



NOTICE OF PRIVACY PRACTICES
(Pursuant to the Health Insurance Portability and Accountability Act of 1996)

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.

PROGRESSIVE STEP CORPORATION, an Extendicare company ("ProStep") is required by law to provide you with this Notice so that you will understand how we may use or share information from your Designated Record Set. The Designated Record Set includes financial and health information referred to in this Notice as "Protected Health Information" ("PHI") or simply "health information." We are required to adhere to the terms outlined here. This Notice describes the practices of ProStep and its affiliates (together "the affiliated covered entity" or "ProStep"). If you have any questions about this Notice, please contact the Facility Privacy Designee or Extendicare Privacy Officer.

UNDERSTANDING YOUR DESIGNATED RECORD SET

Each time you receive services at our Facility, a record of your visit is made containing health and financial information. Typically, this record contains information about your condition, the treatment we provide and payment for the treatment. We may use and/or disclose this information to:

- o Plan your care and treatment
- o Communicate with other health professionals involved in your care
- o Document the care you receive
- o Educate health professionals
- o Provide information for medical research
- o Provide information to public health officials
- o Evaluate and improve the care we provide
- o Obtain payment for the care we provide

Understanding what is in your record and how your health information is used helps you to:

- o Ensure it is accurate
- o Better understand who may access your health information
- o Make more informed decisions when authorizing disclosure to others

HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION

The following categories describe the ways that we may use and disclose health information. Not every use or disclosure in a category will be listed. However, all of the ways that we are permitted to use and disclose information will fall into one of these categories.

NOTICE OF PRIVACY PRACTICES – side 2

- **For Treatment.** We may use and disclose your health information to provide treatment to you. ProStep personnel (e.g., nurses, therapists and others) will share your health information with each other in order to provide you with appropriate treatment. For example, a physical therapist may share health information about you with the therapy assistant to instruct her on providing the appropriate treatment to you. We may also disclose your health information to health care providers outside our Facility who are involved in your care. For example, we may tell your doctor about a change in your condition to receive new orders for additional or different treatment modalities. We may disclose health information to those who may be involved in your care after you are discharged from our care. For example, we provide a discharge summary to your physician at the conclusion of your treatment in our Facility.
- **For Payment.** We may use and disclose health information about you so that the treatment and services you receive at this Facility may be billed to you, a government program, an insurance company or other third party payors. For example, in order to be paid, we may need to share information with your payor about services we provided to you. We may also discuss with payors a treatment that you are going to receive in order to obtain prior approval or to determine whether payors will cover the treatment. We may disclose health information to health plans or other health care providers for their payment activities.
- **For Health Care Operations.** We may use and disclose health information about you for our day-to-day health care operations. This is necessary to ensure that all patients receive quality care. For example, we may use health information for quality assessment and improvement activities and for developing and evaluating clinical protocols. We may also combine health information about many ProStep patients to help determine what additional services ProStep should offer, what services should be discontinued, and whether certain new treatments are effective. Health information about you may be used by our various corporate offices for business development and planning, cost management analyses, insurance claims management, risk management activities, and in developing and testing information systems and programs. We may also use and disclose information for professional review, performance evaluation, and for training programs. Other aspects of health care operations that may require use and disclosure of your health information include accreditation, certification, licensing and credentialing activities, review and auditing, including compliance reviews, medical reviews, legal services and compliance programs. Your health information may be used and disclosed for the business management and general activities of the Facility including resolution of internal grievances, customer service and due diligence in connection with a sale or transfer of the Facility. In limited circumstances, we may disclose your health information to another entity subject to HIPAA for its own health care operations. We may remove information that identifies you so that the health information may be used to study health care and health care delivery without learning the identities of patients. We may use your name, phone number and other relevant contact information on a phone list we maintain for the purposes of scheduling therapy and notifying you of changes in appointment times and dates. We may use and disclose your name on a sign-in sheet when you arrive for each therapy appointment.

OTHER ALLOWABLE USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION

- **Business Associates.** There are some services we provide through contracts with business associates. Examples of business associates include medical directors, medical transcription services and clearinghouses. We may disclose your health information so that our business associates can perform the job we've asked them to do. To protect your information, we require the business associate to appropriately safeguard your PHI.
- **Treatment Alternatives.** We may use and disclose health information to tell you about possible treatment options or alternatives that may be of interest to you.
- **Appointment Reminders.** We may use and disclose health information to provide you with appointment reminders.
- **Health-Related Benefits and Services.** We may use and disclose health information to tell you about health-related benefits or services that may be of interest to you.

NOTICE OF PRIVACY PRACTICES – side 3

- **Fundraising Activities.** ProStep does not currently use health information for fundraising on its own behalf. If this practice changes in the future, we will only release demographic information and the dates of health care provided to patients.
- **Directory Information.** We may maintain “directory” information about you in the Facility while you are a patient. This information may include your name, location in the Facility, and your general condition (e.g., fair, stable, etc.). The directory information may be disclosed to people who ask for you by name. We may also use this information to label our charts and on a daily sign-in sheet for therapy appointments.
- **Individuals Involved in Your Care or Payment for Your Care.** We may disclose health information about you to a close friend, family member or other relative, or any person you designate who is involved in your care or payment for your care. We will provide the amount of health information relevant to the individual’s involvement in your care or payment for your care. We may disclose health information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.
- **As Required By Law.** We will disclose health information about you when required to do so by federal, state or local law.
- **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. We would do this only to help prevent the threat.

YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

Although your record is the property of the Facility, you have the following rights regarding your health information:

- **Right to Inspect and Copy.** You have the right to review and copy your health information.

You must submit your request in writing to the Facility Privacy Designee. We may charge a fee for the costs of copying, mailing or other supplies associated with your request.

- **Right to Amend.** If you feel that health information in your record is incorrect or incomplete, you may ask us to amend the information. You have this right for as long as the information is kept by or for the Facility. (An amendment is not necessary to correct clerical errors).

You must submit your request in writing on the form provided by the Facility Privacy Designee. In addition, you must provide a reason for your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
 - Is not part of the health information kept by or for the Facility; or
 - Is accurate and complete.
- **Right to an Accounting of Disclosures.** You have the right to request an "accounting of disclosures". This is a list of certain disclosures we made of your health information, other than those made for purposes such as treatment, payment, or health care operations, or pursuant to your authorization.

You must submit your request in writing to the Facility Privacy Designee. Your request must state a time period, which may not be longer than six (6) years from the date the request is submitted and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper or electronically). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs 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.

NOTICE OF PRIVACY PRACTICES – side 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. You may request that we limit the “directory” information (name, location, general condition and religious affiliation) or that we limit disclosure to someone who is involved in your care or the payment for your care. For example, you could ask that we not use or disclose information about your therapy progress to a family member or friend.

We are not required to agree to your request. If we agree, we will comply with your request unless the information is needed to provide emergency treatment.

You must submit your request in writing to the Facility Privacy Designee. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

- **Right to Request Alternate Communications.** You have the right to request that alternative methods be used to communicate with you regarding your protected health information. For example, while you are a patient at our Facility, you may request that we call an alternate telephone number for appointment reminders or schedule changes rather than calling you at your home.

You must submit your request in writing to the Facility Privacy Designee. We will not ask you the reason for your request. Your request must specify how or where you wish to be contacted. We will accommodate all reasonable requests.

- **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.

You may obtain a copy of this Notice at our website, www.extendicare.com/HIPAA/Prostep.

To obtain a paper copy of this Notice, contact the Facility Privacy Designee.

SPECIAL SITUATIONS

- **Organ and Tissue Donation.** If you are an organ donor, we may disclose health information to organizations that handle organ procurement to facilitate donation and transplantation.
- **Military and Veterans.** If you are a member of the armed forces, we may disclose health information about you as required by military authorities. We may also disclose health information about foreign military personnel to the appropriate foreign military authority.
- **Research.** Under certain circumstances, we may use and disclose health information about you for research purposes. For example, a research project may involve comparing the effectiveness of two different approaches to pain assessment or treatment. All research projects are subject to a special approval process. This process evaluates a proposed research project and its use of health information, trying to balance the research needs with the patients' need for privacy of their health information. Before we use or disclose health information for research, the project will have been approved through this research approval process. We may, however, disclose health information about you to people preparing to conduct a research project so long as the health information they review does not leave our Facility.
- **Workers' Compensation.** We may disclose health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.
- **To your employer.** If we are providing certain health care to you at the request of your employer, we may disclose PHI specific to your work-related illness or injury if your employer needs the PHI to comply with its obligations under federal or state occupational safety and health laws.

NOTICE OF PRIVACY PRACTICES – side 5

- **Public Health Risks.** We may disclose health information about you for public health purposes, including:
 - Prevention or control of disease, injury or disability;
 - Reporting births and deaths;
 - Reporting child abuse or neglect;
 - Reporting reactions to medications or problems with products;
 - Notifying people of recalls of products;
 - Notifying a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease;
 - Notifying the appropriate government authority if we believe a patient has 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.
- **Health Oversight Activities.** We may disclose health information to a health oversight agency for activities authorized by law. These oversight activities may include audits, investigations, and inspections. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
- **Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to a court or administrative order. We may also disclose health information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.
- **Law Enforcement.** We may disclose health information when requested by a law enforcement official:
 - In response to a court order, subpoena, warrant, summons or similar process;
 - To identify or locate a suspect, fugitive, material witness, or missing person;
 - About you, the victim of a crime, if, under certain limited circumstances, we are unable to obtain your agreement;
 - About a death we believe may be the result of criminal conduct;
 - About criminal conduct at the ProStep Facility;
 - In emergency circumstances, to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime
 - If you are an inmate of a correctional institution or in the custody of a law enforcement official, if the disclosure is necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.
- **Coroners, Medical Examiners and Funeral Directors.** We may disclose health information to a coroner or medical examiner. This may be necessary to identify a deceased person or determine the cause of death. We may also disclose health information to funeral directors as necessary to carry out their duties.
- **National Security and Intelligence Activities.** We may disclose health information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

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. We will post a copy of the current Notice in the Facility and on our website (www.extendicare.com/HIPAA/Prostep). The Notice will specify the effective date. In addition, if material changes are made to this Notice, the Notice will contain an effective date for the revisions. Copies may be obtained by contacting the Facility Privacy Designee or the Extendicare Privacy Officer.

NOTICE OF PRIVACY PRACTICES – side 6

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the Facility or with the Secretary of the U. S. Department of Health and Human Services. To file a complaint with the Facility, contact the Facility Privacy Designee or the Extendicare Privacy Officer at (800) 395-5000, ext. 8221. All complaints must be submitted in writing. **You will not be penalized for filing a complaint.**

OTHER USES OF HEALTH INFORMATION

Other uses and disclosures of health information not covered by this Notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose health information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose health information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission.

EFFECTIVE DATE

The effective date of this Notice is April 14, 2003, unless otherwise provided for in this Notice.