

**Episcopal Ministries to the Aging, Inc.  
EMA Health Services, Inc.  
Buckingham's Choice, Inc.  
Copper Ridge, Inc.  
Fairhaven, Inc.  
The Copper Ridge Institute, Inc.  
The William Hill Manor Incorporated**

**Notice of Privacy Practices: Summary**

**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.**

EMA (which is used throughout this document to refer to the above listed entities) believes that you, as a recipient of health care services from our healthcare providers, are entitled to reassurance that your personal health information will be handled and maintained in a confidential manner and an explanation of how such information is or may be used. The following is a brief summary of the Privacy Practices contained in this Notice. A detailed description of the Privacy Practices may be found on pages 2 through 10 of this document. EMA is also asking your cooperation in acknowledging receipt of this Notice of Privacy Practices. Page 11, the last page of this document, is an Acknowledgement form to be used for that purpose.

Your personal health information and associated demographic information (which is designated as Protected Health Information, or PHI) may be used by us for treatment, payment and health care operations. This means, in part, to provide, coordinate, or manage your health care and any related services, to obtain or to assist you in obtaining payment for the health care services you receive, and the performance of other activities such as quality improvement, employee assessment and training of health care providers.

As required by law, your personal health information may be provided to others for Public Health purposes, for health oversight or in cases of abuse or neglect, by the requirements of the Food and Drug Administration, for legal proceedings or for military and national security, and to the Workman's Compensation Commission.

If you so authorize, certain elements of your personal health information or associated demographic information may be used for inclusion in a facility directory or disclosed to your relatives or responsible agent.

You have certain rights, including, in part, to inspect and/or obtain a copy of your Protected Health Information and to request a restriction of disclosure of or an amendment to your Protected Health Information. You may also file a complaint if you feel that your Privacy rights have been violated.

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**Notice of Privacy Practices**

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**If you have any questions about this Notice please contact our Privacy Officer who is Christine Hughes, Corporate Council at (410) 970-2010 or via email to [hughesc@emaseniorcare.org](mailto:hughesc@emaseniorcare.org).**

This Notice of Privacy Practices describes how we may use and disclose your Protected Health Information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your Protected Health Information. "Protected Health Information" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

We are required by law to maintain the privacy of your Protected Health Information and to provide you with notice of our legal duties and Privacy practices with respect to your Protected Health Information. We must abide by the terms of our "Notice of Privacy Practices" that is currently in effect. We may change the terms of our Notice, at any time. The new Notice will be effective for all Protected Health Information that we maintain at that time. Upon your request, we will provide you with any revised Notice of Privacy Practices. You may receive the revised Notice by calling the Privacy Officer and requesting that a copy be sent to you in the mail or asking for one at the time of your next appointment or visit with one of our healthcare providers. You may also view the current version of EMA's Notice of Privacy Practices on the EMA website, [www.emaseniorcare.org](http://www.emaseniorcare.org).

**1. Uses and Disclosures of Protected Health Information**

The physician or healthcare provider serving you and others in our organization will use or disclose your Protected Health Information as described in this Section 1. Your Protected Health Information may be used and disclosed by your healthcare providers, our staff and others outside of our organization that are involved in your care and treatment for the purpose of providing health care services to you. Your Protected Health Information may also be used and disclosed to receive payment for health care services provided to you and to enable the health care operations of our organizations.

Following are examples of the types of uses and disclosures of your protected health care information that our organization is permitted to make. These examples are not meant to be exhaustive, but to describe some of the types of uses and disclosures that may be made.

**Treatment:** We will use and disclose your Protected Health Information to provide, coordinate, or manage your health care and any related services. This includes the coordination or

management of your health care with a third party that has already obtained your permission to have access to your Protected Health Information.

In addition, we may disclose your Protected Health Information to doctors, nurses, healthcare students or other personnel involved in taking care of you. They may work at our facility, a hospital, a laboratory, an x-ray facility, pharmacy, doctor's office, rehab facility or other healthcare location. For example, your Protected Health Information may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you.

**Payment:** Your Protected Health Information will be used, as needed, to obtain payment for your health care services. This may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services we recommend for you such as (1) making a determination of eligibility or coverage for insurance benefits, (2) reviewing services provided to you for medical necessity, and (3) undertaking utilization review activities. For example, obtaining approval for a hospital stay may require that your relevant Protected Health Information be disclosed to the health plan to obtain approval for the hospital admission.

**Healthcare Operations:** We may use or disclose, as-needed, your Protected Health Information in order to support the business operations of our organizations' health care practices, and to make sure that the persons to whom we provide health care services receive quality care. These activities include, but are not limited to, quality assessment activities, employee review activities, training of healthcare providers, licensing, and conducting or arranging for other business activities.

