COUNTRYSIDE MANOR

NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION

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

A. INTRODUCTION

During the course of providing services and care to you, SL Sheboygan, LLC, in connection with Countryside Manor, (the "Community") gathers, creates, and retains certain personal information about you that identifies who you are and relates to your past, present, or future physical or mental condition, the provision of health care to you, and payment for your health care services. This personal information is characterized as your "protected health information." Protected health information consists of any information relating to your physical or mental health, to any health care provided to you, or to payment for such care and that either identifies you or provides information that can be used to identify you. This Notice of Privacy Practices describes how the Community maintains the confidentiality of your protected health information, and informs you about the possible uses and disclosures of such information. It also informs you about your rights with respect to your protected health information.

B. THE COMMUNITY'S RESPONSIBILITIES

The Community is required by federal and state law to maintain the privacy of your protected health information. The Community is also required by law to provide you with this Notice of Privacy Practices that describes the Community's legal duties and privacy practices with respect to your protected health information. The Community will abide by the terms of this Notice. The Community reserves the right to change this or any future Notice and to make the new notice provisions effective for all protected health information that it maintains, including protected health information already in its possession. If the change reflects a material change in its privacy policies and procedures, the Community will provide the new Notice to you or your legal representative. In all other situations, it will provide you with the new Notice upon request. In addition, the new Notice will be posted in a clear and prominent place in the facility and on the Community website.

C. USE AND DISCLOSURE WITH YOUR AUTHORIZATION

The Community will require a written authorization from you before it uses or discloses your protected health information, unless a particular use or disclosure is expressly permitted or required by law without your authorization. An authorization is generally required for the following uses or disclosures, except in very limited circumstances: (1) uses or disclosures of psychotherapy notes; (2) uses or disclosures of protected health information for marketing purposes; and (3) disclosures of protected health information that constitute its sale.

The Community has prepared an authorization form for you to use that authorizes the Community to use or disclose your protected health information for the purposes set forth in the form. You are not required to sign the form as a condition to obtaining treatment or having your

care paid for. If you sign an authorization, you may revoke it at any time by written notice. The Community then will not use or disclose your protected health information, except where it has already relied on your authorization.

D. HOW THE COMMUNITY MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION WITHOUT YOUR AUTHORIZATION

The Community may use or disclose your protected health without your written authorization in the following circumstances:

1. Your Care and Treatment

The Community may use or disclose your protected health information to provide you with or assist in your treatment, care and services. For example, the Community may disclose your health information to health care providers who are involved in your care to assist them in your diagnosis and treatment, as necessary.

2. Billing and Payment

a. Medicare, Medicaid, and Other Public or Private Health Insurers – The Community may use or disclose your protected health information to public or private health insurers (including medical insurance carriers, HMOs, Medicare, and Medicaid) in order to bill and receive payment for your treatment and services that you receive. For example, the information on or accompanying a bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.

b. Health Care Providers – The Community may also disclose your protected health information to health care providers in order to allow them to determine if they are owed any reimbursement for care that they have furnished to you and, if so, how much is owed.

3. Health Care and Community Operations

The Community may use or disclose your protected health information for its health care and community operations. These uses and disclosures are necessary to manage the Community and to monitor our quality of services and care. For example, we may use your protected health information to review our services and to evaluate the performance of our staff in caring for you. In addition, we may disclose your protected health information to assist other provider s and payors in conducting quality improvement activities, reviewing the qualifications of health care professionals, or detecting health care fraud or abuse

4. Provision of Basic Information about Residents

The Community allows staff to provide certain basic information about a resident to persons who ask for the resident by name and to members of the clergy. Unless you notify the Community that you object, it will disclose your name, your location in the community, and your general condition to anyone who asks for you by name. It will disclose your name, your location in the community, your general condition, and your religious affiliation to members of the clergy.

5. Individuals Involved in Your Care or Payment for Your Care

Unless you specifically object, the Community may disclose to a family member, other relative, a close personal friend, or to any other person identified by you, all protected health

information directly relevant to such person's involvement with your care or directly relevant to payment related to your care. The Community may also disclose your protected health information to a family member, personal representative, or other person responsible for your care to assist in notifying them of your location, general condition, or death.

