



**ACKNOWLEDGEMENT OF RECEIPT  
OF  
NOTICE OF PRIVACY PRACTICES**

I acknowledge that I was provided with a copy of Company's Notice of Privacy Practices. Please indicate acknowledgement of your receipt of the Notice of Privacy Practices by signing below.

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Resident/Legal Representative

Date

**(Separate this page from the Notice of Privacy Practice  
once signed and maintain in Resident Record)**

## **NOTICE OF PRIVACY PRACTICES**

*Effective September 23, 2013*

### **THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

Brookdale is required by law to maintain the privacy of Protected Health Information ("PHI") and to provide you with notice of our legal duties and privacy practices with respect to PHI. References to "Brookdale," "we," and "our" include Brookdale Senior Living Inc., and the members of its affiliated covered entity. An affiliated covered entity is a group of organizations under common ownership or control who designate themselves as a single affiliated covered entity for purposes of compliance with the Health Insurance Portability and Accountability Act ("HIPAA"). Brookdale, its employees, workforce members and members of the Brookdale affiliated covered entity who are involved in providing and coordinating health care are all bound to follow the terms of this Notice of Privacy Practices ("Notice"). The members of the Brookdale affiliated covered entity will share PHI with each other for the treatment, payment and health care operations of the affiliated covered entity and as permitted by HIPAA and this Notice. For a complete list of the members of Brookdale's affiliated covered entity, or if you have questions about this Notice, please contact Brookdale's Privacy Officer at 877-400-5296.

PHI is information that may identify you and that relates to your past, present, or future physical or mental health or condition, the provision of health care products and services to you or payment for such services. This Notice describes how we may use and disclose PHI about you, as well as how you obtain access to such PHI. This Notice also describes your rights with respect to your PHI. We are required by HIPAA to provide this Notice to you.

Brookdale is required to follow the terms of this Notice or any change to it that is in effect. We reserve the right to change our practices and this Notice and to make the new Notice effective for all PHI we maintain. If we do so, the updated Notice will be posted on our website and will be available at our facilities and locations where you receive health care products and services from us. Upon request, we will provide any revised Notice to you.

### **HOW WE MAY USE AND DISCLOSE YOUR PHI**

The following categories describe the ways that we may use and disclose your PHI without your prior authorization. Not every permissible use or disclosure will be listed in this Notice. Note that some types of PHI, such as HIV information, genetic information, alcohol and/or substance abuse records, and mental health records may be subject to special confidentiality protections under applicable state or federal law and we will abide by these special protections.

## USES AND DISCLOSURES OF PHI THAT DO NOT REQUIRE YOUR PRIOR AUTHORIZATION

1. **For Treatment.** We may use your PHI to provide and coordinate the treatment and services you receive. We may disclose PHI to our nurses, resident care associates, therapists, life enrichment staff or other staff who are involved in your care. For example, if you were diabetic, a resident care associate might need to inform the dining services specialist that you require a carbohydrate-controlled diet. We may also disclose your PHI to people outside the community who may be involved in your care. For example, we may disclose your PHI to physicians, or other health care providers or facilities to help coordinate your care and make sure that everyone who is involved in your care has the information that they need about you to meet your health care needs.
2. **For Payment.** We may use and disclose your PHI in order to obtain payment for the treatment and services that we provide to you and for other payment activities related to the services that we provide. For example, we may need to give your insurance company information about the health care services we provide to you and/or information such as your admission date so that your insurance company will pay us for those services or reimburse you for amounts that you have paid. We may also disclose your PHI to other health care providers or HIPAA covered entities who may need it for their payment activities.
3. **For Health Care Operations.** We may use and disclose your PHI for our health care operations. Health care operations are activities necessary for us to operate our health care business. For example, we may use your PHI to review our services and to evaluate the performance of our staff. We may use your PHI as part of our efforts to continually improve the quality and effectiveness of the health care products and services we provide. We may also use your PHI for strategic planning, claims reporting and in developing and testing our information systems and programs. We may also disclose your PHI to other HIPAA covered entities that have provided services to you so that they can improve the quality and effectiveness of the health care services that they provide. We may use your PHI to create de-identified data which is stripped of your identifiable data and no longer identifies you.

