

# QUALITY LIVING SOLUTIONS, LLC

## NOTICE OF PRIVACY PRACTICES

**June 1, 2008**

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

**If you have any questions about this notice, please contact:**

**Quality Living Solutions, LLC  
Attn: Patti M. Rinehart, Manager  
P.O. Box 1130  
Laramie, WY 82073**

### **1. HOW WE MAY USE OR DISCLOSE YOUR PROTECTED HEALTH INFORMATION**

#### **Payments**

We may use your protected health information, and disclose it to others, as necessary to make, process or request payment for health care services you receive. Additionally, we may disclose some of your protected health information to companies with whom we contract for payment-related services. For instance, if you owe us money, we may give information about you to a collection company with whom we contract to collect bills for us. We will not use or disclose more information for payment than is necessary.

#### **Health Care & Administrative Operations**

We may use and disclose your protected health information for administrative activities that are necessary to operate this organization and/or to provide or arrange for your health care. This includes reading your protected health information to review the performance of our staff or other involved in your care. We may also use your information to plan what services are necessary for your care. We may disclose your protected health information as necessary to others with whom we contract to provide administrative services. This includes our employees, independent contractors, agents, attorneys, auditors, accreditation services, and consultants, for instance.

#### **Legal Requirement to Disclose Information**

We may use or disclose your information when we are required by law to do so. This includes reporting information to government agencies that have the legal responsibility to monitor the health care system. We may be required to disclose your protected health information, and the information of others. We will also disclose your protected health information when we are required to do so by a subpoena, court order or other judicial or administrative process.

#### **Public Health Activities**

We may disclose your protected health information when required to do so for public health purposes. This may include reporting certain diseases, births, deaths, and reactions to certain medications. It may include reporting certain information regarding products and activities

regulated by the federal Food and Drug Administration. It may also include notifying people who have been exposed to a disease.

### **To Report Abuse**

We may disclose your protected health information when the information relates to a victim of abuse, neglect or domestic violence. We will make this report only in accordance with laws that require or allow such reporting, or with your permission.

### **Government Oversight**

We may disclose your protected health information if authorized by law to a government oversight agency conducting audits, investigations, or civil or criminal proceedings.

### **Judicial or Administrative Proceedings**

We may disclose your protected health information in the course of a judicial or administrative proceeding (e.g., to respond to a subpoena or discovery request).

### **Law Enforcement**

We may disclose your protected health information for law enforcement purposes. This includes providing information to help locate a suspect, fugitive, material witness or missing person, or in connection with suspected criminal activity. We must also disclose your protected health information to a federal agency investigating our compliance with federal privacy regulations.

### **Coroners**

We may disclose your protected health information to coroners, medical examiners, and/or funeral directors consistent with the law.

### **Organ Donation**

We may use or disclose your protected health information for cadaveric organ, eye or tissue donation.

### **Workers' Compensation**

We may disclose your protected health information to workers' compensation agencies if necessary for a workers' compensation benefit determination.

### **Limited Data Sets**

We may use or disclose, under certain circumstances, limited amounts of your protected health information that is contained in limited data sets.

### **Research**

We may use or disclose your protected health information for research purposes, but only as permitted by law.

### **Specialized Purposes**

We may use or disclose the protected health information of members of the armed forces as authorized by military command authorities. We may disclose your protected health information for a number of other specialized purposes. We will only disclose as much information as is

necessary for the purpose. For instance, we may disclose your protected health information for national security, intelligence, and protection of the President.

### **To Avert a Serious Threat**

We may use or disclose your protected health information if we decide that the disclosure is necessary to prevent serious harm to you, the public or to another individual. The disclosure will only be made to someone who is potentially able to prevent or reduce the threat.

### **Family and Friends**

We may disclose your protected health information to a member of your family or to someone else that is involved in your medical care or payment for care. This may include telling a family member about the status of your situation. In the event of a disaster, we may provide information about you to a disaster relief organization so they can notify your family of your condition and location. We will not disclose your information to family or friends if you object in writing, with instructions as to who shall not receive information.

### **Products and Services**

We may contact you to provide information about other health-related products and services that may be of interest to you. For example, we may use and disclose your protected health information for the purpose of communicating to you about our health care that could enhance or maintain your situation, and about health-related products and services that may add value to your health.