6. Disclosures within Provider Community

Unless you specifically object, the Community may disclose certain general information about you (e.g., past activities, present interests, birthday, and location if hospitalized) to members of its community, including other residents and staff, by means such as newsletter or bulletin board.

7. Reporting

The Community will disclose protected health information about a resident who is suspected to be the victim of neglect, domestic violence or elder abuse to the extent necessary to complete any oral or written report mandated by law. Under certain circumstances, the Community may disclose further protected health information about the resident to aid the investigating agency in performing its duties. The Community will promptly inform the resident about any disclosure unless the Community believes that informing the resident would place the resident in danger of serious harm, or would be informing the resident's personal representative, whom the Provider believes to be responsible for the abuse, and believes that informing such person would not be in the resident's best interest.

8. Legal Process

The Community will disclose protected health information in accordance with an order of a court or of an administrative tribunal of a government agency. In addition, the Community will disclose protected health information in accordance with a valid subpoena issued by a party to adjudication before a court, an administrative tribunal, or a private arbitrator. Reasonable efforts will be made to notify you of the subpoena, or attempts will be made to obtain an order or agreement protecting your protected health information.

9. Law Enforcement Agencies and Officials

The Community will disclose protected health information to law enforcement agencies in accordance with a search warrant, a court order or court-ordered subpoena, or an investigative subpoena or summons. In addition, it may disclose such information as necessary to assist law enforcement officials investigating crimes involving residents.

10. National Security and Intelligence Activities

The Community will disclose protected health information about a resident to authorized federal officials conducting national security and intelligence activities or as needed to protect federal and foreign officials.

11. Licensing, Certification, Accreditation, and Health Oversight Activities

The Community may disclose your protected health information to any government or private agency, such as to the state licensing agency responsible for licensure or accreditation, so that the agency can carry out its oversight activities. These oversight activities include audits;

civil, administrative, or criminal investigations; inspections; licensure or disciplinary actions; civil, administrative, or criminal proceedings or actions; or other activities necessary for appropriate oversight.

12. Public Health Activities

The Community may disclose your protected health information to any public health authority that is authorized by law to collect it for purposes of preventing or controlling disease, injury, or disability.

13. Business Associates

The Community may contract with certain individuals or entities, called "business associates," to provide services on its behalf. Examples include data processing, quality assurance, legal, or accounting services. The Community may disclose your protected health information to a business associate, as necessary, to allow the business associate to perform its functions. The Community will have a contract with each business associate that obligate the business associate to maintain the confidentiality of your protected health information.

14. Marketing

The Community may use protected health information or disclose it to business associates in certain limited circumstances in order to encourage you to use a service or product. This includes, for example, making face-to-face communications with you about the service or product, providing you with a promotional gift of nominal value, or communicating about drug refills. Otherwise, it will obtain a specific written authorization from you before using or disclosing protected health information for marketing purposes.

15. Fundraising

The Community may use certain protected health information to contact you in an effort to raise money for the Community and its operations. The Community may disclose the protected health information to business associates or to related foundations that it uses to raise funds for its own benefit. The information to be used or disclosed for these purposes will be limited to certain demographic information, the dates of treatment, the department where services were provided, the treating physician, outcome information, and health insurance status. Each fundraising communication will provide a means by which you can opt out of receiving further such communications.

16. Sale of Protected Health Information

The Community may disclose your protected health information for *remuneration* in certain very narrow circumstances such as where a governmental agency reimburses it for its expenses in providing information for public health purposes. Otherwise, it will obtain a specific written authorization from you or your personal representative before receiving reimbursement for using or disclosing your protected health information.

17. Coroner or Medical Examiner; Funeral Director

The Community may disclose protected health information to a coroner or *medical* examiner for the purpose of identifying a deceased person, determining the cause of death, or

performing other duties. The Community may disclose protected health information to a funeral director as necessary to allow the funeral director to carry out duties with respect to a decease person.

18. Organ Procurement

If you are an organ donor, the Community may disclose your protected health information following your death to an organ procurement agency or tissue bank in order to aid in using your organs or tissues in transplant.

19. Workers' Compensation

The Community may disclose your protected health information in order to comply with state workers' compensation laws.

20. Preventing Danger to Identified Persons

The Community may disclose your protected health information to prevent an immediate, serious threat to the safety of an identified person.

21. Disaster Relief

The Community may disclose your protected health information to a public or private entity authorized to assist in disaster relief efforts.

