

**EVENTIDE SENIOR LIVING COMMUNITIES**  
**2405 EIGHTH ST. SO., SUITE A**  
**MOORHEAD, MINNESOTA 56560**  
**PHONE: (218) 291-2230**

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**NOTICE OF PRIVACY PRACTICES**

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**\*\*\*\*\*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.**

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**Your Rights and Our Responsibilities**

We have summarized your rights and our responsibilities on this first page. For a complete description of our privacy practices, please review this entire notice.

1. Your Rights

As a resident of an Eventide Senior Living Communities (“Eventide”) building, you have several rights with regard to your health information, including the following:

- The right to request that we not use or disclose your health information in certain ways;
- The right to request to receive communications in an alternative manner or location;
- The right to access and obtain a copy of your health information;
- The right to request an amendment to your health information;
- The right to an accounting of disclosures of your health information; and
- The right to receive a notice of breach of unsecured health information.

If you have questions and would like additional information, you may contact Eventide’s Privacy Officer (see below for contact information).

2. Our Responsibilities

Eventide is required to:

- Maintain the privacy of your health information;
- Provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you;
- Abide by the terms of this notice;
- Notify you if we are unable to agree to a requested restriction; and
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations

We reserve the right to change our privacy practices and to make the changes effective for all health information we maintain. If we change our privacy practices, we will post a copy of the amended Notice of Privacy Practices on site at Eventide, as well as on our website ([www.eventide.org](http://www.eventide.org)). A copy of the revised Notice will be available upon request following the effective date of the changes.

We will not use or disclose your health information without your authorization, except as described in this Notice.

If you have questions and would like additional information, you may contact Eventide’s Privacy Officer, Wade Stubson, either by telephone at (218) 291-2230 or by email at [wstubson@eventide.org](mailto:wstubson@eventide.org).

## **Understanding Your Record/Information**

When medical services are provided to you at Eventide, a record of your care/treatment is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information often referred to as your health or medical record, serves as a:

- Basis for planning your care and treatment
- Means of communication among the many health professionals who contribute to your care
- Legal document describing the care you received
- Means by which you or a third-party payer can verify that services billed were actually provided
- Tool in educating health professionals
- Source of data for medical research
- Source of information for public health officials who oversee the delivery of health care in the United States
- Source of data for facility planning and marketing
- Tool with which we can assess and continually work to improve the care we render and the outcomes we achieve

Understanding what is in your record and how your health information is used helps you to: ensure its accuracy, better understand who, what, when, where, and why others may access your health information, and make more informed decisions when authorizing disclosure to others.

## **How We Will Use or Disclose Your Health Information**

1. **Treatment.** We will use or disclose your health information for treatment purposes, including for treatment by other health care providers. For example, information obtained by a nurse, physician, or other member of your healthcare team will be recorded in your record and used to determine the course of treatment that should work best for you. Your physician will document in your record his or her expectations of the members of your healthcare team. Members of your healthcare team will then record the actions they took and their observations. In that way, the physician will know how you are responding to treatment. We will also provide your physician or a subsequent healthcare provider with copies of various reports that should assist him or her in treating you once you are discharged from Eventide

If state law requires your written consent for us to disclose your personal information for treatment, we'll ask you for that consent. However, that consent will not generally be required in a medical emergency (if you are unable to give us your permission due to your condition), or for us to exchange information with affiliates.

2. **Payment.** We will use or disclose your health information for payment purposes, including for the payment activities of other health care providers or payors. For example, a bill may be sent to you or a third-party payor, including Medicare or Medicaid. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.
3. **Health Care Operations.** We will use or disclose your health information for regular health operations. For example, members of the medical staff, the risk or quality improvement manager, or members of the quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the health care and service we provide.

In addition, we will disclose your health information for certain health care operations of other entities. However, we will only disclose your information under the following conditions: (a) the other entity must have, or have had in the past, a relationship with you; (b) the health information used or disclosed must relate to that other entity's relationship with you; and (c) the disclosure must only be for one of the following purposes: (i) quality assessment and improvement activities; (ii) population-based activities relating to improving health or reducing health care costs; (iii) case management and care coordination; (iv) conducting training programs; (v) accreditation, licensing, or credentialing activities; or (vi) health care fraud and abuse detection or compliance.

4. **Business Associates.** There are some services provided in our organization through the use of outside people and entities. Examples of these "business associates" include our accountants, consultants and attorneys. We may disclose your health information to our business associates so that they can perform the job we've asked them to

do. To protect your health information, however, we require the business associates to appropriately safeguard the privacy and security of your information.

