a “marketing communication” has occurred. Generally speaking, before we engage in these communications with you, we will ask you whether you want to receive these marketing communications. Our written authorization. The only current exception to this process are for communications made:

• to provide refill reminders to you if we believe your medication is currently being prescribed for you, and so long as any payment received by us from the outside supplier in exchange for making this communication is reasonably related to our cost of making the communication; or
• if we are otherwise following treatment directed by yourtreating health care provider, and the required payment is made to the third party for payment for something other than products or services that are provided, or if payment for something or payment for something other than products or services that is provided, is included in a plan of benefits of the correction of the medical condition maintained by the national health care program, health plan network, or health plan that would add value to, but are not part of, a plan or benefits; or
• For case management or care coordination, contacting of individuals with information about treatment alternatives, and related functions to the extent these activities do not fall within the definition of treatment.

3. Your authorization is required for all other uses of personal health information.

Except as described in this Notice or required by law, we will use and disclose personal health information only with your written Authorization. You may revoke your Authorization to use or disclose personal health information in writing, in whole or in part, at any time. If you revoke an Authorization, we will no longer use or disclose your personal health information for the purposes covered by the Authorization, except where we have already relied on the Authorization.

4. Your rights regarding your personal health information

You have the following rights regarding your personal health information at the Service Provider:

Right to Request Restrictions. You have the right to request restrictions on certain uses and disclosures of your personal health information for treatment, payment or health care operations. You also have the right to request that your personal health information not be disclosed to a family member or friend who is not involved in your care or the payment for your care. We are not required to agree to your requested restriction, unless it is related to certain treatment, payment, or health care operations and the information to be pertained solely to a health care item or service for which you (or person other than the health plan behalf) has been paid in full out of pocket. However, if we do agree to the restriction, then we will adhere to the restriction.

Right to Access to Personal Health Information. You have the right to request, either orally or in writing, a copy of your personal health information. This is a request, in writing, or where applicable, by electronic means, for a copy of your personal health information that may be used to make decisions about your care. If we maintain your information in an electronic record, you may receive a copy of such information, in electronic format, if available, or we may provide you with a reasonable means of accessing such information or we may instruct you on how to download such information. However, we are not required to offer access to your personal health information in any format that would compromise the protection of your privacy.

Right to Request Amendment. You have the right to request an amendment of any personal health information maintained by the Service Provider for as long as the information is kept by the Service Provider or as long as we use or disclose the personal health information. You may request an amendment if you believe the personal health information:

• is not accurate; or
• is not complete; or
• is not recorded accurately; or
• is recorded or disclosed by us in a manner that is not appropriate.

However, we may deny the request if the personal health information was correct when it was recorded, or if the request is not made in writing, or if it is not submitted by you, or if it is not made by you in a timely manner, or if it is not made in connection with a request for a legal summary of your personal health information. The amendment must be made to the personal health information that is contained in the record, and it must be made directly to the record, or to an electronic health record system that is integrated with the record, or to an electronic health record system that is used or maintained by the Service Provider, and is not readily available to the Service Provider, and disclosure to a person not reasonably able to retain it. "Unsecured protected health information" is breached. A "breach" is defined as the unauthorized acquisition, access, use, or disclosure of protected health information that compromises the security or privacy of the PHI, but does not include unintentional acquisition, access or use of such information, inadvertent disclosure of such information within the Service Provider, and disclosure to a person not reasonably able to retain it. "Unsecured protected health information" refers to PHI that is not secured through the use of a valid encryption process approved by the Secretary of Health and Human Services. The Service Provider may provide PHI that is stored on encrypted systems. Such encryption or destruction methods are not mandated on covered entities such as ours. We will use and disclose personal health information to a person who is involved in your care or the payment for your care. We are not required to agree to your requested restriction, unless the disclosure is to a plan for purposes of carrying out payment and health care operations and the information to be pertained solely to a health care item or service for which you (or person other than the health plan behalf) has paid in full out of pocket. However, if we do agree to the restriction, then we will adhere to the restriction.

If your privacy rights have been violated, you may file a complaint with the Service Provider or with the Office of Civil Rights in the U.S. Department of Health and Human Services. To file a complaint, you can write or call the Corporate Compliance Officer at 724-776-1100. We will not retaliate against you if you file a complaint.

7. Changes to this Notice

We will promptly revise and distribute this Notice whenever there is a material change to the uses or disclosures of your personal health information. If we make a material change to this Notice, we will give you written notice of the change. If you request an amendment of your personal health information, we will make the amendment within a reasonable time.

If you have any questions about this Notice or would like further information concerning your privacy rights, please contact the Corporate Compliance Officer at 724-776-1100. Revised: 6/2012

8. For further information

If you have any questions about this Notice or would like further information concerning your privacy rights, please contact the Corporate Compliance Officer at 724-776-1100. Revised: 6/2012
NOTICE OF PRIVACY PRACTICES 2010
This Notice describes how information about you may be used and disclosed by all Lutheran SeniorLife entities and how you may request access to this information. Please review this Notice carefully.

