

NOTICE OF PRIVACY PRACTICES

THIS NOTICE APPLIES TO ALL AREAS OF SERVICE AT FAIRHAVEN (INCLUDING PRAIRIE VILLAGE) AND DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.
PLEASE REVIEW IT CAREFULLY.

USE AND DISCLOSURE OF HEALTH INFORMATION

Fairhaven Corporation (“Fairhaven” or “we”) may use your health information, that is, information that constitutes protected health information as defined in the Privacy Rule of the Administrative Simplification provisions of the *Health Insurance Portability and Accountability Act of 1996*, for purposes of providing you treatment, obtaining payment for your care and conducting health care operations. Fairhaven has established a policy to guard against unnecessary disclosure of your health information.

THE FOLLOWING IS A SUMMARY OF THE CIRCUMSTANCES UNDER WHICH AND PURPOSES FOR WHICH YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED.

To Provide Treatment. We may use your health information to provide care to you and disclose your health information to others who provide care to you, such as your attending physician, pharmacists, suppliers of medical equipment, and other healthcare professionals who are involved in your care. For example, physicians involved in your care will need information about your symptoms in order to prescribe appropriate medications.

To Obtain Payment. We may use and disclose your health information to obtain payment for the care you may receive from Fairhaven, and may disclose your health information to other providers so they can obtain payments for care you may receive from them. For example, your health insurer may require us to provide information regarding your health care status (for example, your diagnoses) so that the insurer will reimburse you or Fairhaven for costs of diagnoses and treatment. We may need your additional written permission to disclose information taken from your mental health treatment records or HIV test results in order to obtain payment.

To Conduct Health Care Operations. We may use and disclose health information for our operations in order to facilitate the functioning of Fairhaven and as necessary to provide quality care to all of Fairhaven’s residents. Health care operations for which we may use and disclose your health information without your written permission include quality assessment and improvement activities, credentialing or evaluating health care practitioners and training; underwriting; medical review, legal services and auditing; business planning and development; and business management and general administrative activities. Health Care Operations will include:

- Customer service activities such as evaluating how to more effectively serve all of Fairhaven’s residents.
- Activities designed to improve health or reduce health care costs.
- Protocol development, care management, and care coordination.
- Contacting health care providers and residents with information about treatment alternatives and other related functions that do not include treatment.
- Professional review and evaluation of our staff performance.
- Training programs including those in which staff, contracted personnel, students, trainees, or practitioners in health care learn under supervision.
- Training of non-health care professionals.
- Certification, licensing or credentialing activities.
- Review and audit, including compliance reviews, medical reviews, legal services, and compliance programs.
- Business planning and development including cost management and planning related analyses and formulary development.

- Business management and general administrative activities of Fairhaven.

For the Fairhaven Directory. We may disclose certain information about you including your name, your religious affiliation, your telephone number and where you are located in a Fairhaven directory while you are at Fairhaven. We may disclose this information to people who ask for you by name. However, religious affiliation will only be disclosed to clergy, lay ministers, and designated church representatives. You may restrict or prohibit some or all disclosures for facility directories unless emergency circumstances prevent your opportunity to object. We may not disclose your general medical condition or post a public directory without your written permission.

Persons Involved in Your Care. We may disclose limited information concerning you to persons involved with your care or payment for your care, provided you do not object after receiving notice of these disclosures. With your written permission, we may disclose to a family member, friend or other person, the health information that is directly relevant to their involvement in your care or payment for your care. We may use or disclose your name and location (and, with your written permission, general condition or death) to notify, or assist in the notification of a family member, your personal representative or another person involved in your care. If you have not previously given us written permission for such uses and disclosures and are present, we will provide you with an opportunity to object to such uses or disclosures. We may also use professional judgment and experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up filled prescriptions, medical supplies, x-rays, or other similar forms or medical information. We may not disclose confidential medical information in these circumstances without your written permission.

For Fundraising Activities. We may use, or allow the Fairhaven Foundation and trained volunteers to use, your demographic information (e.g., name, address and other contact information), and your dates of health care services to raise funds on its behalf, and may contact you for such fundraising purposes. You have a right to opt out of receiving such communications by informing us of your objection in writing or by telephone. Additionally, with any fundraising materials that we may provide to you, we include an explanation of how you may elect to not receive future fundraising communications. Fairhaven may also use, or allow the Fairhaven Foundation and trained volunteers to use, demographic information about your contacts (e.g., family and friends), which is not considered PHI, to raise funds on its behalf, unless you or the individual informs us that you/he/she objects to this use. If you do not want us to contact you or your contacts for this purpose, please notify Beth Johnson at 262-473-2140.