### WE MAY ALSO USE AND DISCLOSE YOUR PHI WITHOUT YOUR PRIOR AUTHORIZATION FOR THESE PURPOSES

1. **Business Associates.** There are some services we provide through contracts with third parties who perform services on our behalf. These third party service providers, referred to as Business Associates, may include medical directors, outside attorneys, billing services and auditors. Business Associate may need access to your PHI to perform services for us and they are required by contract and law to protect your PHI and only use and disclose it as necessary to perform their services for us.

2. **Health Benefits.** We may contact you to provide appointment reminders or information about treatment alternatives or other health benefits that may be of interest to you.
3. **Fundraising.** As permitted by applicable law, we may contact you to provide you with information about our fundraising programs. You have the right to “opt out” of receiving these communications and such fundraising materials will explain how you may request to opt out of future communications if you do not want us to contact you further for fundraising efforts.
4. **Directory.** We may include information about you in the Community Directory while you are a resident. This information may include your name, location in the community, your general condition (e.g., fair, stable, etc.) and your religious affiliation. The directory information, except for your religious affiliation, may be disclosed to people who ask for you by name. Your religious affiliation may be given to a member of the clergy, such as a priest or rabbi, even if they don’t ask for you by name. We have this directory so your family, friends and clergy can visit you and generally know how you are doing. If you do not want to be included in our directory or you want to restrict the information we include in the directory, please notify the Privacy Officer.
5. **Disclosures to Family, Friends or Others Designated by You.** We may disclose your PHI to a close friend, family member or other relative, or a person you designate, who is involved in your care or payment for your care, to the extent that the information is relevant to their involvement in your care. An example of this is if a family member transports and assists you with physician visits and staff gives them PHI necessary for a physician visit. If there is a person to whom you do not wish us to disclose the above information, please notify the Privacy Officer. We may also use or disclose your PHI to notify (or assist in notifying) a family member, legally authorized representative or other person responsible for your care of your location, general condition or death.
6. **For Disaster Relief.** We may use and disclose your PHI to organizations for purposes of disaster relief efforts.
7. **Public Health Activities.** As required by law, we may disclose your PHI to public health, or legal authorities charged with preventing or controlling disease, injury or disability.
8. **Correctional Institution.** If you are or become an inmate of a correctional institution, we may disclose to the institution, or its agents, PHI necessary for your health and the health and safety of other individuals.

9. **Victims of Abuse, Neglect and Domestic Violence.** In certain circumstances, we may disclose your PHI to appropriate government authorities if there are allegations of abuse, neglect or domestic violence.
10. **Health Oversight Activities.** We may disclose PHI to a health oversight agency so they can monitor, investigate, inspect and license us, those who work in the health care system and for government benefit programs.
11. **Judicial or Administrative Proceedings.** In the course of a judicial or administrative proceeding, we may disclose your PHI in response to a court or administrative order or pursuant to other lawful process if certain assurances regarding notice to the individual or a protective order are provided.
12. **Law Enforcement.** We may disclose your PHI for law enforcement purposes as required or permitted by law, for example, in response to a subpoena or court order, in response to a request from law enforcement, and to report limited information in certain circumstances.
13. **Coroners, Medical Examiners and Funeral Directors.** We may disclose your PHI to coroners, medical examiners or funeral directors so that they can carry out their duties related to your death, as permitted by law.
14. **Organ and Tissue Donation.** Consistent with applicable law, we may disclose your PHI to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.
15. **Research.** We may use your PHI to conduct research and we may disclose your PHI to researchers as authorized by law. For example, we may use or disclose your PHI as part of a research study when the research has been approved by an institutional review board or privacy board that has reviewed the research proposal and established protocols to ensure the privacy of your information.
16. **To Avert a Serious Threat to Health or Safety.** We may use or disclose your PHI to prevent a serious threat to your health and safety or the health and safety of the public or another person.
17. **Essential Government Functions.** We may disclose your PHI for certain essential government functions authorized by law. For example, if you are a member of the armed forces, we may release PHI about you as required by military command authorities. We may release your PHI for national security purposes.
18. **Workers' Compensation.** We may disclose your PHI to workers' compensation or other similar programs established by law to the extent necessary to comply with the law.

19. **As Required By Law.** We will disclose PHI about you when required to do so by federal, state or local law.

