

Paradigm Senior Living Notice of Privacy Practices

Our Commitment to Privacy

Throughout Paradigm Senior Living's Communities, safeguarding the personal healthcare information you entrust to us is one of our most important responsibilities. As we work together to provide the services you want and need, we are committed to managing this information with the utmost care and will abide by the terms of this Privacy Notice.

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.

Your can be assured that we do not sell resident information or lists to outside marketers

How We Use and Disclose Your Health Information

We may use and disclose your health information as described below, without your authorization. We are required to comply with any state laws that impose stricter standards than the uses and disclosures described in this Notice.

Treatment. We use and disclose your healthcare information to provide treatment to you and to identify the best plan of care for you. Each individual has daily living needs as well as specific care needs, and we will use your information to develop the right services for your needs. For example, your physician may order physical therapy services to improve your strength and walking abilities. Our nursing staff will need to talk with the physical therapist or your physician so that we can coordinate services and develop a plan of care.

Payment. Your information will be used or disclosed to determine the appropriate charges required for the services provided and to receive payment for our services. For example, we will share your information with Medicare and/or other insurance providers that you may identify. This will ensure that you are charged accurately and that payment for all services is taken care of in a convenient manner.

Health Care Operations. We may use and disclose health information in order to facilitate our internal operations and as necessary to provide quality care to all of our residents, including proper administration of records, evaluation of our quality of treatment, assessing the care and outcome of your case and other like it and arranging for legal services.

Directory. Unless you object, we may list your name, where you are located in our communities, your general healthcare condition and other information in our directory. This information may be provided to people who ask for you by name. If you do not want us to list this information in our directory and provide it to those who ask for you by name, you must tell us that you object.

Family Notification and Communication. We may disclose information about your location and your general condition to a family member, your personal representative or another person responsible for your care. If you are able and available, we will give you the opportunity to object prior to making this notification. If you are unable or unavailable to agree or object, our health professionals will use their best judgment in communication with your family and others. We may also release information to disaster relief agencies so they may assist in notifying those involved in your care of your location and general condition.

Required by Law. We may use and disclose your health information as required by law.

For Appointment Reminders. We may use and disclose your health information to contact you as a reminder that you have an appointment.

For Treatment Alternatives. We may use and disclose your health information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

For Public Health Activities. As required by law, we may disclose vital statistics (including reports of death), disease information, information related to recalls of dangerous products and similar information to public health authorities.

To Report Abuse, Neglect or Domestic Violence. As authorized by law, we may notify government authorities if we believe a resident is the victim of abuse, neglect or domestic violence and certain conditions are met.

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, inspections, licensure or disciplinary action and similar activities.

In Connection with Judicial and Administrative Proceedings. We may disclose your health information in response to an order of a court or administrative tribunal. We may also disclose your health information in response to a subpoena, discovery request or other lawful process, but only when reasonable efforts have been made to notify you about the request or to obtain an order protecting your health information.

For Law Enforcement Purposes. As required by law, we may disclose your health information to a law enforcement official for certain law enforcement purposes.

To Coroners, Medical Examiners and Funeral Directors. We may disclose your health information to coroners, medical examiners and funeral directors as authorized by law, prior to and in reasonable anticipation of your death.

For Organ, Eye or Tissue Donation. 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.

For Research Purposes. We may, under very select circumstances, use or disclose your health information for research.

In the Event of a Serious Threat to Health or Safety. We may, consistent with applicable law, 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 or another person.

For Specified Government Functions. In certain circumstances, we may use or disclose your health information to facilitate specified government functions relating to military and veterans, national security and intelligence activities, protective services for the President and others, medical suitability determinations and inmates in law enforcement custody.

When We Will Not Use or Disclose Your Health Information

Except as described in this Notice of Privacy Practices, we will not use or disclose your health information without your written authorization. If you do not authorize use to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time, provided that such revocation will only apply to future uses or disclosures.

Your Health Information Rights

1. You have the right to request restriction on certain uses and disclosures of your health information, however, we are not required to agree to the restriction that you have requested.
2. You have the right to receive your health information through a reasonable alternative means or at an alternative location. We will honor your reasonable requests.
3. You have the right to request to inspect and copy your information.
4. You have the right to request that we amend your health information that is incorrect or incomplete. If we deny your request, we will provide you with information about our denial and how you can disagree with the denial.
5. You have a right to receive an accounting of disclosures of your health information made by us, except that we do not have to account for disclosure in this Notice made for purposes of treatment, payment or healthcare operations, disclosure you authorize or certain other disclosure excepted from the accounting requirement.
6. You have a right to a paper copy of this Notice, even if you have received this Notice electronically.

If you would like to have a more detailed explanation of these rights or if you would like to exercise on or more of these rights, contact your Community or Lee E. Cory, President at (503) 222-6868.

Our Duties and Changes to This Notice

We are required by law to maintain the privacy of your health information and to provide to you this Notice of our duties and privacy practices. We are required to abide by the terms of this Notice as may be revised from time to time. We reserve the right to amend the terms of this Notice and will make revised Notice provisions effective for all information maintained. We will post a copy of the current effective Notice in our communities.

Complaints

Complaints about this Notice of Privacy Rights or how we handle your health information may be made to our Privacy Officer or to the Secretary of the Department of Health and Human Services. You will NOT be penalized for filing a complaint. If you wish to file a complaint with us, contact:

Lee E. Cory, President
Paradigm Senior Living
800 NW 6th Avenue, Suite 327
Portland, OR 97209
(503) 222-6868