

NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION OF MOS CLIENTS

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

A. INTRODUCTION

During the course of providing services and care to you, Masonic Homes of California gathers, creates, and retains certain personal information about you that identifies who you are and relates to your past, present, or future physical or mental condition, the provision of health care to you, and payment for your health care services. This personal information is characterized as your “protected health information.” This Notice of Privacy Practices describes how Masonic Homes of California maintains the confidentiality of your protected health information, and informs you about the possible uses and disclosures of such information. It also informs you about your rights with respect to your protected health information.

B. MASONIC HOMES OF CALIFORNIA’S RESPONSIBILITIES

Masonic Homes of California is required by federal and state law to maintain the privacy of your protected health information. Masonic Homes of California is also required by law to provide you with this Notice of Privacy Practices that describes Masonic Homes of California’s legal duties and privacy practices with respect to your protected health information. Masonic Homes of California will abide by the terms of this Notice of Privacy Practices. Masonic Homes of California reserves the right to change this or any future Notice of Privacy Practices and to make the new notice provisions effective for all protected health information that it maintains, including protected health information already in its possession. If Masonic Homes of California changes its Notice of Privacy Practices, it will personally deliver or mail a revised notice to you at your current address.

C. USE AND DISCLOSURE WITH YOUR AUTHORIZATION

Masonic Homes of California will require a written authorization from you before it uses or discloses your protected health information, unless a particular use or disclosure is expressly permitted or required by law without your authorization. Masonic Homes of California has prepared an authorization form for you to use that authorizes Masonic Homes of California to use or disclose your protected health information for the purposes set forth in the form. You are not required to sign the form as a condition to obtaining treatment or having your care paid for. If you sign an authorization, you may revoke it at any time by written notice. Masonic Homes of California then will not use or disclose your

protected health information, except where it has already relied on your authorization.

D. HOW MASONIC HOMES OF CALIFORNIA MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION WITHOUT YOUR AUTHORIZATION

1. Permissive Disclosures

Masonic Homes of California may, in its discretion, use or disclose your protected health without your written authorization in the following circumstances:

a. Your Care and Treatment

Masonic Homes of California may use or disclose your protected health information to provide you with or assist in your treatment, care and services. For example, Masonic Homes of California may disclose your health information to health care providers who are involved in your care to assist them in your diagnosis and treatment, as necessary. Masonic Homes of California may also disclose your protected health information to individuals who will be involved in your care if you leave the Masonic Home.

b. Billing and Payment

i. Medicare, Medi-Cal and Other Public or Private Health Insurers – Masonic Homes of California may use or disclose your protected health information to public or private health insurers (including medical insurance carriers, long term care insurers, HMOs, Medicare, and Medi-Cal) in order to bill and receive payment for your treatment and services that you receive at the Masonic Home. The information on or accompanying a bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.

ii. Health Care Providers – Masonic Homes of California may also disclose your protected health information to health care providers in order to allow them to determine if they are owed any reimbursement for care that they have furnished to you and, if so, how much is owed.

c. Health Care Operations

Masonic Homes of California may use your protected health information for health care operations at Masonic Home. These uses and disclosures are necessary to manage Masonic Home, identify and manage risks and to monitor and improve our quality of services and care. For example, we may use your protected health information to review our services and to evaluate the performance of our staff in caring for you.

d. **Licensing and Accreditation**

Masonic Homes of California may disclose your protected health information to any government or private agency, such as to the California Department of Health Services and the California Department of Social Services, responsible for licensing or accrediting Masonic Home so that the agency can carry out its oversight activities. These oversight activities include audits; civil, administrative, or criminal investigations; inspections; licensure or disciplinary actions; civil, administrative, or criminal proceedings or actions; or other activities necessary for appropriate oversight.

e. **Provision of Basic Information about Residents**

Masonic Homes of California allows staff to provide certain basic information about a resident to persons who ask for the resident by name and to members of the clergy. Unless you notify Masonic Homes of California that you object, it will disclose your name, your location in at the facility, and your general condition (including admission to the hospital and death) to anyone who asks for you by name. It will disclose your name, your location, your general condition, and your religious affiliation to members of the clergy.

f. **Disclosures to Lodge Members**

Unless you specifically object, Masonic Homes of California may disclose certain general information about you (e.g., past activities, present interests, birthday, location if hospitalized and death) to Lodge members.

g. **Individuals Involved in Your Care or Payment for Your Care**

Unless you specifically object, Masonic Homes of California may disclose to a family member, other relative, a close personal friend, or to any other person identified by you, all protected health information directly relevant to such person's involvement with your care or directly relevant to payment related to your care. Masonic Homes of California may also disclose your protected health information to these same individuals to assist in notifying them of your location, general condition, or death.

