



NOTICE OF PRIVACY PRACTICES  
EFFECTIVE 8.31.17

THIS NOTICE DESCRIBES HOW HEALTH CARE OR MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS DOCUMENT CAREFULLY.

This Notice describes how medical information about you may be used and disclosed by Rose Meadow Farm, Rose Meadow Garden, Rose Meadow Acres and the Rose Meadow Group, as well as some providers offering services at, or for, these Rose Meadow entities and how you can get access to this information.

Rose Meadow reserves the right to change or otherwise revise its privacy practices and the terms of this Notice. Such changes will apply to all protected current and future health information which Rose Meadow has about you. A copy of any revisions to the Notice will be provided to you. This and subsequent Notices will have the effective date noted on each page of the Notice. The current copy of the Notice will be posted at Rose Meadow Farm, Rose Meadow Garden and Rose Meadow Acres, as well as, our website [www.rosemeadowgroup.com](http://www.rosemeadowgroup.com). Please review this information carefully and contact Rose Meadow's Privacy Officers, Heather Rousseau or Jason Donovan, at 603-487-3590 or by e-mail at [hrousseau.rosemeadow@hotmail.com](mailto:hrousseau.rosemeadow@hotmail.com) or [jdonovan.rosemeadow@hotmail.com](mailto:jdonovan.rosemeadow@hotmail.com) with any questions or concerns.

I. OUR PRIVACY OBLIGATION: Rose Meadow is required by law to maintain the privacy of health information and provide you with a description of our privacy practices. When we use or disclose health information we are required to abide by the terms of this Notice or other Notice in effect at the time of the use or disclosure. In the event of a breach of privacy or security of your health information, you will be notified in accordance with the law and applicable regulations. Health information includes demographics, medical information which relates to your past, present, or future physical or mental health or condition and health care services provided to you, as well as billing information regarding the payment for those services. Rose Meadow has the following legal obligations regarding your protected health information:

- Ensure that your protected health information is kept private and secure.
- Follow the terms of the Notice of Privacy Practices currently in effect, and make any subsequent revisions available to you.
- At your request, not to share information for the purpose of payment or our operations with your health insurer if you pay for the service or health care item out-of-pocket in full.

- Not use or share your information other than as described here unless instructed otherwise by you in writing. Any written instructions can be revoked in writing at any time.

II. ELECTRONIC HEALTH CARE RECORDS: Rose Meadow uses an electronic health care record to store and retrieve much of your health information. A benefit of Rose Meadow's electronic health care records system is the ability to share and exchange health information among Rose Meadow personnel and other community health care providers who are involved in your care. It is anticipated that Rose Meadow may share that information by using shared clinical databases or health information exchanges. Rose Meadow may also receive information from other health care providers in the community who are involved with the care by using shared databases or health information exchanges. If you have any questions or concerns about the sharing or exchange of your information, please discuss them with Rose Meadow's Privacy Officers.

### III. USES AND DISCLOSURES WITH YOUR CONSENT OR AUTHORIZATION

A. Use and Disclosure with Your Consent: Before we provide health care, except in an emergency or other special circumstances, Rose Meadow will ask you to read and sign a written consent authorizing us to use and disclose your health information for the following purposes:

**Treatment**: We will use and disclose your protected health information to provide, coordinate, or manage health care and any related services. This may include, with your consent, the coordination or management of your health care with a third party, such as a primary care physician, lab facility or pharmacy, who at your request becomes involved in your care. In emergencies, we will use and disclose the necessary protected health information to provide the treatment required.

**Payment**: With your consent, protected health information will be used or disclosed, as needed, to obtain payment for health care services. This may include contacting Medicaid or your insurance company to determine eligibility or coverage and "medical necessity," or to undertake utilization review activities. For example, obtaining prior approval for an admission might require that protected health information be disclosed.

**Health Care Operations**: Rose Meadow may use or disclose, as needed, your protected health information to support the daily operational and business activities related to your health care. These activities may include general administration, quality assurance activities, staff training, licensing, and conducting or arranging for other health care related activities. For example, Rose Meadow may use and disclose protected health information to nursing students completing internships at Rose Meadow. In some cases, Rose Meadow may remove information that identifies you from the information.

#### B. Other Permitted Uses and Disclosures

- **Appointment Reminders**: Rose Meadow may use or disclose protected health information to contact you as a reminder of an appointment for medical care or treatment.

- **Treatment Alternatives**: Rose Meadow may use or disclose protected health information to tell you about or recommend treatment options or alternatives.

- **Third-Party Vendors:** Rose Meadow will also share protected health information, as needed, with third-party vendors who provide certain services on Rose Meadow's behalf. Rose Meadow requires that our third-party vendors protect your health information. Rose Meadow will have a contract with third-party vendors to help safeguard your health information when required by law.

C. Uses and Disclosures That We May Make Unless You Object: In the following situations, Rose Meadow may use or disclose your protected health information if you do not object to our doing so by providing us with a written objection:

- **Facility Directory:** Rose Meadow may include your name in a list (directory) of those residents currently at our facilities.

