



Notice of Privacy Practice

Effective: September 22, 2013

Purpose

This notice describes how Protected Health Information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Protected health information means any health information about you that identifies you or for which there is a reasonable basis to believe the information can be used to identify you. In this notice, we call all of that protected health information, "PHI".

This notice also will tell you about your rights and our duties with respect to PHI about you. In addition, it will tell you how to complain to us if you believe we have violated your privacy rights.

How We Will Contact You

Unless you tell us otherwise in writing, we may contact you by either telephone or by mail at either your home or your workplace. At either location, we may leave messages for you on the answering machine or voicemail. If you want to request that we communicate to you in a certain way or at a certain location, see, "Right to Receive Confidential Communications".

Angels' Place Directory

We may include your name, your location and your family connections; your condition described in general terms, and your religious affiliation, in our directory while you are considered a resident of Angels' Place. This information, except for your religious affiliation may be released to people who ask for you by name. Your religious affiliation may be given to members of the clergy, such as a minister, priest or rabbi. If you do not want to be included in our directory, or you want to restrict the information we include in the directory, you must notify, in writing, the Director of Programs at Angels' Place Office 29299 Franklin Road, Suite 2, Southfield MI 48034 of your objection.



How We May Use and Disclose PHI about You

We use and disclose PHI about you for a number of different purposes. Each of those purposes is described below.

For Treatment

We may use PHI about you to provide, coordinate or manage your health care and related services by both us and other healthcare providers. We may disclose PHI about you to doctors, nurses, hospitals and other health facilities who become involved in your care. We may consult with other health care providers concerning you and as part of the consultation share your PHI with them. Similarly, we may refer you to another health care provider and as part of the referral share PHI about you with that provider. For example, we may conclude you need to receive services from a physician with a particular specialty. When we refer you to that physician, we also will contact that physician's office and provide PHI about you to them so they have information they need to provide services for you.

For Payment

We may use and disclose PHI about you so we can be paid for the services we provide to you. This can include billing you, your insurance company, or a third party payer. For example, we may need to give your insurance company information about the health care services we provide to you so your insurance company will pay us for those services or reimburse you for amounts you have paid. We also may need to provide your insurance company or a government program, such as Medicare or Medicaid, with information about your medical condition and the health care you need to receive to obtain to determine if you are covered by that insurance or program.

For Health Care Operations

We may use and disclose PHI about you for our own health care operations. These are necessary for us to operate Angels' Place and to maintain quality health care for our residents. For example, we may use PHI about you to review the services we provide and the performance of our employees in caring for you. We may disclose PHI about you to train our workforce. We also may use the information to study ways to more efficiently manage our organization.

Individuals Involved in Your Care

We may disclose to a family member, other relative, a close personal friend, or any other person identified by you, PHI about you that is directly relevant to that person's involvement with your care or payment related to your care. We also may use or disclose PHI about you to notify, or



assist in notifying, those persons of your location, general condition, or death. In the event of your death, we may disclose to any of those persons who were involved in your care for payment for health care prior to your death, PHI about you that is relevant to that person's involvement, unless doing so is inconsistent with any prior expressed preference of you that is known to us.

If there is a family member, other relative, or close personal friend that you do not want us to disclose PHI about you to, please notify, in writing the Director of Programs at Angels' Place Office 29299 Franklin Road, Suite 2, Southfield MI 48034 or tell one of our staff members who is providing care to you.

Disaster Relief

We may use or disclose PHI about you to a public or private entity authorized by law or by its charter to assist in disaster relief efforts. This will be done to coordinate with those entities in notifying a family member, other relative, close personal friend, or other person identified by you, of your location, general condition or death.

Required by Law

We may use or disclose PHI about you when we are required to do so by law.

Public Health Activities

We may use or disclose PHI about you for public health activities and purposes. This includes reporting PHI to a public health authority that is authorized by law to collect or receive the information for purposes of preventing or controlling disease. Or, one that is authorized to receive reports of child abuse and neglect. It also includes reporting for purposes of activities related to the quality, safety or effectiveness of a United States Food and Drug administration regulated product or activity.