h. **Disaster Relief**

Masonic Homes of California may disclose your protected health information to a public or private entity authorized to assist in disaster relief efforts.

i. **Business Associates**

Masonic Homes of California may contract with certain individuals or entities to provide services on its behalf. Examples include data processing, quality assurance, legal, or accounting services. Masonic Homes of California may disclose your protected health information to a business associate, as necessary, to allow the business associate to perform its functions on the Masonic Homes of California's behalf. Masonic Homes of California will have a contract with its business associates that obligate the business associates to maintain the confidentiality of your protected health information.

j. **Marketing**

Masonic Homes of California may use protected health information or disclose it to business associates in order to make face-to-face communications with you about a service or product or to provide you with a promotional gift of nominal value. Otherwise, it will obtain a specific written authorization from you or your personal representative before using or disclosing protected health information for marketing purposes.

k. **Fundraising**

Masonic Homes of California may use certain protected health information to contact you in an effort to raise money for the Masonic Home and its operations. Masonic Homes of California may disclose the protected health information to business associates or to related foundations that it uses to raise funds for its own benefit. Masonic Homes of California will disclose only your name, address, and phone number and the dates you receive health care services. You may notify Masonic Homes of California in writing if you object to such disclosures.

l. **Sale of Protected Health Information**

Masonic Homes of California may disclose your protected health information for remuneration in certain very narrow circumstances such as where a governmental agency reimburses it for its expenses in providing information for public health purposes.

m. **Research**

Masonic Homes of California may disclose your protected health information for research purposes, provided that an outside Institutional Review Board overseeing the research approves the disclosure of the information without a written authorization.

n. **Hospital Peer Review**

Masonic Homes of California may disclose your protected health information to hospital medical staffs to aid in the credentialing of applicants and in the peer review of members.

o. **Organ Procurement**

Masonic Homes of California may disclose your protected health information following your death to an organ procurement agency or tissue bank in order to aid in using your organs or tissues in transplantation.

p. **Medical Examiner or Funeral Directors**

Masonic Homes of California may disclose protected health information to a medical examiner or funeral director to allow them to carry out their duties.

q. **Appointment Reminders**

Masonic Homes of California may use or disclose your protected health information to remind you about appointments.

r. **Treatment Alternatives or Health-Related Benefits and Services**

Masonic Homes of California may use or disclose your protected health information to inform you about treatment alternatives or health-related benefits and services that may be of interest to you.

s. **Members of Workforce**

It is Masonic Homes of California's policy to allow members of its workforce to share residents' protected health information with one another to the extent necessary to permit them to perform their legitimate functions on Masonic Homes of California's behalf. At the same time, Masonic Homes of California will work with and train its workforce members to ensure that there are no unnecessary or extraneous communications that will violate the rights of its residents to have the confidentiality of their protected health information maintained.

t. **Veterans**

Masonic Homes of California may use and disclose to components of the Department of Veterans Affairs medical information about you to determine whether you are eligible for certain benefits.

u. **Workers' Compensation**

Masonic Homes of California may use or disclose your protected health information to comply with laws relating to workers' compensation or similar programs.

2. Mandatory Disclosures

Masonic Homes of California will disclose protected health information to outside persons or entities without your written authorization as required by law in the following circumstances:

a. **Court Order; Order of Administrative Tribunal**

Masonic Homes of California will disclose protected health information in accordance with an order of a court or of an administrative tribunal of a government agency.

b. **Subpoena**

Masonic Homes of California will disclose protected health information in accordance with a valid subpoena issued by a party to adjudication before a court, an administrative tribunal, or a private arbitrator. Reasonable efforts will be made to notify you of the subpoena, or of efforts to obtain an order or agreement protecting your protected health information.

c. **Law Enforcement Agencies**

Masonic Homes of California will disclose protected health information to law enforcement agencies in accordance with a search warrant, a court order or court-ordered subpoena, or an investigative subpoena or summons.

d. **Coroner**

Masonic Homes of California will disclose protected health information to a coroner where the coroner requests the information to identify a decedent; to notify next of kin; or to investigate deaths that may involve public health concerns, suspicious circumstances, elder abuse, or organ or tissue donation.

e. Elder Abuse, Neglect or Domestic Violence Reporting

Masonic Homes of California will disclose protected health information about a resident who is suspected to be the victim of elder abuse, neglect or domestic violence to the extent necessary to complete any oral or written report mandated by law. Under certain circumstances, Masonic Homes of California may disclose further protected health information about the resident to aid the investigating agency in performing its duties. Masonic Homes of California will promptly inform the resident about any disclosure unless Masonic Homes of California believes that informing the resident would place the resident in danger of serious harm, or would be informing the resident's personal representative, whom Masonic Homes of California believes to be responsible for the abuse, and believes that informing such person would not be in the resident's best interest.

f. National Security and Intelligence Activities, Protected Services for the President and Others

Masonic Homes of California will disclose protected health information about a resident to authorized federal officials conducting national security and intelligence activities or as needed to provide protection to the President of the United States, certain other persons or foreign heads of states, or to conduct certain special investigations.

g. Other Disclosures Required by Law

Masonic Homes of California will disclose protected health information about a resident when otherwise required by law.