- **Individuals Involved in Care:** Rose Meadow may use or disclose certain relevant personal information about you to family friends or other persons you designate who are involved in your health care or payment related to that care.

- **Disaster Relief:** Rose Meadow may use or disclose your protected health information to an authorized public or private entity assisting in disaster relief efforts so that your guardian and family can be notified of your location and general condition.

D. Uses and Disclosures with Your Authorization: As described above, your consent only permits us to use your health information for treatment, payment for services, and for health care operations. Rose Meadow may use or disclose your health information for any reason other than these, or as set forth herein, only when you authorize us to use or disclose this information by signing an authorization form or when there is an exception under federal and/or state law.

E. Required Disclosures: Rose Meadow must disclose protected health information when required by federal, state or local law. For example, Rose Meadow must make disclosures to the Secretary of the Department of Health and Human Services (DHHS) for investigations or determinations of our compliance with laws regarding the protection of your health information.

#### IV. USES AND DISCLOSURES NOT REQUIRING YOUR CONSENT OR AUTHORIZATION:

A. There are limited times when we may use or disclose protected health information without your consent or authorization, such as for emergency care if required by law, if consent is requested and you are unable to provide consent.

- **Public Health Disclosures:** Disclosures made to prevent or control disease, injury, or disability, report reactions to medications or problems with medical products or notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.

- **Communicable Disease Reporting:** When required by law, disclosure to provide notice to a person who may have been exposed or at risk of contracting a specific disease or condition.

- **Health Oversight Activities:** Disclosures made to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections.
- **Reporting of suspected abuse or neglect:** To government agencies authorized to receive reports of abuse or neglect. As a response to judicial and administrative proceedings: Disclosures that are required by a court order or subpoena.
- **For Law Enforcement Purposes:** To law enforcement officials for certain purposes, including reporting of certain types of wounds or locating a suspect, fugitive, material witness or missing person.
- **Public Safety/Duty to Warn:** To warn of a serious threat to a clearly identified or reasonably identifiable person, or a serious threat of substantial damage to real property, but only to the threatened individual or law enforcement able to help prevent the threat.
- **Workers' Compensation:** Reporting authorized in connection with workers' compensation programs.
- **Military Activity and National Security:** To authorized federal officials for specialized government functions such as national security and intelligence, and to military command authorities regarding members of the armed forces.
- **Disaster Relief Efforts:** To disclose information to an agency such as the Red Cross to contact you with information about you.
- **Health-Related Services or Products:** Rose Meadow may use or disclose your health information to identify health-related services and products that may be beneficial to your health and we may contact you about these services and products. To highlight services we provide you will have the opportunity to authorize such use.
- **Reporting to Coroners, Funeral Directors, and Organ Donation Agencies:** To identify a deceased person, determine a cause of death or to enable these parties to carry out their authorized duties.

B. Uses and Disclosures Authorized by You: All other uses and disclosures of your protected health information (for example, the use of their likeness through photographs to be used in publications both material (newsletters) or electronic (presentations or website)), will be made only after we receive written authorization from you. You have the right to revoke your authorization at any time in writing, except to the extent that we already have relied on it in making an authorized use or disclosure.

V. ORGANIZED HEALTH CARE: Physicians and other caregivers may have access to your health information in their offices to assist in reviewing past treatment as it may affect present and future treatment plans. Your doctor or other caregivers may have different policies or notices regarding their use or disclosure of the medical information created by the doctor's or caregiver's office or clinic.

## VI. YOUR INDIVIDUAL RIGHTS

A. Right to Access Health Care Records: You have the right to inspect and obtain a copy of their health information. You should contact Rose Meadow to receive instructions on how to submit their written requests. Rose Meadow will respond within 30 days of the written request. There are certain situations in which Rose Meadow is not required to comply with the written request. Under these circumstances, Rose Meadow will respond to the requesting party in writing, stating why the request will not be granted and describing any rights that resident may have to request a review of the denial.

B. Right to Request Confidential Communications: You may request that we communicate with you about medical matters in a certain way or at a certain location. If you wish to receive confidential communications, please discuss this with our Privacy Officers, who will then ask you to put your request in writing. Rose Meadow will accommodate reasonable requests, whenever possible.

C. Right to be Notified in the Event of a Breach of Your Health Information: Rose Meadow is required by law to notify you in the event of a breach of unsecured protected health information when it has been or is reasonably believed to have been accessed, acquired or disclosed in violation of the HIPAA Privacy Rule.

D. Right to Request an Amendment: If you believe that the information Rose Meadow has is inaccurate or incomplete, you may request an amendment to your protected health information for as long as we maintain this information. While Rose Meadow will accept requests for an amendment sent in writing to our Privacy Officer, we are not required to agree to the amendment and will notify you if we deny your request.

