



ASBURY COMMUNITIES, INC.
HIPAA Notice of Privacy Practices
(updated 10/14/10)

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review carefully.

OUR LEGAL DUTY

Asbury Communities, Inc. and its affiliated entities (referred to as Asbury) are committed to protecting your privacy and are required by applicable federal and state laws to maintain the privacy of your protected health information. “Protected health information” is your individually identifiable health information, including demographic information, collected from you or created or received by a healthcare provider, a health plan, your employer, or a healthcare clearinghouse that relates to: (i) your past, present, or future physical or mental health or condition; (ii) the provision of healthcare to you; or (iii) the past, present, or future payment for the provision of healthcare to you.

This notice describes our policies and practices for collecting, handling, and protecting our residents’ protected health information. We are required to give you this notice about our privacy practices, our legal duties, and your rights concerning your protected health information. We must follow the privacy practices that are described in this notice while it is in effect. This notice took effect 7/1/2010, and will remain in effect until we replace it.

Due to changing circumstances, it may become necessary to revise our privacy policies and practices and the terms of this notice at any time, provided that such changes are permitted by applicable law.

Before making a significant change in our privacy practices, we will change this notice and notify all effected members in writing in advance of the change.

You may obtain additional copies of this notice at our website www.asbury.com or through the contact information at the end of this notice.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

We have described these uses and disclosures below and provide examples of the types of uses and disclosures we may make in each of these categories.

For Treatment: We will use and disclose your personal health information in providing you with treatment and services. We may disclose your personal health information to facility and non-facility personnel who may be involved in your care, such as physicians, nurses, nurse aides, and physical therapists. For example, a nurse caring for you will report any change in your condition to your physician. We also may disclose personal health information to individuals who will be involved in your care after you leave the facility.

For Payment: We may use and disclose your personal health information so that we can bill and receive payment for the treatment and services you receive at the facility. For billing and payment purposes, we may disclose your personal health information to

your representative, an insurance or managed care company, to confirm your coverage or to request prior approval for a proposed treatment of service.

For Healthcare Operations: We may use and disclose your personal health information for facility operations. These uses and disclosures are necessary to manage the facility and to monitor our quality of care. For example, we may use personal health information to evaluate our facility's services, including the performance of our staff.

OTHER POSSIBLE USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION:

Facility Directory: Unless you object, we will include certain limited information about you in our facility directory. This information may include your name, your location in the facility, your general condition, and your religious affiliation. Our directory does not include specific medical information about you. We may release information in our directory, except for your religious affiliation, to people who ask for you by name. We may provide the directory information, including your religious affiliation, to any member of the clergy.

Hospitalization and Death Notices:

Unless you object, we may announce your hospitalization or death to other residents of Asbury. This notice will not contain specific information regarding reason of hospitalization or death.

Others involved in Your Healthcare:

Unless you object, we may release protected health information about you to a friend or family member, who is involved in your healthcare or to someone who helps pay for your care. We may also disclose protected health information about you to an organization assisting in a disaster relief effort so that your family can be notified about your condition, status, or location.

Public Health Activities: We may disclose your protected health information, to the extent necessary, to avert a serious and imminent threat to your health or safety or

the health or safety of others. We may disclose your protected health information to a government agency authorized to oversee the healthcare system or government programs or its contractors, and to public health authorities for public health purposes. We may disclose your protected health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, domestic violence, or other crime.

Required by Law: We may disclose your protected health information when such disclosure is required by law. For example, we must disclose your protected health information to the U.S. Department of Health Services, upon request, for purpose of determining whether we are in compliance with federal privacy laws. We may disclose your protected health information when authorized by workers' compensation or similar programs which provide benefits for work-related injuries or illness.

Reporting Victims of Abuse, Neglect, or Domestic Violence: If we believe that you have been a victim of abuse, neglect, or domestic violence, we may disclose your personal health information to notify a government authority, if required or authorized by law.

Health Oversight Activities: We may disclose your personal health information to a health oversight agency for oversight activities authorized by law. These may include, for example, audits, investigations, inspections, and licensure actions.

Judicial and Administrative

Proceedings: We may disclose your personal health information in response to a court or administrative order. We also may disclose information in response to a subpoena, discovery request, or other lawful process. In all cases, efforts must be made to contact you about the request or to obtain an order or agreement protecting the information.

Law Enforcement: We may disclose limited information to a law enforcement official concerning the protected health information of

a registered offender, suspect, fugitive, material witness, crime victim, or missing person.

