

WAKE ROBIN CORPORATION

Notice of Information Practices

This Notice describes how health information about you may be used and disclosed and how you can get access to this information. PLEASE REVIEW IT CAREFULLY.

The Purpose of This Notice

Wake Robin has always maintained the privacy of your personal information. We are now required by law to maintain the privacy of your personal information and to give you this Notice of our privacy practices, our legal duties and your rights concerning your private health information. Wake Robin must follow practices described in this Notice as long as this Notice is in effect. The Notice will take effect on April 14, 2003 and will remain in effect until it is replaced. Wake Robin reserves the right to revise or change this Notice at any time. Any such revision will affect information we already have about you and any information we receive in the future. If there is any significant change in Wake Robin's privacy practices, this Notice will be changed and a new Notice will be available upon your request. A copy of the current Notice will be available on the Wake Robin website, www.wakerobin.com. You may request a copy of this Notice any time.

If you have any questions regarding this Notice, or if you wish to receive another copy, please contact:

HIPAA Privacy Officer
Wake Robin
200 Wake Robin Drive
Shelburne, VT 05482

Wake Robin will not use or disclose your health information without your authorization, except as described in this notice.

Uses and Disclosures of Your Health Information

Treatment: We may use or disclose your personal health information for treatment to a physician or other healthcare provider which is providing treatment to you

Healthcare Operations: We may use or disclose your personal health information for regular health operations. Members of the staff may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the health care and service we provide.

Payment: We will use your health information for payment. For example, a bill may be sent to you or a third-party payer, including Medicare or your secondary insurance company. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.

Communication With Family: We may, using our best judgment, disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care. You must be given written or verbal notice and opportunity to opt out before information can be disclosed to next of kin. You have the right to restrict this disclosure as noted below by notifying the HIPAA Privacy Officer at the address listed above.

Directory: Unless you notify us that you object, we may use your name and location at Wake Robin for directory purposes. We may also use your name on a nameplate next to or on your door in order to identify your unit, unless you notify us that you object.

Disclosures Required By Law: Wake Robin may use or disclose your health information when it is required to do so by law. For example, your health information may be disclosed to comply with a state survey, a court order, an administrative order, a subpoena, a discovery request or other lawful purposes.

Other Disclosures: Wake Robin does not use or disclose your personal health information for marketing purposes nor does it sell your information for any purposes. Any use of your personal health information for any purpose other than listed above will require your written authorization. You may revoke any such authorization.

Your Rights Regarding Health Information About You

You have the following rights regarding your personal health information we maintain about you:

Right to Inspect and Copy: You may request to inspect and obtain copies of your personal health information which Wake Robin maintains. You may make such requests orally or in writing; however, in order to better respond to your request we ask that you make such requests in writing to the HIPAA Privacy Officer at the address or telephone number given above. If you request to have copies made, we will charge you a reasonable fee.

Right to Amend: If you believe that any health information maintained by Wake Robin is incorrect or incomplete, you may ask to amend the information by contacting the HIPAA Privacy Officer at the address given above. You may request an amendment for as long as the information is maintained by Wake Robin. Your request may be denied if it does not include a reason to support the request. In addition, it may be denied if you request to amend information that:

- is not part of the health information maintained by Wake Robin;
- was not created by Wake Robin unless person or entity creating the information is no longer available to make the amendment;
- is not part of the information you would be permitted to inspect or copy; or
- the information you seek to amend is accurate and complete.

Right to an Accounting of Disclosures: You have the right to request “an accounting of disclosures” if any such disclosure was made for any purposes other than listed above. To request an accounting of disclosures, you must submit your request in writing to the HIPAA Privacy Officer listed above. Your request must state a time period which may not be longer than six (6) years and may not include dates prior to April 13, 2003.

Right to Request Restrictions: You have the right to request a restriction or limitation on the health information we use or disclose about you listed above. Any such requests must be made in writing to the HIPAA Privacy Officer noted above and the request must include the information you wish to limit, whether you wish to limit use, disclosure or both and to whom the limits may apply, for example to your child.

Right to Request Confidential Communications: You have the right to request that we communicate with you concerning your health information only in certain ways or certain locations. Any such request must be in writing to the HIPAA Privacy Officer noted above. Where possible, we will accommodate all reasonable requests.

Right to a Paper Copy of this Notice: Even if you have received this Notice electronically, you are entitled to receive a paper copy of this Notice. A request for a copy of the Notice should be sent to the HIPAA Privacy Officer at the address above. You may also obtain a copy of this at our website, www.wakerobin.com.

How to File a Complaint: If you believe that your privacy rights have been violated, you may file a complaint addressed to the HIPAA Privacy Officer at the address noted above. The complaint must be in writing. Or, you may file a written complaint with the Secretary of the Department of Health and Human Services. You will not be penalized or retaliated against for filing a complaint.