

NOTICE OF PRIVACY PRACTICES FOR KINGSWAY ARMS NURSING CENTER, INC.

This notice describes how your health information may be used and disclosed, and your rights with respect to your health information. Please review it carefully.

Kingsway is required by law to maintain the privacy of your health information and to provide you with this notice of Kingsway's legal duties and privacy practices. Kingsway is required to abide by the terms set forth in this notice. We reserve the right to change this notice and to make the revised notice effective for all medical information we already have about you as well as any information we receive in the future. A revised copy of this notice will be provided to you upon request.

1. How Kingsway May Use & Disclose Your Medical Information

Kingsway may use your health information for the purposes of providing medical treatment, obtaining payment for services rendered, and/or administering health care operations, as well as for other purposes set forth in this notice or as otherwise authorized or required by law. Kingsway will restrict access to your health information to persons directly involved in those functions. All other uses and disclosures of your health information will not be made without your authorization, which you may revoke by providing Kingsway with a written notice.

Examples of Uses and Disclosures:

A. For Treatment: Nurses, nurse's aides, physicians, medical staff, social workers, therapists, pharmacists, or other medical practitioners involved in your treatment will have access to your health information and may share it with each other, or other Kingsway personnel, as needed to provide care. We may also disclose medical information to prevent a serious threat to your health and safety or the health and safety of others.

B. For Payment: We may provide your health plan or other payor with your medical information to identify the treatment, bill for services, or receive payment. We may also disclose your health information to another covered entity or a health care provider for their payment activities.

C. For Health Care Operations: Uses and disclosures of your health information are necessary to run our facilities and ensure quality services. For example, we may use medical information about you to review our treatment procedures and evaluate staff performance. We may also disclose your health information to another health care provider for its operations if they have or had a direct relationship with your care and to government regulators.

D. Other Permitted Uses and Disclosures: Kingsway may disclose your information to the Department of Health, in response to subpoenas, or as otherwise required by law. We may also use or disclose your health information to a family member, other relative, close personal friend, or anyone identified by you who is involved in your care or payment for your care, provided you have the opportunity to agree, prohibit, or restrict the use or disclosure. In emergency circumstances or if you are incapacitated, Kingsway may use its professional judgment to determine whether the disclosure is in your best interest.

2. Your Rights with Respect to Your Health Information

A. Right to Inspect and Copy: You have the right to inspect and copy your health information. If you are a parent or legal guardian, you may also obtain a copy of the health information of your non-emancipated child(ren), except where prohibited by law. Requests must be made in writing to Kingsway's Administrative Offices and include a notarized signature if for a non-emancipated minor. We may deny your request in certain circumstances, but you can request a review of the denial.

B. Right to Request Amendments: If you believe your medical information is incorrect or incomplete, you may request an amendment. Requests must be made in writing and include a reason for the amendment. We may deny requests if the information was not created by Kingsway, is not part of the information kept by Kingsway, or if it is accurate and complete.

C. Right to Request Restrictions: You have the right to request restrictions on the use or disclosure of your information. While we are not required to agree to all requests, we will comply if we do agree, unless the information is needed for emergency treatment. Requests must be made in writing to the Administrative Offices.

D. Right to Request Confidential Communications: You may request that we communicate with you in a certain way or at a certain location. We will accommodate reasonable requests. Requests must be made in writing to the Administrative Offices.

E. Right to an Accounting of Disclosures: You have the right to request a list of disclosures of your health information made for purposes other than treatment, payment, or health care operations, or as required by law. Requests must be in writing, specify the time period (not longer than six years and not before April 14, 2003), and indicate the preferred format. The first list requested within a 12-month period is free; additional lists may incur a cost.

F. Right to a Paper Copy of This Notice: You may request a paper copy of this notice at any time, even if you have agreed to receive it electronically. Requests must be made in

writing to the Administrative Offices. This notice is also available on our website, www.kingswaycommunity.com.

G. Complaints: If you believe your privacy rights have been violated, you can file a complaint with Kingsway or with the Secretary of Health and Human Services. Complaints must be submitted in writing to the Administrative Offices. You will not be penalized or discriminated against for filing a complaint.

H. Designated Privacy Administrator: The Designated Privacy Administrator for Kingsway Arms Nursing Center, Inc. is the Administrator, who can be reached at Kingsway's Administrative Offices at 323 Kings Road, Schenectady, New York 12304. The Designated HIPAA Security Officer is the Director of Information Services, also reachable at the same address. All other requests should be submitted in writing to the Administrative Offices.