5. Directory. Unless you notify us that you object, we may use your name, location in the facility, general condition, and religious affiliation for directory purposes. This information may be provided to members of the clergy and, except for religious affiliation, to other people who ask for you by name. We may also use your name on a nameplate next to or on your door in order to identify your room, unless you notify us that you object.
6. Photographs. Unless you object, we may use your photograph as a means of identification beside your room door or beside the Medication Administration Record. Unless you object, we may also use photographs taken of you at special events to be placed on the facility's bulletin board, in the facility's newsletter, or on the facility's internet webpage under the photo section.
7. Notification. Unless you notify us that you object, we may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, of your location, and general condition. If we are unable to reach your family member or personal representative, then we may, unless you notify us otherwise, leave a message for them at the contact number or address that has been provided to us (e.g., on an answering machine).
8. Communication with Family and Friends. Unless you notify us that you object, we may disclose to a family member, other relative, close personal friend or any other person you identify, your health information to the extent it is relevant to that person's involvement in your care or payment related to your care. If we are able to do so, we will provide you with an opportunity to object to such a disclosure.
9. Research. We may disclose health information to researchers when we have received an authorization from you or, in the absence of your authorization, when certain conditions have been satisfied prior to such disclosure.
10. Transfer of Information at Death. We may disclose health information to funeral directors, medical examiners, and coroners to carry out their duties consistent with applicable law.
11. Organ Procurement Organizations. Consistent with applicable law, we may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.
12. Marketing. We will not use or disclose your personal information for marketing purposes without your authorization. However, we may contact you regarding your treatment, to coordinate your care or to recommend alternative treatments, therapies, health care providers or settings. In addition, we may contact you to describe a health-related product or service that may be of interest to you, and the payment for such product or service.
13. Fundraising. We may contact you as part of a fundraising effort. You will be provided the right to opt out of receiving any future fundraising communications.
14. Food and Drug Administration (FDA). We may disclose to the FDA, or to a person or entity subject to the jurisdiction of the FDA, health information relative to adverse events with respect to food, supplements, product and product defects, or post-marketing surveillance information to enable product recalls, repairs, or replacement.
15. Workers' Compensation. We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers' compensation or other similar programs established by law.
16. Public Health. As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.
17. Correctional Institution. Should you be an inmate of a correctional institution, we may disclose to the institution or agents thereof health information necessary for your health and the health and safety of other individuals.
18. Law Enforcement. We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.
19. Lawsuits and Disputes. We may disclose health information in response to a valid subpoena, court order or administrative order. We may also disclose health information for special government functions such as military,

national security, and presidential protective services. Prior to a disclosure under these circumstances, we will make an effort to tell you about the request or to obtain an order protecting the information to be disclosed.

20. Reports. Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public.
21. Personal Representative, Health Care Agent or Guardian. If you have designated a HIPAA personal representative (which is different than a Personal Representative for probate purposes), or if you have a legal guardian and/or have appointed a health care agent, we will treat that person as if he or she is you with respect to disclosures of your health information.
22. Psychotherapy Notes. Under most circumstances, without your written authorization, we may not disclose the notes a mental health professional took during a counseling session that are kept separate from your general medical records.
23. Sale of Health Information. We will not sell or rent your health information.
24. Other Uses and Disclosures. Except as described in this Notice, we will not use or disclose your health information without your written authorization which, once given, may be revoked as described below.

### **Your Health Information Rights**

Although your health record is the physical property of the facility, the information in your health record belongs to you. You have the following rights:

1. Right to Request Restrictions of Your Personal Information. You may request that we not use or disclose your health information for a particular reason related to treatment, payment, the facility's general health care operations, and/or to a particular family member, other relative or close personal friend. We ask that such requests be made in writing on a form provided by Eventide. Although we will consider your requests with regard to the use of your health information, please be aware that we are under no obligation to accept it or to abide by it except with respect to disclosures to health plans as provided below. We will abide by your requests with regard to the disclosure of your clinical and personal records to anyone outside of the facility, except in an emergency, if you are being transferred to another health care institution, or the disclosure is required by law.
2. Right to Restrict Disclosures to Health Plans. You have the right to prohibit us from disclosing to your health plan personal information related to a particular service, if you pay us for that service up front and in full and if the disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law.
3. Right to Request Confidential Communications. If you are dissatisfied with the manner in which or the location where you are receiving communications from us that are related to your health information, you may request that we provide you with such information by alternative means or at alternative locations. Such a request must be made in writing on Eventide's standard form, and submitted to the to the facility's Privacy Officer. We will attempt to accommodate all reasonable requests.
4. Right to Review and Copy Your Personal Information. You may request to inspect and/or obtain copies of health information about you, which will be provided to you in the time frames established by law. You may make such requests orally or in writing. However, in order to better respond to your request, we ask that you make such requests in writing on Eventide's Authorization for Release of Information form. If you request to have copies made of your health information, we will charge you a reasonable fee.
5. Right to Request an Amendment of Your Personal Information. If you believe that any health information in your record is incorrect, or if you believe that important information is missing, you may request that we correct the existing information or add the missing information. Such requests must be made in writing, and must provide a reason to support the amendment. We ask that you use the form provided by Eventide to make such requests. For a request form, please contact Eventide's Privacy Officer.
6. Right to Receive an Accounting of Disclosures. You may request that we provide you with a written accounting of all disclosures made by us during the time period for which you request (not to exceed 6 years). We ask that such