## **2. OUR DUTIES TO YOU REGARDING PROTECTED HEALTH INFORMATION**

“Protected Health Information” is individually identifiable health information. This information includes demographics, for example, age, address, e-mail address, and relates to your past, present, or future physical or mental health or condition and related health care service. Quality Living Solutions is required by law to do the following:

- Make sure that your protected health information is kept private as required by law.
- Give you this notice of our legal duties and privacy practices related to the use and disclosure of your protected health information.
- Follow the terms of the notice currently in effect.
- Communicate any changes in the notice to you.

We reserve the right to change this notice. Its effective date is at the top of the first page and at the bottom of the last page. We reserve the right to make the revised or changed notice effective for health information we already have about you as well as any information we receive in the future. You may obtain a Notice of Privacy Practices by contacting the Quality Living Solutions, LLC office listed above.

We may use your protected health information, or disclose to others, for a number of different reasons.

## **3. YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION**

You may inspect and obtain a copy of your protected health information that is contained in a “designated record set” for as long as we maintain the protected health information. A designated record set contains medical and billing records and any other records that we use for making decisions about you.

This right does not include inspection and copying of the following records: psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding; and protected health information that is subject to law that prohibits access to protected health information.

### **Authorization**

We may use or disclose your protected health information for any purpose that is listed in this notice without your written authorization. We will not use or disclose your protected health information for any other reason without your written authorization. If you authorize us to use or disclose your protected health information, you have the right to revoke the authorization at any time. For information about how to authorize us to use or disclose your protected health information, or about how to revoke an authorization, contact the person listed under “Whom to Contact” at the end of this notice. You may not revoke an authorization for us to use and disclose your information to the extent that we have taken action in reliance on the authorization or if the authorization was obtained as a condition of obtaining benefits, and we have the right, under other law, to contest a claim under the benefit document itself.

### **Right to Request Restrictions**

You may ask us not to use or disclose any part of your protected health information for treatment, payment, or health care operations. Your request must be made in writing to use where you wish the restriction instituted. Restrictions are not transferable. In your request, tell us: (1) what information you want restricted; (2) whether you want to restrict our use, disclosure, or both; (3) to whom you want the restriction to apply, and (4) an expiration date.

If we believe that the restriction is not in your best interest, or if we cannot reasonably accommodate the request, we are not required to agree. If the restriction is mutually-agreed upon, we will not use or disclose your protected health information in violation of that restriction, unless it is needed to provide emergency treatment. You may revoke a previously agreed upon restriction, at any time, in writing.

### **Right to Request Confidential Communications**

You may request that we communicate with you using alternative means or at an alternative location. We will not ask you the reason for your requests. We will accommodate reasonable requests, when possible.

### **Right to Request Amendment**

If you believe that the information we have about you is incorrect or incomplete, you may request an amendment to your protected health information as long as we maintain this information. While we will accept requests for amendment, we are not required to agree to the amendment.

### **Right to an Accounting of Disclosures**

You may request that we provide you with an accounting of the disclosures we have made of your protected health information. This applies to disclosures made for purposes other than treatment, payment, or health care operations as described in this Notice of Privacy Practices. The disclosure must have been made after June 1, 2008, and no more than 6 years from the date of request. This right excludes disclosures made to you, to family members or friends involved in

your care, or the notification. The right to receive this information is subject to additional exceptions, restrictions, and limitations as described earlier in this notice.

**Right to Obtain a Copy of this Notice**

You may obtain a copy of this notice from us at the offices listed above.

**Complaints**

You have a right to complain about our privacy practices, if you think your privacy has been violated. You may file your complaint with the person listed in “Contact Information”. You may also file a complaint directly with the Secretary of the U.S. Department of Health and Human Services. All complaints must be in writing, must describe the situation giving rise to the complaint and must be filed within 180 days of the date you know, or should have known, of the event giving rise to the complaint. You will not be subject to any retaliation for filing a complaint.

**4. CONTACT INFORMATION**

Patti M. Rinehart, Manager  
Quality Living Solutions, LLC  
Address: P.O. Box 1130  
Laramie, WY 82073  
Telephone: 307-460-1857  
Fax: 307-742-4475

June 1, 2008