

NOTICE OF PRIVACY PRACTICES

Pursuant to the Health Insurance Portability and Accountability Act of 1996("HIPAA")

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.

Burcham Hills Retirement Center II d/b/a Burcham Hills ("Burcham") is required by law to provide you with this Notice so that you will understand how we may use or disclose your personal health information (also called "protected health information" or "PHI"). We are required by law to provide you with this Notice describing your rights and our duties with respect to your PHI. We also are required by law to maintain the privacy of your PHI, to follow the terms of the Notice currently in effect and to notify you of any breach of your unsecured PHI.

This Notice describes the privacy practices of Burcham, a HIPAA covered entity, with regard to your PHI. Individually identifiable information about your past, present or future physical or mental health or condition, the provision of health care to you, and payment for the health care treatment or services you receive is considered to be PHI. If you have any questions about this Notice or our Privacy Policies, or if you want more information, please contact the Director of Quality at (517) 351-8377 or Burcham's Compliance Officer at (517) 827-0692.

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION WITHOUT YOUR WRITTEN AUTHORIZATION

The following categories describe the ways that we may use and disclose your health information without your written authorization. The Notice will explain what is meant, and provide examples as appropriate. Not every use or disclosure in a category will be listed; however, all of the ways we are permitted by HIPAA to use and disclose PHI without your authorization will fall within one of these categories.

1. For Treatment. We may use health information about you to provide you with medical treatment. We may disclose health information about you to our nurses, resident assistants, therapists, recreational therapy staff or other staff who are involved in your medical care. For example, if you were diabetic, a resident assistant might need to inform the dining services specialist that you require a carbohydrate-controlled diet. We may also disclose health information about you to people outside the community who may be involved in your medical care. For example, we may disclose portions of your health information to physicians, or other health care providers or facilities, involved in your care.

2. For Payment. We may use and disclose health information about you so that the treatment and services you receive from us may be billed to you, a government program, an insurance company or third party payers. For example, we may need to give your insurance company information about the health care services we provide to you and/or information such as your admission date so that your insurance company will pay us for those services or reimburse you for amounts that you have paid. We may also provide your name, address and insurance information to other health care providers who care for you while you are being treated so that they may submit bills for their services to you.

3. For Health Care Operations. We may use and disclose health information about you for health care operations. These uses and disclosures are necessary to run our organization and to assist in the provision of quality and cost-effective services to our residents. For example, we may use health information to review our services and to evaluate the performance of our staff. Health information

about you may be used for strategic planning, claims reporting and in developing and testing information systems and programs. We may share your health information with others to: (i) evaluate the performance of our staff; (ii) to assess the quality of care and outcomes in your case and similar cases; (iii) learn how to improve our facilities and services; (iv) report on patient safety activities to a patient safety organization; and (v) determine how to continually improve the quality and effectiveness of the care we provide to you.

4. Business Associates. There are some services provided in our organization through contracts with third parties who perform services on our behalf. Examples include medical directors, outside attorneys, billing services and auditors. When these services are contracted, we may disclose your health information so that the Business Associate can perform the job we have asked them to do. To protect your health information, we require the business associate to appropriately safeguard your information; and in addition HIPAA also requires business associates do so and to otherwise comply with the HIPAA requirements pertaining to business associates.

5. Providers. Many services provided to you, as part of your care are offered by third party providers. These include a variety of providers including, but not limited to, physicians, dentists, 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 and in some circumstances we may release information for their health care operations.

6. Marketing of Health Related Benefits to You. We may use and disclose health information when we meet with you to tell you about health-related benefits or services provided by us or our affiliates that may be of interest to you. Provided we do not receive any payment for making these communications, we may contact you to give you information about products and services related to your treatment, case management, care coordination, or to direct or recommend other treatments, therapies, health care providers, or settings of care that may be of interest to you. We may also encourage you to get recommended tests or participate in a disease-management program. We may remind you about prescription refills or give you information about a drug or biologic currently prescribed for you. Where we are required to obtain your authorization before making a marketing communication to you, we will do so and we will tell you whether we are receiving any compensation for making the marketing communication. If you do not want us to contact you regarding marketing, please notify the Director of Nursing in writing.