requests be made in writing on a form provided by Eventide. Please note that an accounting will not apply to any of the following types of disclosures: disclosures made for reasons of treatment, payment or health care operations unless such disclosures are part of an electronic medical record system; disclosures made to you or your legal representative, or any other individual involved with your care; disclosures to correctional institutions or law enforcement officials; and disclosures for national security purposes. You will not be charged for your first accounting request in any 12-month period. However, for any requests that you make thereafter, you will be charged a reasonable, cost-based fee.

7. Right to Obtain a Copy of this Notice. You have the right to obtain a paper copy of our Notice of Privacy Practices upon request. You may also access and print a copy of our notice from our website at [www.eventide.org](http://www.eventide.org).
8. Right to Revoke an Authorization. You may revoke an authorization to use or disclose health information, except to the extent that action has already been taken. Such a request must be made in writing to Eventide's Privacy Officer.
9. Right to Receive Notice of a Breach. We are required to notify you by first class mail or by e-mail (if you have indicated a preference to receive information by e-mail) of any breaches of Unsecured Protected Health Information as soon as possible, but in any event, no later than 60 days following the discovery of the breach.
10. Right to File a Complaint. If you believe we have violated your privacy rights, you may complain to us directly (see Contact Information below) or to the Office for Civil Rights of the United States Department of Health and Human Services. You may file a complaint with either us or the Office for Civil Rights without fear of reprisal.

### **For More Information or to Report a Problem**

If you have questions and would like additional information, you may contact Eventide's Privacy Officer, Wade Stubson, either by telephone at (218) 291-2230 or by email at [wstubson@eventide.org](mailto:wstubson@eventide.org).

If you believe that your privacy rights have been violated, you may file a complaint with us. These complaints may be filed either in writing or verbally with your building's Executive Director or with Eventide's Privacy Officer. You will not be retaliated against or treated differently by Eventide if you make a complaint.

You may also file a complaint with the regional office of the United States Department of Health and Human Services by writing to the following address:

Regional Manager  
Office for Civil Rights, Region V  
U.S. Department of Health and Human Services  
233 N. Michigan Ave., Suite 240  
Chicago, IL 60601

You may also file a complaint (1) online at <http://www.hhs.gov/hipaa/filing-a-complaint/what-to-expect>, (2) by calling (800) 368-1019 or, for TDD, (800) 537-7697, or (3) by faxing information to (312) 886-1807. You will not be penalized for filing a complaint with the federal government.

**EVENTIDE SENIOR LIVING COMMUNITIES  
NOTICE OF PRIVACY PRACTICES  
RESIDENT ACKNOWLEDGMENT FORM**

Our Notice of Privacy Practices provides information about how Eventide Senior Living Communities may use and disclose protected health information about you.

As provided in our Notice of Privacy Practices, the terms may change. If we change our Notice of Privacy Practices, you may obtain a revised copy by contacting [name of contact person], [title of contact person] at [phone # of contact person].

**By signing this Acknowledgment Form, I acknowledge receipt of Eventide Senior Living Communities' Notice of Privacy Practices.**

\_\_\_\_\_  
Resident's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Resident's Name

\_\_\_\_\_  
Resident's MR#

\_\_\_\_\_  
Resident's Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to Resident

\_\_\_\_\_  
Facility Representative

\_\_\_\_\_  
Date

**For Completion by Facility:**

If Resident, Resident's Responsible Party or Resident's authorized representative fails to sign this Acknowledgment Form, a facility representative shall complete the following by signing and dating below:

Eventide provided its Notice of Privacy Practices to \_\_\_\_\_ (\_\_\_\_ Resident/\_\_\_\_ Responsible Party/\_\_\_\_ Authorized Representative) on \_\_\_\_\_ (date) and the person to whom the Notice of Privacy Practices was given refused to sign and return this Acknowledgment after being requested to do so.

**OR**

Written acknowledgment of receipt of Eventide's Notice of Privacy Practices was not obtained for the following other reasons:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Facility Representative

\_\_\_\_\_  
Date