E. YOUR RIGHTS REGARDING PROTECTED HEALTH INFORMATION

You have the following rights with respect to your protected health information. To exercise these rights, contact Masonic Homes of California, 34400 Mission Blvd., Union City, CA 94587, Attention: Privacy Officer

a. Right to Request Access

You have the right to inspect and copy your health records maintained by Masonic Homes of California. In certain limited circumstances, Masonic Homes of California may deny your request as permitted by law. However, you may be given an opportunity to have such denial reviewed by an independent licensed health care professional.

b. Right to Request Amendment

You have the right to request an amendment to your health records maintained by

Masonic Homes of California. If your request for an amendment is denied, you will receive a written denial, including the reasons for such denial, and an opportunity to submit a written statement disagreeing with the denial.

c. Right to Request Restriction

You have the right to request restrictions on the use and disclosure of your protected health information for treatment, payment or health care operations, or providing notifications regarding your identity and status to persons inquiring about or involved in your care. Masonic Homes of California is not required to grant your request except with regard to certain disclosures to your health plan. However, if it does grant your request, it will comply with your wishes, except in an emergency situation or until the restriction is terminated by you or Masonic Homes of California.

d. Right to Request Confidential Communications

You have the right to request that Masonic Homes of California communicate protected health information to the recipient by alternative means or at alternative locations.

e. Right to an Accounting

You have the right to receive an accounting of disclosures of your protected health information created and maintained by Masonic Homes of California over the six years prior to the date of your request or for a lesser period. Masonic Homes of California is not required to provide an accounting of the following disclosures:

- To carry out treatment, payment, and health care operations, except where the information is in electronic form;
- To respond to your requests for access to protected health information;
- To aid in the identification or care of a resident; or
- To provide protected health information created more than six years before the date of your request for an accounting.

f. Right to Receive a Copy of the Notice of Privacy Practices

You have the right to request and receive a copy of Masonic Homes of California's Notice of Privacy Practices for Protected Health Information in written or electronic form.

F. COMPLAINTS

If you believe that your privacy rights have been violated, you may file a complaint with

Masonic Homes of California, 34400 Mission Blvd., Union City, CA 94587, Attention: MOS Contact Person. You also have the right to submit a complaint to the Secretary of the U.S. Department of Health and Human Services, 90 7th Street, Suite 4-100, San Francisco, CA 94103, Telephone: (800) 368-1019, Fax: (415) 437-8329, TDD: (800) 537-7697, Att: OCR Regional Manager. **Masonic Homes of California will not retaliate against you if you file a complaint.**

G. FURTHER INFORMATION

If you have questions about this Notice of Privacy Practices or would like further information about your privacy rights, contact Masonic Homes of California, 34400 Mission Blvd., Union City, CA 94587, Attention: MOS Contact Person.

The effective date of this Notice of Privacy Practices is August __, 2013

I hereby acknowledge receipt from Masonic Homes of California of a copy of its Notice of Privacy Practices for Protected Health Information effective on the date set forth above.

CLIENT:

(Printed or typed name)

(Signature)

Date:_____

CLIENT'S PERSONAL REPRESENTATIVE:

(if signed on Client's behalf)

(Printed or typed name)

(Signature)

Date:_____

Relationship to Client:_____

ATTACHMENT 8-D

MASONIC HOMES OF CALIFORNIA

CONFIRMATION OF RECEIPT
OF NOTICE OF PRIVACY PRACTICES FOR
PROTECTED HEALTH INFORMATION OF MOS CLIENT

Name of Client: _____

Masonic Homes of California hereby certifies that it provided:

- the above named Client; or
- _____, the personal representative of the above-named Client with a copy of its Notice of Privacy Practices for Protected Health Information on _____ [Insert Date], and at the same time made a good faith effort to obtain a written acknowledgment of his/her receipt of such Notice of Privacy Practices.
- Masonic Homes of California received a written acknowledgement of receipt on the Notice of Privacy Practices.
- Masonic Homes of California did not receive a written acknowledgment of receipt because:

Masonic Homes of California:

Signature: _____

Printed Name: _____

Title: _____

Date: _____