To an Employer

We may use or disclose PHI to your employer if: (a) we provide healthcare to you at the request of your employer to conduct an evaluation relating to medical surveillance of the workplace or to evaluate if you have a work related illness or injury; (b) the information disclosed will consist of findings concerning a work related illness or injury or a workplace related medical surveillance; (c) the employer needs the findings in order to comply with its legal obligations to record the illness or injury or to carry out its responsibilities for workplace medical surveillance. We will provide written notice to you that the information is being disclosed to your employer. The written notice may be given at the time the health care is provided or, if the health care is



provided at your employer's work site, by posting the notice at the location where the health care is provided.

Proof of Immunization

We may use or disclose immunization information to a school about you: (a) if you are a student or prospective student of the school; (b) the information is limited to proof of immunization; (c) the school is required by State or other law to have the proof of immunization prior to admitting you; and, (d) we obtain and document the agreement to the disclosure from either: (1) your parent or guardian of you if you are an un-emancipated minor, or (2) from you if you are an adult or an emancipated minor.

Victims of Abuse, Neglect or Domestic Violence

We may disclose PHI about you to a government authority authorized by law to receive reports of abuse, neglect, or domestic violence, if we believe you are a victim of abuse, neglect, or domestic violence. This will occur to the extent the disclosure is: (a) required by law; (b) agreed to by you; or, (c) authorized by law and we believe the disclosure is necessary to prevent serious harm to you or to other potential victims, or, if you are incapacitated and certain other conditions are met, a law enforcement or other public official represents that immediate enforcement activity depends on the disclosure.

Health Oversight Activities

We may disclose PHI about you to a health oversight agency for activities authorized by law, including audits, investigations, inspections, licensure or disciplinary actions. These and similar types of activities are necessary for appropriate oversight of the health care system, government benefit programs, and entities subject to various government regulations.

Judicial and Administrative Proceedings

We may disclose PHI about you in the course of any judicial or administrative proceeding in response to an order of the court or administrative tribunal. We also may disclose PHI about you in response to a subpoena, discovery request, or other legal process but only if efforts have been made to tell you about the request or to obtain an order protecting the information to be disclosed.

Disclosures for Law Enforcement Purposes

We may disclose PHI about you to a law enforcement official for law enforcement purposes:

- [Required by law](#)



- In response to a court, grand jury or administrative order, warrant or subpoena
- To identify or locate a suspect, fugitive, material witness or missing person
- About an actual or suspected victim of a crime and that person agrees to the disclosure. If we are unable to obtain that person's agreement, in limited circumstances, the information may still be disclosed
- To alert law enforcement officials to a death if we suspect the death may have resulted from criminal conduct
- About crimes that occur at our facility
- To report a crime in emergency circumstances

Coroners and Medical Examiners

We may disclose PHI about you to a coroner or medical examiner for purposes such as identifying a deceased person and determining cause of death.

Funeral Directors

We may disclose PHI about you to funeral directors as necessary for them to carry out their duties.

Organ, Eye or Tissue Donation

To facilitate organ, eye or tissue donation and transplantation, we may disclose PHI about you to organ procurement organizations or other entities engaged in the procurement, banking or transplantation of organs, eyes or tissue.

Research

Under certain circumstances, we may use or disclose PHI about you for research. Before we disclose PHI for research, the research will have been approved through an approval process that evaluates the needs of the research project with your needs for privacy of your PHI. We may, however, disclose PHI about you to a person who is preparing to conduct research to permit them to prepare for the project, but no PHI will leave Angels' Place during that person's review of the information.

To Avert Serious Threat to Health or Safety

We may use or disclose protected health information about you if we believe the use or disclosure is necessary to prevent or lessen a serious or imminent threat to the health or safety of a person or the public. We also may release information about you if we believe the



disclosure is necessary for law enforcement authorities to identify or apprehend an individual who admitted participation in a violent crime or who is an escapee from a correctional institution or from lawful custody.