E. Right to Request Restrictions: You may ask us not to use or disclose any part of the health care or medical information, or to release information to someone who is involved in your care or the payment for services, like a family member, and for disaster relief purposes described above. The request must be made in writing to Rose Meadow's Privacy Officers. Please specify what information you want restricted, whether you want to restrict our use, disclosure, or both; to whom you want the restriction to apply, and the expiration date of the restriction. If the Privacy Officers believe that the restriction is not in the best interest of either party, or cannot reasonably accommodate the request, Rose Meadow is not required to comply. If the restriction is mutually agreed upon, we will not use or disclose the resident's protected health information in violation of that restriction, unless it is needed to provide emergency treatment. Either of us may revoke a previously agreed upon restriction, at any time, in writing, but our revocation will not apply to protected health information that we have at the time of revocation.

F. Right to Request Communication of Health Information by Alternative Means: Residents and/or their legal representatives have the right request how and where Rose Meadow contacts them about medical matters. Rose Meadow will accommodate reasonable requests

G. Right to an Accounting of Disclosures: You may request that Rose Meadow provide you with an accounting of the disclosures we have made regarding your protected health information by written request addressed to our Privacy Officers. This right applies to disclosures made for certain purposes

other than treatment, payment, or health care operations as described in this Notice of Privacy Practices. The disclosure must have been made after April 14, 2003, and no more than 6 years prior to the date of request. This right excludes disclosures made to you, or to family members or friends involved with your care, for notification purposes or pursuant to an authorization. The right to receive this information is subject to additional exceptions, restrictions, and limitations.

H. Right to Obtain a Copy of this Notice: Paper copies of this notice are available at Rose Meadow, on the internet at [www.rosemeadowgroup.com](http://www.rosemeadowgroup.com), or by written request to Rose Meadow's Privacy Officer.

VII. ACKNOWLEDGMENT OF RECEIPT OF THIS NOTICE: Rose Meadow asks that you sign an acknowledgment of receipt of this notice. Our intent is to make you aware of the possible uses and disclosures of your protected health information and privacy rights. Health care services are not contingent upon your signed acknowledgment. If you decline to provide a signed acknowledgment, we will continue to provide treatment, and will use and disclose needed protected health information for treatment, payment, and health care operations and as otherwise permitted by law,

VIII. FEDERAL AND STATE PRIVACY LAWS: This Notice of Privacy Practices is provided to you as a requirement of the Health Insurance Portability and Accountability Act (HIPAA) and HITECH Act of 2009. There are several other privacy laws that also apply including the Freedom of Information Act, FERPA, the Privacy Act and the Alcohol, Drug Abuse, and Mental Health Administration Reorganization Act. To the extent they are more stringent or provide individuals with greater access to their protected health information, these laws have not been superseded by HIPAA and its related privacy rules and have been taken into consideration in developing our policies and this Notice of how we will use and disclose your protected health information.

IX. FOR FURTHER INFORMATION OR IF YOU HAVE A CONCERN: If you want further information about your privacy rights, or are concerned that Rose Meadow has violated your privacy rights, or disagree with a decision that we have made about your health information, please call our Privacy Officers Heather Rousseau or Jason Donovan at 603-487-3590 or by e-mail at [hrosseau.rosemeadow@hotmail.com](mailto:hrosseau.rosemeadow@hotmail.com) or [jdonovan.rosemeadow@hotmail.com](mailto:jdonovan.rosemeadow@hotmail.com) for additional information regarding content of this Notice of Privacy Practices or to discuss your concerns. You may also file written complaints with our Privacy Officer or the U.S. Department of Health and Human Services Office of Civil Rights, 200 Independence Avenue, S.W., Washington, D.C. 20201 or by calling 1-877-696-6775, or visiting <http://www.hhs.gov/hipaa/filing-a-complaint/index.html>. We will not retaliate against any individual filing a complaint.

X. EFFECTIVE DATE AND DURATION OF THIS NOTICE: This Notice describes the Privacy Policy of Rose Meadow Farm, Rose Meadow Garden, Rose Meadow Acres and Rose Meadow Group that became effective on August 15, 2017.

XI. RIGHT TO CHANGE TERMS OF THIS NOTICE: Rose Meadow may change the terms of this Notice at any time. If we change this Notice, we may make the new terms effective for any information created or received prior to issuing the new Notice. We will post the new Notice in the reception area and on our Internet site at [www.rosemeadowgroup.com](http://www.rosemeadowgroup.com). You may also obtain a new notice by contacting our Privacy Officers Heather Rousseau or Jason Donovan at 603-487-3590 or by e-mail at [hrosseau.rosemeadow@hotmail.com](mailto:hrosseau.rosemeadow@hotmail.com) or [jdonovan.rosemeadow@hotmail.com](mailto:jdonovan.rosemeadow@hotmail.com).



I HEREBY ACKNOWLEDGE RECEIPT OF THE NOTICE OF PRIVACY PRACTICES 8.31.17 FROM ROSE MEADOW FARM, ROSE MEADOW GARDEN AND ROSE MEADOW ACRES.

\_\_\_\_\_  
Name of Resident

\_\_\_\_\_  
Name of Guardian (If Different Than Resident)

\_\_\_\_\_  
Signature of Guardian/Resident

\_\_\_\_\_  
Date