Death: We may disclose protected health information of a deceased person to a coroner, medical examiner, or funeral director.

Military and National Security: We may disclose to Military authorities the protected health information of Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials protected health information required for lawful intelligence, counterintelligence, and other national security activities.

Workers' Compensation: We may use or disclose your personal health information to comply with laws relating to workers' compensation or similar programs.

Fundraising Activities: We may use certain personal health information to contact you in an effort to raise money for the facility and its operations. We may disclose personal health information to a foundation related to the facility so that the foundation may contact you in raising money for the facility. In doing so, we would only release contact information, such as your name, address, phone number, and the dates you received treatment or services at the facility.

YOUR AUTHORIZATION IS REQUIRED FOR OTHER USES OF PERSONAL HEALTH INFORMATION

We will use and disclose personal health information (other than as described in this Notice or required by law) only with your written authorization (which includes authorization by your legal representative). You may revoke your authorization to use or disclose personal health information in writing, at any time. If you revoke your authorization, we will no longer use or disclose your personal health information for the purposes covered by the authorization, except where we have already relied on the authorization.

INDIVIDUAL RIGHTS

Request Restrictions: You have the right to request that we place additional restrictions on the use or disclosure of your protected health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement, except in an emergency. To request restrictions, you must make your request in writing and tell us: (a) what information you want to limit; (b) whether you want to limit our use, disclosure, or both; and (c) to whom you want the limits to apply; for example, disclosures to your family members.

Access to Personal Health Information: You have the right to request, either orally or in writing, your medical or billing records or other written information that may be used to make decisions about your care. We must allow you to inspect your records within 24 hours of your request. If you request copies of the records, we must provide you with copies within 2 days of that request. We may charge a reasonable fee for our costs in copying and mailing your requested information.

We may deny your request to inspect or receive copies in certain limited circumstances. If you are denied access to personal health information, in some cases you will have a right to request review of the denial. This review would be performed by a licensed healthcare professional, designated by the facility, who did not participate in the decision to deny.

Amendment: You have the right to request that the facility amend any personal health information maintained by the facility for as long as the information is kept by or for the facility. You must make your request in writing and must state the reason for the requested amendment. We may deny your request for amendment, if the information: (a) was not created by the facility, unless the originator of the information is no longer available to act on our request; (b) is not part of the personal health information maintained by or for the facility; (c) is not part of the information to which you have a right of access; or (d) is already accurate and complete, as determined by the facility. If we

deny your request for amendment, we will give you a written denial, including the reasons for the denial and the right to submit a written statement disagreeing with the denial.

Accounting of Disclosures: You have the right to receive a list of instances in which we or our business associates disclosed your protected health information for purposes other than treatment, payment, healthcare operations and certain other activities. We will provide you with the date on which we made the disclosure, the name of the person or entity to which we disclosed your protected health information, a description of the protected health information we disclosed, the reasons for the disclosure, and certain other information. If you request this list more than once in a 12-month period, we may charge you a reasonable cost-based fee for responding to these additional requests.

Paper Copy of This Notice: You have the right to obtain a paper copy of this Notice, even if you have agreed to receive this Notice electronically. You may request a copy of this Notice at any time. [You may obtain a copy of this Notice at our website, www.asbury.org.]

Confidential Communications: You have the right to request that we communicate with you concerning personal health matters in a certain manner or at a certain location. For example, you can request that we contact you only at a certain phone number. We will accommodate your reasonable requests.

QUESTIONS AND COMPLAINTS

If you have any questions about this Notice or would like further information concerning your privacy rights, please contact the facility Administrator, Executive Director, or the contact listed below.

If you are concerned that we may have violated your privacy rights or you disagree with a decision we made related to the use or disclosure of your protected health information, you may file a complaint regarding that use by contacting using the information listed below.

You also may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complain with the U.S. Department of Health and Human Services upon request. We support your right to protect the privacy of the your health information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

Contact: Asbury Communities
Privacy Officer
Telephone: 301-250-2032
Fax: 301-250-2116
Address: Asbury Communities, Inc.
Attn: Privacy Officer
20030 Century Blvd.
Ste. 300
Germantown, MD 20874

ASBURY COMMUNITIES AFFILIATED ENTITIES

Asbury Methodist Village
Asbury~Solomons Island
Bethany Village
Epworth Manor
Springhill
Inverness Village
The Asbury Group, Inc.
Asbury Atlantic, Inc.
Asbury Foundation, Inc.
Affiliated Associates, Inc.