

## Notice of Privacy Practices

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.

This notice is for those receiving health care services at Five Star Quality Care's

- Skilled nursing facilities
- Assisted living communities
- Continuing care retirement communities
- Rehabilitation hospitals
- Outpatient rehabilitation clinics
- Pharmacies & pharmacy services

### 1. Privacy

Your privacy is a priority at Five Star Quality Care and its associated facilities.

We follow strict federal and state guidelines to maintain the confidentiality of your personal "protected health information." This includes any information about your past, present or future health care, or payment for care that could be used to identify you.

Our team of health care personnel and business associates may access only the minimum of protected health information needed to complete their responsibilities.

### 2. Our Responsibilities

Five Star Quality Care is required by law to:

- Maintain the privacy of your health information
- Provide this notice of our privacy practices and your privacy rights
- Abide by the terms of the notice

We reserve the right to change our privacy practices, in accordance with the law. Revised notices will be posted in our facilities and will be available at your request at each of our facilities.

### 3. Use and Disclosure of Protected Health Information Without Your Authorization

We may use and disclose your protected health information without written authorization for:

- **Treatment** – to allow the health care staff to share information necessary for your health care. Examples include:
  - Test results
  - Treatments, medications and treatment/medication responses
- **Payment** – to provide necessary information about services you receive so you, your insurance company, or other third party can pay us. Examples include:
  - Services and supplies provided
  - Upcoming treatment or services that require prior authorization
- **Health care operations** – to use health information to improve the services we provide. Examples include:
  - Staff and student training
  - Business management
  - Performance improvement
  - Customer service
- **Other related uses and disclosures**
  - To remind you of appointments
  - To inform you of health benefits, services and treatment alternatives
  - To communicate with family or persons involved in your care (unless you object)
  - To use a directory and inform visitors, callers and clergy where you are and your general condition (unless you object)

### 3. Use and Disclosure (continued)

In certain situations we are **required or permitted by law** to disclose your health information without your authorization:

- Emergency treatment situations
- Averting serious threat to public health or safety
- Disaster relief
- Protection of victims of abuse or neglect
- Public health activities, such as tracking diseases and medical devices
- Federal and state health oversight activities, such as accreditation or licensure surveys, and fraud and abuse investigations
- Judicial or administrative proceedings
- Requirements by law or for law enforcement
- Specialized government functions such as national security and intelligence
- Coroners, medical examiners and funeral directors
- Organ donation
- Workers' compensation for injuries at work
- Correctional institutions if you are an inmate
- Research following strict review to ensure protection of information

Other uses and disclosures not described in this section 3 may only be done with your written authorization. You have the right to revoke your authorization at any time.

### 4. Your Rights

As a person receiving health care services from Five Star Quality Care, you have the right to:

- Receive information about your health condition, diagnoses and treatments.
- Inspect and get copies (for a fee) of your health information.\* This may not include certain restricted information such as psychotherapy notes and law-related information.

### 4. Your Rights (continued)

- Request a restriction on how or to whom we disclose your health information.\* Please note that we are not required to agree to a restriction.
- Request an amendment to your health record. Please note that your request must include a reason.\*
- Receive an accounting of how your health information was disclosed, other than disclosures for treatment, payment, health care operations and other cases required by law.\*
- Request that we communicate with you using a specific address, phone number, email or other means.\*
- Receive a paper copy of this notice.
- Make a complaint about a violation of your privacy or rights.

\* Your request must be in writing.

### 5. To Contact Us

If you want additional information, have questions about this notice, want to exercise your rights, or feel your rights have been violated, contact the Privacy Officer of your facility, who is the Administrator or Executive Director or another designated person.

You may also contact the Corporate Privacy Officer at:

Five Star Quality Care  
400 Centre Street  
Newton, MA 02458  
888-5SHIPAA (888-574-4722)

You may also file a complaint with the State or the US Secretary of Health and Human Services.

All complaints will be investigated and you will not suffer retaliation for filing a complaint.

Effective February 28, 2007