22. Research

The Community may disclose your protected health information for research purposes, provided that an outside Institutional Review Board overseeing the research approves the disclosure of the information, without a written authorization.

23. Disclosures Otherwise Required by Law

The Community will disclose protected health information about a resident when otherwise required by law.

E. YOUR RIGHTS REGARDING PROTECTED HEALTH INFORMATION

You have the following rights with respect to your protected health information. To exercise these rights, contact Senior Lifestyle Corporation by telephone at (312) 673-4308, or at the following address: Senior Lifestyle Corporation, 303 East Wacker Drive, Suite 2400, Chicago, IL 60601, Attention: Corporate Compliance Manager.

1. Right to Receive a Copy of the Notice of Privacy Practices

You have the right to request and receive a copy of the Community's Notice of Privacy Practices for Protected Health Information in written or electronic form.

2. Right to Request Special Privacy Protections

You have the right to request restrictions on the use and disclosure of your protected health information for treatment, payment or health care operations, or providing notifications regarding your identity and status to persons inquiring about or involved in your care.

The Community is not required to grant your request except where you ask it not disclose information to your health plan regarding care paid for by you or someone else out of pocket. Whenever the Provider agrees to comply with your request, it will do so, unless there is an emergency or until the Provider or you terminate the restriction. You also have the right to request that the Community communicate protected health information to you or another recipient by alternative means or at alternative locations.

3. Right to Request Access

You have the right to inspect and copy your health records maintained by the Community. This includes the right to have electronic records made available in electronic format to you or to someone whom you designate. In certain limited circumstances, the Community may deny your request as permitted by law. However, you may be given an opportunity to have such denial reviewed by an independent licensed health care professional.

4. Right to Request Amendment

You have the right to request an amendment to your health records maintained by the Community. If your request for an amendment is denied, you will receive a written denial, including the reasons for such denial, and an opportunity to submit a written statement disagreeing with the denial.

5. Right to an Accounting

You have the right to receive an accounting of disclosures of your protected health information created and maintained by the Community over the six (6) years prior to the date of your request or for a lesser period. The Community is not required to provide an accounting of certain routine disclosures or of disclosures of which you are already aware. You also have the right to receive an accounting of electronic disclosures made up to three (3) years from the date of your request where such disclosures were made for purposes of treatment, payment, or health care operations.

F. NOTIFICATION OF SECURITY BREACHES

The Community will provide you with written notification in the event of a security breach involving your protected health information. The notification will describe what happened, the types of information involved, the steps that the Community is taking to deal with the situation, what you should do to protect yourself against any harmful consequences, and contacts for obtaining further information.

G. COMPLAINTS

If you believe that your privacy rights have been violated, you may file a complaint with the Community by telephone at (312) 673-4308, or at the following address: Senior Lifestyle Corporation, 303 East Wacker Drive, Suite 2400, Chicago, IL 60601, Attention: Corporate Compliance. You also have the right to submit a complaint to the Office for Civil Rights, U.S. Department of Health and Human Services, at the following address: Celeste Davis, Regional Manager, Office for Civil Rights, U.S. Department of Health & Human Services, 233 N. Michigan

Ave., Suite 240, Chicago, IL 60601. **The Community will not retaliate against you if you file a complaint.**

H. FURTHER INFORMATION

If you have questions about this Notice of Privacy Practices or would like further information about your privacy rights, contact Senior Lifestyle Corporation by telephone at (312) 673-4308, or at the following address: Senior Lifestyle Corporation, 303 East Wacker Drive, Suite 2400, Chicago, IL 60601, Attention: Corporate Compliance.

The effective date of this Notice of Privacy Practices is March 31, 2014.

ACKNOWLEDGE OF RECEIPT

I hereby acknowledge receipt from Countryside Manor of a copy of its Notice of Privacy Practices for Protected Health Information dated March 31, 2014.

RESIDENT:

_____
Signature of Resident

_____
Print Name of Resident

_____
Address

_____
City State ZIP

_____
Telephone

_____
Date

OR

PERSONAL REPRESENTATIVE:
(if signed on resident's behalf)

_____
Signature of Personal Representative

_____
Print Name and Relationship to Resident

_____
Address

_____
City State ZIP

_____
Telephone

_____
Date