For example, we may disclose your Protected Health Information to persons receiving training in the provision of health care. In addition, we may use a sign-in sheet at the registration desk where you will be asked to sign your name and indicate your physician. We may also call you by name in the waiting room when your physician is ready to see you. We may use your Protected Health Information to review the treatment and services that have been provided and evaluate the performance of the staff providing healthcare services.

We will share your Protected Health Information with third party "business associates" that perform various activities (e.g., billing, transcription services) for our health care operations. Whenever an arrangement between our office and a business associate involves the use or disclosure of your Protected Health Information, we will have a written contract that contains terms that will protect the privacy of your Protected Health Information.

**Appointment Reminders:** We may use or disclose your protected health information, as necessary, to contact you to remind you of your appointment. Please let us know if you do not wish to have us contact you concerning your appointment, or if you wish to have us use a different telephone number or address to contact you for this purpose.

**Health-Related Benefits:** We may use or disclose your Protected Health Information to provide you with information about treatment alternatives or health-related benefits and services that may be of interest to you.

**Marketing:** We may use or disclose your Protected Health Information to make a marketing communication to you that: (a) occurs face-to-face; or (b) is a promotional gift of nominal value provided by us to you. If you do not want to receive other marketing communications, you may indicate on the attached Acknowledgement Form, or if you decide at a later date that you do not want to receive other marketing communications, you may contact our Privacy Officer.

**Fundraising:** We may use your demographic information and dates of health care we have provided to you to contact you for our fundraising purposes. If you do not want to receive such

communications, you may indicate on the attached Acknowledgement Form, or if you decide at a later date that you do not want to receive such communications, you may contact our Privacy Officer.

### **Uses and Disclosures of Protected Health Information Based upon Your Written Authorization**

Other uses and disclosures of your Protected Health Information will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke this authorization, at any time, in writing, except to the extent that your physician or healthcare provider or our organizations have taken an action in reliance on the use or disclosure indicated in the authorization.

### **Other Permitted and Required Uses and Disclosures That May Be Made With Your Consent, Authorization or Opportunity to Object**

We may use and disclose your Protected Health Information in the following instances. You have the opportunity to agree or object to the use or disclosure of all or part of your Protected Health Information. If you are not present or able to agree or object to the use or disclosure of the Protected Health Information, then your physician or healthcare provider may, using professional judgment, determine whether the disclosure is in your best interest. In this case, only the Protected Health Information that is relevant to your health care will be disclosed.

**Facility Directories:** Unless you object, we will use and disclose in our facility directory your name, residence address, telephone number, and your religious affiliation. All of this information, except religious affiliation, may be disclosed to people that ask for you by name. In addition, members of the clergy may be told your religious affiliation.

**Others Involved in Your Healthcare:** Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your Protected Health Information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose Protected Health Information to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location, general condition or death.

**Emergencies:** We may use or disclose your Protected Health Information in an emergency treatment situation, if such disclosure is consistent with your prior preference or for the patient's best interest as determined by one of our healthcare providers in the exercise of his/her professional judgment. If this happens, we shall try to obtain your acknowledgement of Privacy Practices as soon as reasonably practicable after the delivery of treatment. If we have attempted to obtain your acknowledgement but are unable to do so, we will document that inability and may still use or disclose your Protected Health Information to provide treatment.

**Communication Barriers:** We may use and disclose your Protected Health Information if we attempt to obtain an acknowledgement from you but you are unable to do so due to substantial communication barriers and the physician or healthcare provider determines, using professional judgment, that it is in your best interest to disclose and use information directly relevant to your care.

### **Other Permitted and Required Uses and Disclosures That May Be Made Without Your Consent, Authorization or Opportunity to Object**

We may use or disclose your Protected Health Information in the following situations without your consent or authorization. These situations include:

**Required By Law:** We may use or disclose your Protected Health Information to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required by law, of any such uses or disclosures.

**Health Oversight:** We may disclose Protected Health Information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.

**Abuse or Neglect:** We may disclose your Protected Health Information if we reasonably believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

**Public Health Activities/Disaster Relief:** We may use and disclose your Protected Health Information for the following activities: (1) to prevent or control disease, injury or disability; (2) to report births and deaths; (3) to report adverse events, product defects or problems or biologic product deviations; (4) to enable recalls of products, and make repairs or replacements; (5) to conduct post marketing surveillance, as required; (6) to report child abuse or neglect; (7) to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosure to family or other individuals involved in your health care.