National Security and Intelligence

We may disclose PHI about you to authorized federal officials for the conduct of intelligence, counterintelligence, and other national security activities authorized by law.

Security Clearances

We may use PHI about you to make medical suitability determinations and may disclose the results to officials in the United States Department of State for purposes of a required security clearance or service abroad.

Workers Compensation

We may disclose PHI about you to the extent necessary to comply with workers' compensation and similar laws that provide benefits for work-related injuries or illness without regard to fault.

Fundraising

We may use and disclose PHI about you to contact you to raise funds for Angels' Place. We may disclose PHI to a business associate of Angels' Place or a foundation related to Angels' Place so that business associate or foundation may contact you to raise money for the benefit of Angels' Place. We will only release: (a) demographic information relating to you, including your name, city, state, other contact information, age, gender, and birthdate; (b) department of service information; (c) outcome information; and, (d) health insurance status.

You have the right to opt out of receiving fundraising communications. If you do not want Angels' Place to contact you for fundraising, you must notify, in writing, Director of Development at Angels' Place Office 29299 Franklin Road, Suite 2, Southfield MI 48034.

Certain Uses and Disclosures that Require Your Written Authorization

Psychotherapy Notes

Your authorization is required before we may use or disclose psychotherapy notes unless the use or disclosure is: (a) by the originator of the psychotherapy notes for treatment; (b) for our own training programs; (c) to defend ourselves in a legal action or other proceeding brought by you;



(d) when required by law; or, (e) permitted by law for oversight of the originator of the psychotherapy notes.

Marketing

We may use and disclose PHI about you to communicate with you about a product or service to encourage you to purchase the product or service. Generally, this may occur without your authorization. However, your authorization is required if: (a) the communication is to provide refill reminders or otherwise communicate about a drug or biologic that is, at the time, being prescribed for you and we receive any financial remuneration in exchange for making the communication which is not reasonably related to our cost in making the communication; or, (b) except as stated in (a), we use or disclose your PHI for marketing purposes and we receive direct or indirect financial remuneration from a third party for doing so. When an authorization is required to communicate with you about a product or service to encourage you to purchase the product or service, the authorization will state that financial remuneration to Angels' Place is involved.

Sale of Information

Your authorization is required for any disclosure of your PHI when the disclosure is in exchange for direct or indirect remuneration from or on behalf of the recipient of the PHI. However, your authorization may not be required under certain conditions if the disclosure is: (a) for public health purposes; (b) for research purposes; (c) for treatment and payment; (d) if we are being sold, transferred, merged or consolidated; (e) to a business associate of ours for activities undertaken on our behalf; (f) to you when requested by you; (g) required by law; (h) when permitted by applicable law where the only remuneration received by us is a fee permitted by law.

Other Uses and Disclosures

Other uses and disclosures will be made only with your written authorization. You may revoke such an authorization at any time by notifying Director of Programs at Angels' Place Office 29299 Franklin Road, Suite 2, Southfield MI 48034 in writing of your desire to revoke it. However, if you revoke such an authorization, it will not have any effect on actions taken by us in reliance on it.

Your Rights With Respect to PHI about You

You have the following rights with respect to PHI that we maintain about you.

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Right to Request Restrictions

You have the right to request that we restrict the uses or disclosures of PHI about you to carry out treatment, payment, or healthcare operations. You also have the right to request that we restrict the uses or disclosures we make to: (a) a family member, other relative, a close personal friend or any other person identified by you; or, (b) for to public or private entities for disaster relief efforts. For example, you could ask that we not disclose PHI about you to your brother or sister.

To request a restriction, you may do so at any time. If you request a restriction, you should do so to Director of Programs at Angels' Place Office 29299 Franklin Road, Suite 2, Southfield MI 48034 and tell us: (a) what information you want to limit; (b) whether you want to limit use or disclosure or both; and, (c) to whom you want the limits to apply (for example, disclosures to your brother).

