

Vi at Aventura
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, we gather, create, and retain 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.” This Notice of Privacy Practices describes how we maintain 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. OUR RESPONSIBILITIES

We are required by federal and state law to maintain the privacy of your protected health information. We are also required by law to provide you with this Notice of Privacy Practices that describes our legal duties and privacy practices with respect to your protected health information. We will abide by the terms of this Notice of Privacy Practices. We reserve the right to change this or any future Notice of Privacy Practices and to make the new notice provisions effective for all protected health information that we maintain, including protected health information already in our possession. If we change our Notice of Privacy Practices, we will personally deliver or mail a revised notice to you at your current address. In addition, the notice will be posted in a clear and prominent place in the facility and on the company’s website (www.ViLiving.com).

C. USE AND DISCLOSURE WITH YOUR AUTHORIZATION

We will require a written authorization from you before we use or disclose your protected health information, unless a particular use or disclosure is expressly permitted or required by law without your authorization. We have prepared an authorization form for you to use that authorizes us 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. We then will not use or disclose your protected health information, except where we have already relied on your authorization.

HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION WITHOUT YOUR AUTHORIZATION

1. Permissive Disclosures

We may, in our discretion, use or disclose your protected health information without your written authorization in the following circumstances:

a. Workforce Members

It is our policy to allow members of our workforce to share residents' protected health information with one another to the extent necessary to permit them to perform their legitimate functions on our behalf. At the same time, we will work with and train our workforce members to ensure that there are no unnecessary or extraneous communications that will violate the rights of our residents to have the confidentiality of their protected health information maintained.

b. Your Care and Treatment

We may use or disclose your protected health information to provide you with or assist in your treatment, care and services. For example, we 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. We may also disclose your protected health information to individuals who will be involved in your care if you leave Vi at Aventura.

c. Billing and Payment

i. Medicare, Medicaid and Other Public or Private Health Insurers – We 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 at Vi at Aventura. The information on or accompanying a bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.

ii. Health Care Providers – We 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.

d. Health Care Operations

We may use your protected health information for health care operations at Vi at Aventura. These uses and disclosures are necessary to manage Vi at Aventura 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 caring for you.

e. Licensing and Accreditation

We may disclose your protected health information to any government or private agency, such as to the federal centers for Medicare and Medicaid services, responsible for licensing or accrediting Vi at Aventura 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.

f. Provision of Basic Information about Residents

We allow 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 us that you object, we will disclose your name, your location in Vi at Aventura, and your general condition to anyone who asks for you by name. We will disclose your name, your location in Vi at Aventura, your general condition, and your religious affiliation to members of the clergy.

g. Individuals Involved in Making Decisions or Providing Payment for Your Care

Unless you specifically object, we 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. We 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.

h. Disaster Relief

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

i. Disclosures within Vi at Aventura

Unless you specifically object, we may disclose certain general information about you (e.g., past activities, present interests, birthday, and location if hospitalized) to persons within Vi at Aventura, including other residents and staff, by means such as newsletter or bulletin board.

j. Business Associates

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

k. Sale of Protected Health Information

We may disclose your protected health information for remuneration in certain very narrow circumstances such as where a governmental agency reimburses us for our expenses in providing information for public health purposes.

l. Research

We 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.

m. Public Health Activities

We 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 injury, or disability.

n. Hospital Peer Review

We may disclose your protected health information to hospital medical staffs to aid in the credentialing of applicants and in the peer review of members.

o. Organ Procurement

If you are an organ donor, we 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 transplantation.

p. Coroner, Medical Examiner, or Funeral Director

We may disclose protected health information to a coroner, medical examiner, or funeral director to allow them to carry out their duties.

2. Mandatory Disclosures

We will disclose protected health information to outside persons or entities without your written authorization as required by law in the following circumstances:

a. Court Order; Order of Administrative Tribunal

We will disclose protected health information in accordance with an order of a court or of an administrative tribunal of a government agency.

b. Subpoena

We 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 of efforts to obtain an order or agreement protecting your protected health information.

c. Law Enforcement Agencies

We 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.

d. Florida Ombudsman

We will disclose protected health information to the Florida Office of the Ombudsman where it is necessary for the Office of the Ombudsman to investigate or resolve a complaint, if you or your legal representative permit the disclosure, or you are unable to consent to the review and has no legal representative, or your legal representative or guardian refuses to give permission, but the Ombudsman has reasonable cause to believe that the representative or guardian is not acting in your best interest; and the Ombudsman approves of the disclosure.

e. Elder Abuse Reporting

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

f. Dangerous Disease

We will immediately disclose protected health information to the Florida Department of Health where we diagnose or suspect the existence of a disease of public health significance.

g. Other Disclosures Required by Law

We 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 us at the following address: Vi at Aventura, 19333 West Country Club Drive, Aventura, Florida, Attention: Privacy Official.

1. Right to Request Access

You have the right to inspect and copy your health records maintained by us. 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, we 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.

2. Right to Request Amendment

You have the right to request an amendment to your health records maintained by us. 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.

3. 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. We are generally not required to grant your request, but if we do, we will comply with your request, except in an emergency situation or until the restriction is terminated by you or us. You also have the right to request that we communicate protected health information to the recipient by alternative means or at alternative locations.

4. Right to an Accounting

You have the right to receive an accounting of disclosures of your protected health information created and maintained by us over the six years prior to the

date of your request or for a lesser period. We are not required to provide an accounting of certain routine disclosures or of disclosures of which you are already aware.

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

You have the right to request and receive a copy of our Notice of Privacy Practices for Protected Health Information in written or electronic form. If you have received this Notice of Privacy Practices in electronic form, you also have a right to receive a copy in written form upon request.

F. NOTICE OF SECURITY BREACHES

We 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 we are 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 us at the following address: Vi at Aventura, c/o Classic Residence Management Limited Partnership, 71 S. Wacker Drive, Suite 900, Chicago, IL 60606, Attention: HIPAA Privacy Officer. You also have the right to submit a complaint to the Secretary of the U.S. Department of Health and Human Services, Atlanta Federal Center, Suite 3B70, 61 Forsyth Street, S.W., Atlanta, GA 30303-8909, Attention OCR Regional Manager. **We 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 us at the following address :Vi at Aventura, 19333 West Country Club Drive, Aventura, Florida,, Attention: Executive Director.

The effective date of this Notice of Privacy Practices is June 7, 2010.