**Law Enforcement:** We may disclose your Protected Health Information if asked to do so by a law enforcement official: (1) in response to a court order, subpoena, warrant, summons or similar process; (2) to report a certain type of wound or other physical injuries; (3) to identify or locate a suspect, fugitive, material witness, or missing person; (4) about the victim of a crime if, under limited circumstances we are unable to obtain the person's agreement; (5) about a death we believe may have resulted from criminal conduct; (6) about criminal activity at our facility; and (7) in emergency circumstances to report a crime, the location of a crime or victims, or the identity, description, and location of the person who committed the crime.

**Inmates:** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release Protected Health Information about you to the correctional institution or law enforcement official if it is necessary for: (1) the provision of health care to you; (2) to protect your health and safety or that of other inmates; (3) to protect the health and safety of the officers or employees of or others at the correctional institution; (4) to protect the health and safety of such individual and officers or other persons responsible for your transport; (5) to protect your health and safety of law enforcement on the premises of the correctional institution; and (6) the administration and maintenance of the safety, security and good order of the correctional institution.

**Serious Threat to Health or Safety:** We may use and disclose your Protected Health Information when necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public and to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat. We may also use and disclose your Protected Health Information if it is necessary for law enforcement authorities to identify or apprehend an individual because of a statement by an individual admitting participation in a violent crime that we reasonably believe may have caused serious physical harm to the victim;

or where it appears from all the circumstances that the individual has escaped from a correctional institution or from lawful custody. A use or disclosure is not allowed under the preceding sentence if we learned the information: (1) in the course of treatment to affect the propensity to commit the criminal conduct that is the basis for the disclosure or counseling or therapy; or (2) through a request by the individual to initiate or to be referred for the treatment, counseling, or therapy in connection with (1).

**Coroners, Funeral Directors, and Organ Donation:** We may disclose Protected Health Information to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose Protected Health Information to a funeral director, as authorized by law, in order to permit the funeral director to carry out their duties. We may disclose such information in reasonable anticipation of death. Protected Health Information may be used and disclosed to organ procurement organizations or other entities engaged in procurement, banking or transplantation of cadaver organs, eye or tissue donation and transplants.

**Research:** We may disclose your Protected Health Information to researchers when their research has been approved (1) by an institutional review board that has reviewed the research proposal and (2) by the EMA Ethics Committee and when such research proposals include established protocols to ensure the privacy of your Protected Health Information.

**Military Activity and National Security:** When the appropriate conditions apply, we may use or disclose Protected Health Information of individuals who are Armed Forces personnel (1) for activities deemed necessary by appropriate military command authorities to assure the proper execution of the military mission, (2) for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits, or (3) to foreign military authority if you are a member of that foreign military services. We may also disclose your Protected Health Information to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or others legally authorized.

**Workers' Compensation:** Your Protected Health Information may be disclosed by us as authorized to comply with workers' compensation laws and other similar legally-established programs. These programs provide benefits for work-related injuries or illnesses.

**Required Uses and Disclosures:** Under the law, we must make disclosures to you when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500 et. seq. of the Health Insurance Portability and Accountability Act.

## **2. Your Rights**

Following is a statement of your rights with respect to your Protected Health Information and a brief description of how you or your authorized representative, as appropriate, may exercise these rights.

**You have the right to inspect and copy your Protected Health Information.** This means you may inspect and obtain a copy of Protected Health Information about you that is contained in a designated record set for as long as we maintain the Protected Health Information. A "designated record set" contains medical and billing records and any other records or health information that your treating physician or healthcare provider and our organization uses for making healthcare decisions about you.

Under federal law, however, you may not inspect or copy the following records; psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or

administrative action or proceeding, and Protected Health Information that is subject to law that prohibits access to Protected Health Information. Depending on the circumstances, a decision to deny access may be reviewable. In some circumstances, you may have a right to have this decision reviewed. Please contact our Privacy Officer if you have questions about access to your medical record.

EMA may, at its discretion, charge a requestor a fee not to exceed the actual cost of compiling, copying, and mailing requested information or as allowed by Federal or State law or regulation.

**You have the right to request a restriction of your Protected Health Information.** This means you may ask us not to use or disclose any part of your Protected Health Information for the purposes of treatment, payment or healthcare operations. You may also request that any part of your Protected Health Information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply.