7. Fundraising Activities. We may use a limited amount of your protected health information when raising money for our organization and its operations. The information we may use will be limited to permitted demographic information and dates for which you received treatment or services at our facility. In case you do not want to receive fundraising communications, we will include in any fundraising materials we send to you, a description of how you may opt out of receiving any further fundraising communications. We will respect any decision you make to opt out of such communications. If you do not wish to be contacted for participation in fundraising activities, you must provide us with a written notification. Please contact the Foundation Director at (517) 351-8377.

8. Resident Directory. We may include information about you in the Resident Directory while you are a resident. This information may include your name, location in the community, your general condition, your phone number and your religious affiliation. The directory information, except for your religious affiliation, may be disclosed to people who ask for you by name. If you do not want to be included in our directory or you want to restrict the information we include in the directory, please notify the Communications Coordinator at (517) 351-8377.

9. Disclosures to Family, Friends or Others Designated by You. We may disclose health information about you to a close friend, family member or other relative, or a person you designate, who is involved in your care or payment for your care, to the extent that the information is relevant to their involvement in your care. An example of this is if a family member transports and assists you with physician visits and staff gives them health information necessary for a physician visit. If there is a person(s) to whom you do not wish us to disclose the above information, please notify the Director of Nursing for skilled nursing/rehab or the Care Manager for the Resident Center.

10. For Disaster Relief. We may disclose health information about you to an agency assisting in a disaster relief effort so that your family can be notified about your general condition, location or death.

11. Public Health Activities. We may disclose health information about you for public health purposes, including for prevention or control of disease, 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.

12. Abuse, Neglect, Exploitation Reporting. We may notify appropriate government authorities if we believe you have 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.

13. Health Oversight Activities. We may disclose health information to a health oversight agency so they can monitor, investigate, inspect and license us, those who work in the health care system and for government benefit programs.

14. Judicial or Administrative Proceedings. In the course of a judicial or administrative proceeding, we may disclose health information about you in response to a court or administrative order or pursuant to other lawful process.

15. Law Enforcement. We may disclose health information when requested by a law enforcement official in accordance with applicable law.

16. Coroners, Medical Examiners and Funeral Directors. We may disclose 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.

17. Organ and Tissue Donation. If you are an organ donor, we may disclose health information to organizations that handle organ procurement or organ, eye or tissue transplantation, or to an organ donation bank, to facilitate donation and transplantation.

18. Research. We may use or disclose your protected health information for research purposes under certain limited circumstances. Because all research projects are subject to a special approval process, we will not use or disclose your protected health information for research purposes until the particular research project for which your protected health information may be used or disclosed has been approved through that special approval process. However, we may use or disclose your protected health information to individuals preparing to conduct the research project in order to assist them in identifying residents with specific health care needs who may qualify to participate in the research project. Any use or disclosure of your protected health information which may be done for the purpose of identifying qualified participants will be conducted onsite at our organization. In most instances, we will ask for your specific permission to use or disclose your protected health information if the researcher will have access to your name, address or other identifying information.

19. To Avert a Serious Threat to Health or Safety. We may use and disclose health information about you to prevent a serious threat to your health and safety or the health and safety of the public or another person.

20. Military, National Security or Incarceration. If you are involved with the military, national security or intelligence activities or if you are in law enforcement custody or an inmate, we may disclose your health information to the proper authorities so they may carry out their legal duties under the law.

21. Worker's Compensation. We may disclose health information about you for workers' compensation or similar programs that provide benefits for a work-related illness.

22. As Required By Law. We will disclose health information about you when required to do so by federal, state or local law.

23. Psychotherapy Notes. Under most circumstances, without your written authorization, we may not disclose the notes a mental health professional took during a counseling session. However, we may disclose such notes to the professional who wrote the notes in order to treat you, to defend us in a legal action you brought against us, for state and federal oversight of the mental health professional who wrote the notes, to provide training for our mental health students, trainees, and practitioners, for the purposes of medical examiners and coroners, to avert a serious threat to health or safety, or as otherwise authorized by law.

24. Sale of Health Information. We will not sell your health information without your prior written authorization. The authorization will disclose that we will receive compensation for your health information if you authorize us to sell it. We will stop any future sale of your information if you ever revoke an authorization you have given us.