### **OTHER USES AND DISCLOSURES REQUIRING YOUR PRIOR AUTHORIZATION**

**Specific Uses or Disclosures Requiring Authorization.** We will obtain your written authorization for the use or 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 uses or disclosure without your authorization.

**Other Uses and Disclosures of PHI.** We will obtain your written authorization before using or disclosing your PHI for purposes other than those provided for above (described in this Notice or as otherwise permitted or required by law).. You may revoke an authorization in writing at any time. Upon receipt of the written revocation, we will stop using or disclosing your PHI, except to the extent that we have already taken action in reliance on the authorization.

### **YOUR HEALTH INFORMATION RIGHTS**

1. **Right to Inspect and Copy.** You have the right to inspect and copy the PHI that we maintain about you. If we maintain an electronic health record containing your PHI, you have the right to request to obtain the PHI in an electronic format. To inspect or obtain a copy of your PHI, you must submit your request in writing to the Privacy Officer. You may ask us to send a copy of your PHI to other individuals or entities that you designate. We may deny your request to inspect and copy in certain very limited circumstances. If this occurs, you may request that the denial be reviewed.
2. **Right to Request an Amendment.** If you feel that PHI maintained about you is incorrect or incomplete, you may request that we amend it. Requests to amend should be submitted in writing to the Privacy Officer. You must include a reason that supports your request. If we deny your request for an amendment, we will provide you with a written explanation of why we denied it.
3. **Right to Accounting of Disclosures.** You have the right to request a list of the certain disclosures made of your PHI in the six years prior to the date of your request, to individuals or entities other than you. To request an accounting, you must submit your request in writing to the Privacy Officer and your request must specify a time period. The first accounting you request within a 12-month period will be free. For additional accountings within the 12-month period, you may be charged for the cost 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.
4. **Right to Request Restrictions.** You have the right to request a restriction or limitation on our use or disclose of your PHI for treatment, payment or health care

operations. You also have the right to request a limitation on the PHI we disclose about you to someone who is involved in your care or the payment for your care. If we agree, we will comply with your request unless the information is needed to provide emergency treatment. We are not required to agree to the restrictions except in the case where the disclosure is to a health plan for purposes of carrying out payment or health care operations, is not otherwise required by law, and the PHI pertains solely to a health care item or service for which you, or a person on your behalf, has paid in full. To request restrictions, submit your request in writing to the Privacy Officer using our request form.

5. **Right to Request Alternate Means or Locations of Communications.** You have the right to request that we communicate with you about your health matters in a certain way or at a certain location. For example, a legally responsible party could ask that we contact them only at work or by email. Please note that if you choose to receive communications from us via email or other electronic means, those may not be a secure means of communication and your PHI that may be contained in our emails to you will not be encrypted. This means that there is risk that your PHI in the emails may be intercepted and read by, or disclosed to, unauthorized third parties. To request confidential communication of your PHI, submit your request in writing to the Privacy Office. Your request must tell us how or where you would like to be contacted. We will accommodate all reasonable requests. However, if we are unable to contact you using the ways or locations you have requested, we may contact you using the information we have.
6. **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. To obtain a paper copy of this Notice, contact the Privacy Office. You may also obtain a copy of this Notice at our website, [www.brookdaleliving.com](http://www.brookdaleliving.com).
7. **Notification of a Breach.** You have a right to be notified following a breach of your unsecured PHI, and we will notify you in accordance with applicable law.

### **CHANGES TO THIS NOTICE**

If you believe your privacy rights have been violated, you may complain to us or to the United States Department of Health and Human Services. To complain to us, please contact the Privacy Officer at Brookdale Senior Living Inc., 6737 W. Washington St., Suite 2300, Milwaukee, WI 53214, 877-400-5296. They will assist you in making a complaint. All complaints must be submitted in writing. There will be no retaliation against you for making a complaint.

We reserve the right to change the terms of this Notice and to make the new provisions effective for all PHI we maintain. We will post a copy of the current Notice in the community and on the website ([www.brookdaleliving.com](http://www.brookdaleliving.com)). The Notice will specify the

effective date on the first page. In addition, if material changes are made to this Notice, the Notice will contain an effective date for the revisions. Copies can be obtained by contacting the Privacy Office.