When Legally Required. We will disclose health information when we are required to do so by any Federal, State, or local law. For example, we are required to electronically transmit your health related information (Minimum Data Set, or MDS) to the State of Wisconsin and/or to the Centers for Medicare and Medicaid Services.

When There are Risks to Public Health. We may disclose your health information for the following public health activities and purposes, as authorized or required by law.

- To prevent or control disease, injury or disability, report disease, injury, death, and to conduct public health surveillance, investigations, and interventions.
- To report adverse events or product defects, to track products or enable product recalls, repairs, and replacements, and to conduct post-marketing surveillance and compliance with requirements of the Food and Drug Administration.
- To notify a person who has been exposed to a communicable disease or who may be at risk of contracting or spreading a disease.

Disaster Relief: We may use or disclose your name and location to a public or private entity authorized by law or by its charter to assist in disaster relief efforts. We may not disclose confidential medical information (except in response to a written request from a government agency to perform a legally authorized function) including any information taken from mental health treatment records or HIV test results in these circumstances without your written permission.

To Report Abuse or Neglect. We may disclose your health information to government authorities if we believe you are the victim of abuse or neglect. We will make this disclosure only when specifically required or authorized by law, or when you agree to the disclosure.

To conduct Health Oversight Activities. We may disclose your health information to a health oversight agency for activities including audits; civil, administrative or criminal investigations; licensure or disciplinary action, or in response to a written request of a government agency to perform a legally authorized function. Fairhaven, however, may not disclose your health information if you are the subject of an investigation and the investigation does not arise out of or is not directly related to your receipt of health care or public benefits.

In Connection with Judicial and Administrative Proceedings. As permitted or required by State Law, we may disclose your health information in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal as expressly authorized by such order or in response to other lawful process that constitutes a written request from a government agency to perform a legally authorized function, but only when we make reasonable efforts to either notify you about the request or to obtain an order protecting your health information.

For Law Enforcement Purposes. As permitted or required by State Law, we may disclose limited information to a law enforcement official concerning the medical information of a suspect, fugitive, material witness, crime victim or missing person, or when necessary to assist law enforcement officials to capture an individual who has admitted to participation in a crime or has escaped from lawful custody. We may not disclose to law enforcement officials information drawn from HIV test results, certain confidential medical information, and certain mental health treatment records for these purposes without your written permission, unless required by law.

To Coroners and Medical Examiners. We may disclose health information to coroners and medical examiners for purposes of determining cause of death or for other duties, as authorized by law.

For Organ, Eye, or Tissue Donation. With your written permission, we may use or disclose your health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs, eyes, or tissue for the purpose of facilitating the donation and transplantation. We may disclose HIV test results without your written permission for purposes of assuring the suitability of the donation.

For Research Purposes. We may, under select circumstances, use your health information for research. Before we disclose any of your health information for such research purposes, the project will be subject to an extensive approval process. We will almost always request your written authorization before granting access to your individually identifiable health information.

In the Event of a Serious Threat to Health or Safety. We may, consistent with applicable law and ethical standards of conduct, disclose your health information, if we, in good faith, believe that such disclosure is necessary to prevent or lessen a serious and imminent threat to your health or safety or to the health and safety of the public.

For Specified Government Functions. In certain circumstances, we may use or disclose your health information to facilitate specified government functions relating to the military and veterans, national security and intelligence activities, protective services for the President and others, medical suitability determinations and inmates and persons in law enforcement custody. We may not disclose to military authorities or government officials information drawn from HIV test results, certain confidential medical information, and certain mental health treatment records for these purposes without your written permission, unless required by law.

For Worker's Compensation. We may release your health information for worker's compensation or similar programs.

HIV Test Results. Your HIV results, if any, may be disclosed as set forth in Wisconsin Statutes 252.15 (3m)(d). A listing of the persons to whom this information may be disclosed or circumstances under which it may be disclosed as set forth in that statute is available upon request.

Other Uses and Disclosures of PHI. We will obtain your written authorization for disclosure of psychotherapy notes, use or disclosure of PHI for marketing and for the sale of PHI, except in limited circumstances where applicable law allows such use or disclosure without your authorization.