With one exception, we are not required to agree to any requested restriction. The exception is that we will always agree to a request to restrict disclosures to a health plan if: (a) the disclosure is for the purpose of carrying out payment or healthcare operations and is not otherwise required by law; and, (b) the information relates solely to a health care item or service for which you, or someone on your behalf (other than the health plan), has paid us in full.

If we agree to a restriction, we will follow that restriction unless the information is needed to provide emergency treatment. Even if we agree to a restriction, either you or we can later terminate the restriction. However, we will not terminate a restriction that falls into the exception stated in the previous paragraph.

Right to Receive Confidential Communications

You have the right to request that we communicate PHI about you to you in a certain way or at a certain location. For example, you can ask that we only contact you by mail and not by phone. We will not require you to tell us why you are asking for the confidential communication.

If you want to request confidential communication, you must do so in writing to Director of Programs at Angels' Place Office 29299 Franklin Road, Suite 2, Southfield MI 48034. Your request must state how or where you can be contacted.

We will accommodate your request. However, we may, when appropriate, require information from you concerning how payment will be handled. We also may require an alternate address or other method to contact you.



Right to Inspect and Copy

With a few very limited exceptions, such as psychotherapy notes, you have the right to inspect and obtain a copy of PHI about you.

To inspect or copy PHI about you, you must submit your request in writing to Director of Programs at Angels' Place Office 29299 Franklin Road, Suite 2, Southfield MI 48034. Your request should state specifically what PHI you want to inspect or copy. Your request should state the form of access and copy you desire, such as in paper or in electronic media. If you request a copy of the information, we may charge a fee for the costs of copying and, if you ask that it be mailed, the cost of mailing.

We usually will act on your request within thirty (30) calendar days after we receive your request. If we grant your request, in whole or in part, we will inform you of our acceptance of your request and provide access and copies.

We may deny your request to inspect and copy PHI if the PHI involved is Psychotherapy notes; information compiled in anticipation of, or use in, a civil, criminal or administrative action or proceeding; if we deny your request, we will inform you of the basis for the denial, how you may have our denial reviewed, and how you may complain.

If you request a review of our denial, it will be conducted by a licensed health care professional designated by us who was not directly involved in the denial. We will comply with the outcome of that review.

Right to Amend

You have the right to ask us to amend PHI about you. You have this right for so long as the PHI is maintained by us.

To request an amendment, you must submit your request in writing to Director of Programs at Angels' Place Office 29299 Franklin Road, Suite 2, Southfield MI 48034. Your request must state the amendment desired and provide a reason in support of that amendment.

We will act on your request within sixty (60) calendar days after we receive your request. If we grant your request, in whole or in part, we will inform you of our acceptance of your request and provide access and copying.

If we grant the request, in whole or in part, we will need proof of your identity and written approval of the amendment in order to share with relevant other persons. We also will make the appropriate amendment to the PHI by appending or otherwise providing a link to the amendment.



We may deny your request to amend PHI about you. We may deny your request if it is not in writing and does not provide a reason in support of the amendment. In addition, we may deny your request to amend PHI if we determine that the information:

Was not created by us, unless the person or entity that created the information is no longer available to act on the requested amendment; is not part of the PHI maintained by us; would not be available for you to inspect or copy; or, is accurate and complete.

If we deny your request, we will inform you of the basis for the denial. You will have the right to submit a statement of disagreeing with our denial. Your statement may not exceed 2 pages. We may prepare a rebuttal to that statement. Your request for amendment, our denial of the request, your statement of disagreement, if any, and our rebuttal, if any, will then be appended to the PHI involved or otherwise linked to it. All of that will then be included with any subsequent disclosure of the information, or, at our election, we may include a summary of any of that information.

If you do not submit a statement of disagreement, you may ask that we include your request for amendment and our denial with any future disclosures of the information. We will include your request for amendment and our denial (or a summary of that information) with any subsequent disclosure of the PHI involved.

