



NOTICE OF PRIVACY PRACTICES

Effective Date: April 06, 2007

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.

Understanding Your Medical Record and Your Health Information

Each time you visit a Kindred Healthcare Facility or one of its affiliates (together affiliated covered entity), information about your visit is recorded in your medical record. Typically, this record consists of your medical history, symptoms, examination, observations, test results, diagnosis, treatment, and future care plans. Understanding your health information and how it is used helps to ensure that it is accurate, and that it is used and disclosed appropriately.

Your Health Information Privacy Rights

Although your medical record is the property of Kindred Healthcare, the information belongs to you. You have legal rights regarding your health information, which are described below. Your legal rights include a:

- **Right to Access.** With some exceptions, you have the right to review and copy your health information. We may charge a fee for the cost of copying, mailing, or other supplies associated with your request.
- **Right to Amend.** You have the right to request an amendment of your health information when it is incorrect or incomplete. This right exists as long as we keep this information.
- **Right to an Accounting of Disclosures.** You have the right to obtain a listing of those to whom we disclosed your health information. This right applies to disclosures other than those made for treatment, payment, health care operations; and those you specifically authorized. You can request an accounting for up to 6 years prior to the date of the request but not prior to April 14, 2003. The first request in a 12-month period is provided at no cost to you. There may be a charge for subsequent requests within the same 12-month period.
- **Right to Request Restrictions.** You have the right to request restrictions on the use or disclosing of your health information. We will use our best efforts to comply with all approved requests except when the information is needed to provide emergency treatment. We will provide you with a written explanation for denied requests or when we revoke a previously agreed to restriction.
- **Right to Request Alternate Communications.** You have the right to specify that communication with you be conducted in a particular manner or be directed to a certain location. We will attempt to accommodate all reasonable requests.
- **Right to a Paper Copy of this Notice.** You may request a paper copy of this Notice at any time.
- **Right to Require Written Authorization.** Any uses or disclosures of your health information, other than those described below, will be made only with your advance written authorization, which you may grant or revoke at any time.

Use and Disclosure of Your Health Information

Federal privacy laws allow Kindred Healthcare to use and disclose your health information for the following reasons or to the following entities:

- **Treatment** – Members of Kindred Healthcare’s workforce (including doctors, nurses, therapists, etc.) may use your health information to treat and care for you. We may disclose your health information to providers not affiliated with Kindred Healthcare, to facilitate the care they provide you. For example, we may disclose your health information to your personal physician during your stay at the Kindred Facility.
- **Payment** – Members of Kindred Healthcare’s workforce may use your health information to request payment, for the treatment we provide. For example, we may disclose your health information to your health insurance plan, to a third party, or directly to you to request payment for the treatment we provide.
- **Health Care Operations** – Members of Kindred Healthcare’s workforce may use your health information for health care operations of the Kindred Facility. Examples of these activities are: state certification surveys, review our services, determine effectiveness of new treatments, evaluate our performance, provide training to our staff, or to identify future services offerings and those no longer needed.
- **Facility Directory and Notification Purposes** – Your name and location in the Facility may be included in the directory. This information may be released to people who ask for you by name. Your name may be included in a list of residents provided to clergy who offer spiritual services.
- **Communication** - We may contact you to provide appointment reminders, alternative treatments, and other health services that may be of interest.



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- **Business Associates** – We may disclose your information to service providers with whom we have contracted to provide a service on our behalf. We must have written assurances in place, before disclosing your information to our Business Associates.
- **Research** – We may use and disclose your health information to researchers when permitted by law, for example, if the research has been approved by an Institutional Review Board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.
- **Lawsuits, Disputes, Law Enforcement** – We may disclose your information in response to a court or administrative order, subpoena, warrant, summons, or discovery request.
- **Funeral Directors, Coroners, Medical Examiners** – We may disclose your health information in order for these individuals to carry out their duties.
- **Food and Drug Administration (FDA), Public Health Agencies, Health Oversight Agencies** – We may disclose your information to: report adverse events with food, drugs, medical devices, dietary supplements, other products and product recalls; report births, deaths, child abuse, neglect, domestic violence; prevent or control disease, injury, disability; notify people possibly exposed to a disease or maybe spreading a disease; authorized organ donations; or as required by law.
- **Workers' Compensation Programs** – We may disclose your information as permitted or required by state law relating to workers' compensation programs.
- **Correctional Institution** – We may disclose your information when you are an inmate or under custody so the correctional institution can provide you health care, to protect your health and safety and that of others.
- **Military Authorities** – We may disclose your information when you are a member or veteran of the military.

Our Responsibilities

It is our responsibility to:

- Provide reasonable safeguards in order to protect the privacy of your health information;
- Use or disclose the minimum amount of information required to reasonably provide necessary services;
- Provide and review this Notice with you regarding our legal duties and privacy practices with respect to your health information and to make a good faith effort to obtain your signature acknowledging receipt of this Notice;
- Post the current Notice in the Kindred Facility, as well as on our website; and
- Abide by the terms of this Notice.

We reserve the right to change our practices and to make the new provisions effective for all health information we maintain. This Notice will specify the effective date on the first page.

State Law Requirements

Certain state health information laws and regulations, such as those dealing with mental health, HIV/AIDS or drug and alcohol records, may be more stringent than the federal privacy laws and further limit the Facility's uses and disclosures of your health information described above.

Contacting the Facility Privacy Contact

If you have questions, or to exercise your rights, please contact the Facility by phone or mail and request to speak to the Privacy Contact. If you believe your privacy rights have been violated, you may file a complaint with the Privacy Contact or you may file a complaint using Kindred Healthcare's Compliance Hotline (1-800-359-7412). Additionally, you may file a written complaint with the Secretary of the Department of Health and Human Services. No retaliation will occur based on your filing a complaint.

Patient/Resident/Legal Representative

Date

Facility Representative

Date