OTHER USES AND DISCLOSURES REQUIRING WRITTEN AUTHORIZATION

Other uses and disclosures will be made only with your written authorization. You may revoke such authorization at any time by notifying the Compliance Officer at (517) 351-8377. We are unable to take back any disclosures we have already made based upon your authorization. For example, if you previously allowed your daughter to receive information and we released this information to her, we would not take back disclosures we made to her if later you decided to remove her from the authorization list.

YOUR HEALTH INFORMATION RIGHTS AND HOW YOU MAY EXERCISE THOSE RIGHTS

1. Right to Inspect and Copy. You have the right to inspect and copy your health information and billing information. To inspect or request copies, you must submit your request in writing to the Medical Records Specialist, Director of Nursing, or the Compliance Officer at (517) 351-8377. If you request a copy of the information, we may charge a reasonable fee established by us for the costs of copying, mailing, or summarizing your health information. We may deny your request to inspect and copy in certain very limited circumstances. If this occurs, there is a review process available to you. You may appeal this in writing to the Compliance Officer or the Executive Director within 5 days of receiving the notice.

2. Right to Amend. If you feel that health information maintained about you is incorrect or incomplete, you may ask to amend the information as long as we maintain the information. Requests to amend should be submitted in writing to the Medical Records Specialist or Director of Nursing, who

will review it with the Compliance Officer. We will generally respond approving or denying your request within 60 days of your submission of the written request, but have the right to extend the response period to 90 days.

3. Right to a Record (Accounting) of Disclosures. You have the right to request a list of the disclosures made of your health information for purposes other than treatment, payment, health care operations or pursuant to your authorization. This right is subject to certain other exceptions. It excludes disclosures made for a resident directory, to persons involved in your care, for national security or intelligence purposes, to law enforcement officials and other reasons. In addition, we may temporarily suspend your right to receive this list if required to do so by a health oversight agency or law enforcement official. To request this list, you must submit your request in writing to the Compliance Officer and include the time period covered by the request (not longer than six years prior to the date of your request). The first list you request within a 12-month period will be free. For additional lists within the 12-month period, you may be charged for the cost 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.

4. Right to Request Restrictions. You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limitation on the health information we disclose about you to someone who is involved in your care or the payment for your care. We are not required to agree to your request except if the disclosure is to a health plan for the purposes of carrying out payment or health operations (not treatment) and the health information relates solely to health care for which you have paid us in full out-of-pocket. If we do agree, we will comply with your request unless the information is needed to provide emergency treatment. To request restrictions, submit your request in writing to the Compliance Officer using our request form.

5. Right to Request Alternate Means or Locations of Communications. You have the right to request that we communicate with you about your health information in a certain way or at a certain location. For example, a legally responsible party could ask that we contact them only at work or by mail. Submit your request in writing to the Compliance Officer using our request form.

6. Right to a Paper Copy of This Notice. You have the right to a paper copy of this Notice even if you have agreed to receive the Notice electronically. You may ask us to give you a copy of this Notice at any time. To obtain a paper copy of this Notice, contact the Compliance Officer at 517-827-0691.

7. Right to Complain. If you believe your privacy rights have been violated, you may complain to us or to the United States Department of Health and Human Services. To complain to us, please contact the Compliance Officer, Administrator or Executive Director at (517) 351-8377. You may also contact the Integrity Hotline at (517) 827-0691. You will receive assistance in making a complaint. There will be no retaliation against you for making a complaint. To complain to the United States Department of Health and Human Services you may file your complaint with their Regional Office at Office for Civil Rights, DHHS, 233 N. Michigan Avenue – suite 240, Chicago, IL 60601.

OUR OBLIGATION TO NOTIFY YOU OF A BREACH

In the case of a breach of your unsecured health information, we will notify you as required by law. If you have provided us with a current e-mail address, we may use e-mail to communicate information related to the breach.

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 health information we already have about you as well as any information we receive in the future. The Notice will specify the effective date below. In addition, if material changes are made to this Notice, the Notice will contain an effective date for the revisions. Copies can be obtained by contacting the Compliance Officer at (517) 351-8377.

Revised and Effective: December 1, 2015