We respect your privacy in the personal health information we receive and are committed to maintaining your confidentiality. This Notice applies to all information and records related to your care. This Notice identifies the ways we use and disclose your personal health information. If you have any questions about this Notice, please contact the Corporate Compliance Officer at 724-776-1100. Revised: 6/2012

1. We may use and disclose your personal health information for treatment, payment, and health care operations without needing to obtain your consent.

- For Treatment, we will use and disclose your personal health information in providing you with treatment and services. We may disclose your personal health information to Service Provider and non-Servicelife in-pensioners as physicians, health care providers, and physical therapists. For example, a nurse caring for you will report any change in your condition to the physical therapist. We also may disclose personal health information to individuals who will be involved in your care after you leave the Service Provider.
- For Payment, we may use and disclose your personal health information so that we can bill and receive payment from insurance carriers or other third parties. For example, we may disclose your personal health information to Service Provider or non-Servicelife in-pensioners as health care providers, or to third parties that provide funding for your care or that provide financial assistance or to insurance carriers or other third parties that provide funding for your care or that provide financial assistance. This information may include your name, your location in the Service Provider directory. This information may include your name, your location in the Service Provider directory. It extends to information received or created by our employees, staff, volunteers and the Medical Director or employed physicians. For example, a nurse caring for you will report any change in your condition to the physical therapist. We also may disclose personal health information to individuals who will be involved in your care after you leave the Service Provider.
- For Health Care Operations, we may use and disclose your personal health information for Service Provider. These uses and disclosures are necessary to manage the quality of the Service Provider and non-Servicelife in-pensioners from the perspectives of the Service Provider, its performance, the staff, and the Service Provider's quality improvement activities. For example, we may use and disclose your personal health information to Service Provider for quality improvement activities. We may also disclose your personal health information to a health oversight agency for the purpose of evaluating the quality of the Service Provider's services. We may disclose your personal health information to Service Provider in order to conduct an inspection or licensure action or other legal proceedings. These activities are necessary for government oversight of the Service Provider. In addition, we will provide a copy of the revised Notice to all residents.

2. We may use and disclose personal health information about you for purposes specified by law.

- Treatment Alternatives. We may use or disclose personal health information to contact you about treatment alternatives that may be of interest to you.
- Disaster Relief. We may disclose your personal health information to an organization assisting in a disaster relief effort.

As Required By Law, We may disclose your personal health information when required by law to do so.

Public Health Activities. We may disclose your personal health information for public health activities.

- Reporting of Certain Communicable Diseases. We may disclose your personal health information when required by law to report a disease, injury, or condition to public health authorities. For example, we report certain communicable diseases to the Department of Health or similar agency. We may disclose your name and the name of any individual involved in your care or the payment for your care. We are not required to agree to your requested amendment. We may deny your request for amendment if the information: is already accurate and complete, as determined by the Service Provider.
- Right to Request Confidential Communications. You have the right to request confidential communications in writing. If you request confidential communications, we will provide confidential communications. If you request confidential communications, we will treat all communications with you as confidential communications. The Service Provider will also provide confidential communications if you request confidential communications. If you request confidential communications, we will provide confidential communications. If you request confidential communications, we will treat all communications with you as confidential communications. The Service Provider will also provide confidential communications if you request confidential communications. If you request confidential communications, we will provide confidential communications. If you request confidential communications, we will treat all communications with you as confidential communications. The Service Provider will also provide confidential communications if you request confidential communications.

Health OverSight Activities. We may disclose your personal health information to a health oversight agency for oversight activities authorized by law. These may include, for example, audits, investigations, inspections, and evaluations of Service Provider or non-Servicelife in-pensioners. These uses and disclosures are necessary to maintain the quality of the Service Provider and non-Servicelife in-pensioners.

- Right to Request Access to Personal Health Information. You have the right to access your personal health information if you believe that the information is incorrect or incomplete. If you believe that the information is incorrect or incomplete, as determined by the Service Provider. In addition, we may disclose your personal health information to the entities participating in a health care network or health plan. We may disclose this information to persons designated by you. We will provide you with copies of any additional information or summary information concerning multiple disclosures of your personal health information. The Service Provider will also provide confidential communications if you request confidential communications. If you request confidential communications, we will provide confidential communications. If you request confidential communications, we will treat all communications with you as confidential communications. The Service Provider will also provide confidential communications if you request confidential communications.

Healthcare Quality. We may disclose your personal health information to an organization assisting in healthcare quality improvement activities.

- Right to Request Amendment. You have the right to request the Service Provider to amend any personal health information that you believe is incorrect or incomplete. If you request an amendment, we will evaluate the propriety of securing PHI for our residents, and act using our own discretion. However, any steps you should take to protect yourself from potential harm resulting from the breach is already accurate and complete, as determined by the Service Provider. Right to Request Amendment.
- Right to Confidential Communications. You have the right to request confidential communications in writing. If you request confidential communications, we will treat all communications with you as confidential communications. The Service Provider will also provide confidential communications if you request confidential communications. If you request confidential communications, we will provide confidential communications. If you request confidential communications, we will treat all communications with you as confidential communications. The Service Provider will also provide confidential communications if you request confidential communications.

- Right to Request Access to Personal Health Information. You have the right to access your personal health information if you believe that the information is incorrect or incomplete. If you believe that the information is incorrect or incomplete, as determined by the Service Provider.

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