Your treating physician or healthcare provider and our organizations are not required to agree to a restriction that you may request. If we believe it is in your best interest to permit use and disclosure of your Protected Health Information, your Protected Health Information will not be restricted. If we do agree to the requested restriction, we may not use or disclose your Protected Health Information in violation of that restriction unless it is needed to provide emergency treatment. With this in mind, please discuss any restriction you wish to request with your treating physician or healthcare provider or with the Privacy Officer of EMA. You may request a restriction by submitting in writing your request, detailing the specific information to be restricted and from whom it is to be restricted. Such requests are to be submitted to the Privacy Officer who, after discussion of your request with you, will present your request to the Review Board for Requests of Restriction of Protected Health Information. The Review Board will make a recommendation to agree with or to deny your request. The Privacy Office will report your request and the Review Board's recommendation to the President/CEO of EMA, who will approve or deny the request. The Privacy Officer will notify you in writing of the decision.

**You have the right to request to receive confidential communications from us by alternative means or at an alternative location.** We will accommodate reasonable requests. We may also condition this accommodation by asking you for information as to how payment will be handled or for specification of an alternative address or other method of contact. We will not request an explanation from you as to the basis for the request. Please make this request in writing to our Privacy Officer.

**You may have the right to request that your healthcare provider amend your Protected Health Information.** This means you may request an amendment of Protected Health Information about you in a designated record set for as long as we maintain this information. You must provide a reason that supports your request for an amendment. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Please contact our Privacy Officer if you have questions about amending your medical record.

We may deny amending information that: (1) was not created by us, unless the person or entity that created the information is no longer available to make the amendment; (2) is not part of the health information that is kept by us or for us; (3) is not part of the information you would be permitted to inspect or copy; or (4) is accurate and complete.

**You have the right to receive an accounting of certain disclosures we have made, if any, of your Protected Health Information.** This right applies to disclosures for purposes EMA and Affiliated and Subsidiary Corporations

other than treatment, payment or healthcare operations as described in this Notice of Privacy Practices. It excludes disclosures we may have made to you, for a facility directory, to family members or friends involved in your care, or for notification purposes. You have the right to receive specific information regarding these disclosures. The right to receive this information is subject to certain exceptions, restrictions and limitations. You must submit your request in writing to our Privacy Officer, and your request must state the time period which may not be longer than six years and may not include dates prior to April 14, 2003.

EMA may, at its discretion, charge a requestor a fee not to exceed the actual cost of compiling, copying, and mailing requested information or as allowed by Federal or State law or regulation.

**You have the right to obtain a paper copy of this notice from us**, upon request, even if you have agreed to accept this notice electronically.

### **3. Complaints**

You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. The complaint must be made within 180 days of when you knew or should have known of the act or omission. You may file a complaint with us by notifying our Privacy Officer of your complaint. We will not retaliate against you for filing a complaint.

You may contact our Privacy Officer, Christine Hughes, Corporate Council, at (410) 970-2010 or via email [hughesc@emaseniorcare.org](mailto:hughesc@emaseniorcare.org) for further information about the complaint process.

You may file an anonymous and confidential complaint by calling the EMA Values Helpline, Toll Free, at 1-877-631-5718.

The contact information of the Department of Health and Human Services is:

U.S. Department of Health and Human Services, 200 Independence Avenue, S.W.,  
Washington, DC 20201, (202) 619-0257, or Toll Free at 1-877-696-6775

This notice was published as of the revision date contained herein and becomes effective April 14, 2003.

# ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I hereby acknowledge receipt of the "Notice of Privacy Practices" (pages 1 through 10 of this document, with revision date as noted below) for Episcopal Ministries to the Aging, Inc. (EMA) and its affiliated and subsidiary corporations (including EMA Health Services, Inc., Buckingham's Choice, Inc., Copper Ridge, Inc., Fairhaven, Inc., The Copper Ridge Institute, Inc. and The William Hill Manor Incorporated).

I have read and understand the uses and disclosures of Protected Health Information that may be made with consent, authorization or opportunity to object.

I understand that I have the right to object to disclosure of some or all of my Protected Health Information as outlined in the "Notice of Privacy Practices" and the circumstances that allow the above organizations to disclose Protected Health Information.

Put your initials in this box to decline disclosure of your Protected Health Information for other marketing use by EMA as explained in the Notice of Privacy Practices.

Put your initials in this box to decline disclosure of your Protected Health Information for fundraising use by EMA as explained in the Notice of Privacy Practices.

This acknowledgement is for the following potential or actual recipient of health care services:

\_\_\_\_\_  
(Recipient's Name – PRINTED)

\_\_\_\_\_  
Signature of Recipient or Personal Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
If signed by Personal Representative,  
print Name of Personal Representative

\_\_\_\_\_  
Description of Personal Representative's Authority

If this Acknowledgement is being signed by an employee or potential employee, indicate below the EMA corporation in which you do/will work and your department.

\_\_\_\_\_  
EMA corporation

\_\_\_\_\_  
Department