AUTHORIZATION TO USE OR DISCLOSE HEALTH INFORMATION

YOU MAY GIVE Fairhaven written authorization to use your medical information or to disclose it to anyone for any purpose. If you give Fairhaven an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your medical information for

You have the following rights regarding your health information that Fairhaven maintains:

Right to Request Restrictions: You may request restrictions on certain uses and disclosures of your health information. You have the right to request a limit on our disclosure of your health information for treatment, payment, or health care operations, or to someone who is involved in your care or the payment of your care. However, we are not required to agree to your request, except when you request that we not disclose to a health plan for payment or health care operations purposes health information about you that pertains to health care provided to you for which you, or someone on your behalf (besides your health plan), has paid in full. If you wish to make a request for restrictions, please contact a facility Social Worker and the Administrator. **{Any agreement we may make to a request for additional restrictions must be in writing and signed by a person authorized to make such an agreement on our behalf. Fairhaven will not be bound unless our agreement is so memorialized in writing.}**

Right to Receive Confidential Communications. You have the right to request that we communicate with you in a certain way. You may ask that we only conduct communications pertaining to your health information with you privately with no other family members present. If you wish to receive confidential communications, please contact a facility Social Worker and the Fairhaven Administrator. We must accommodate your request if it is reasonable, specifies the alternative means or location of communication, and provides satisfactory explanation how payments will be handled under the alternative means or location of your request. We will not request that you provide any reasons for your request.

Right to Inspect and Copy Your Health Information. With a few exceptions, you have the right to inspect and copy your health information, including billing records. A request to inspect and copy records containing your health information may be made to the Administrator or the Director of Nursing. If you request a copy of your health information, Fairhaven may charge a reasonable fee for copying and assembling costs associated with your request. You may also request a copy of your electronic medical record in electronic form.

Right to Amend Your Health Information. You have the right to request that we amend your records, if you believe your health information records are incorrect or incomplete. That request may be made as long as the information is maintained by us. A request for an amendment of records must be made in writing to the Administrator. We may deny the request if it is not in writing or does not include a reason for the requested amendment. The request may also be denied if your health information records were not created by us, if the records you are requesting to amend are not part of our records, if the health information you wish to amend is not part of the health information you or your representative are permitted to inspect and copy, or if, in our opinion, the records containing your health information are accurate and complete. If we deny your request, we will provide you with a written explanation. You may respond with a statement of disagreement to be appended

to the information you wanted amended. If we accept your request to amend the information, we will make reasonable efforts to inform others, including people you name, of the amendment and to include the changes in any future disclosures of that information.

Right to an Accounting. You have the right to request an accounting of disclosures of your health information made by Fairhaven, except for disclosures made for treatment, payment or health operations, pursuant to an authorization, through the facility directory, and in certain other circumstances. You also have the right to request a disclosure accounting of all written disclosures of your mental health treatment records. The request for an accounting must be made in writing to the Administrator. The request should specify the time period for the accounting starting on April 14, 2003. Accounting requests may not be made for periods of time in excess of six (6) years. We will provide the first accounting you request during any 12-month period without charge. Subsequent accounting requests may be subject to a reasonable cost based fee.

Right to a Paper Copy of the Notice. You have the right to a separate paper copy of this Notice at any time even if you or your representative have previously received this Notice electronically. To obtain a separate paper copy, please contact the Administrator. A resident or a resident's representative may also obtain a copy of the current version of Fairhaven's Notice at its web site, www.fairhaven.org.

DUTIES OF FAIRHAVEN

Fairhaven is required by law to maintain the privacy of your health information and to provide to you and your representative this Notice of its duties and privacy practices and your rights. Fairhaven is required to notify affected individuals following a breach of unsecured protected health information. Fairhaven is required to abide by the terms of this Notice as may be amended from time to time. We reserve the right to change the terms of this Notice and to make the new Notice provisions effective for all health information that we maintain, including information we received or created before we made the changes. If we change our Notice, we will offer to provide a copy of the revised Notice to you or your appointed representative. You or your representative has the right to express complaints to us and to the Secretary of Health & Human Services if you or your representatives believe that your privacy rights have been violated. Any complaints to Fairhaven should be made in writing to the Administrator using the contact information specified below. We encourage you to express any concerns you may have regarding the privacy of your information. You will not be retaliated against in any way for filing a complaint.

CONTACT PERSON

We have designated the Administrator as our contact person for all issues regarding resident privacy and your rights under the Federal privacy standards.

IF YOU HAVE ANY QUESTIONS REGARDING THIS NOTICE, PLEASE CONTACT:

**Fairhaven Administrator
435 W. Starin Road
Whitewater, WI 53190
262-473-2140**

A large print copy of this notice is available upon request.

EFFECTIVE DATE: This notice is effective September 20, 2013