You also will have the right to complain about our denial of your request.

Right to an Accounting of Disclosures

You have the right to receive an accounting of disclosures of PHI about you. The accounting may be for up to six (6) years prior to the date on which you request the accounting.

Certain types of disclosures are not included in such an accounting:

- Disclosures to carry out treatment, payment and health care operations;
- Disclosures of your PHI made to you;
- Disclosures that are incident to another use or disclosure;
- Disclosures that you have authorized;
- Disclosures for our facility directory or to persons involved in your care;
- Disclosures for disaster relief purposes;
- Disclosures for national security or intelligence purposes;
- Disclosures to correctional institutions or law enforcement officials having custody of you;



- Disclosures that are part of a limited data set for purposes of research, public health, or healthcare operations (a limited data set is where things that would directly identify you have been removed).
- Disclosures made prior to April 14, 2003.

Under certain circumstances your right to an accounting of disclosures to a law enforcement official or a health oversight agency may be suspended. Should you request an accounting during the period of time your right is suspended, the accounting would not include the disclosure or disclosures to a law enforcement official to a health oversight agency.

To request an accounting of disclosures, you must submit your request in writing to Director of Programs at Angels' Place Office 29299 Franklin Road, Suite 2, Southfield MI 48034. Your request must state a time period for the disclosures. It may not be longer than six (6) years from the date we receive your request.

Usually, we will act on your request within sixty (60) calendar days after we receive your request. Within that time, we will either provide the accounting of disclosures to you or give you a written statement of when we will provide the accounting and why the delay is necessary.

There is no charge for the first accounting we provide to you in any twelve (12) month period. For additional accountings, we may charge you for the cost of providing the list. If there will be a charge, we will notify you of the cost involved and give you an opportunity to withdraw or modify your request to avoid or reduce the fee.

Right to Copy of this Notice

You have the right to obtain a paper copy of our Notice of Privacy Practices. You may obtain a copy of our Notice of Privacy Practices over the Internet at our web site, www.angelsplace.com

To obtain a paper copy of this notice, contact the Office Manager at Angels' Place Office 29299 Franklin Road, Suite 2, Southfield MI 48034.

Our Duties

We are required by law to maintain the privacy of PHI about you, to provide individuals with notice of our legal duties and privacy practices with respect to PHI, and to notify affected individuals following a breach of unsecured protected health information.

We are required to abide by the terms of our Notice of Privacy Practices in effect at the time.

Our Right to Change Notice of Privacy Practices

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We reserve the right to change this Notice of Privacy Practices. We reserve the right to make the new notice's provisions effective for all PHI that we maintain, including that created or received by us prior to the effective date of the new notice.

Availability of Notice of Privacy Practices

A copy of our current Notice of Privacy Practices will be posted bulletin board at the Angels' Place Office. A copy of the current notice also will be posted on our web site, www.angelsplace.com.

At any time, you may obtain a copy of the current Notice of Privacy Practices by contacting the Office Manager at Angels' Place Office 29299 Franklin Road, Suite 2, Southfield MI 48034.

Effective Date of Notice

The effective date of the notice is stated on the first page of this notice.

Complaints

You may complain to us and to the United States Secretary of Health and Human Services if you believe your privacy rights have been violated by us.

To file a complaint with us, contact the Privacy Officer at Angels' Place Office 29299 Franklin Road, Suite 2, Southfield MI 48034. All complaints should be submitted in writing.

To file a complaint with the United States Secretary of Health and Human Services, send your complaint to the Office for Civil Rights, U.S. Department of Health and Human Services at 200 Independence Avenue SW, Washington, D.C. 20201. Complaints also may be filed online at www.hhs.gov/ocr.

You will not be retaliated against for filing a complaint.

Questions and Information

If you have any questions or want more information concerning this Notice of Privacy Practices, please contact the Privacy Officer at Angels' Place Office 29299 Franklin Road, Suite 2, Southfield MI 48034.