

To Whom It May Concern:

In 1996 the Federal Government passed the Health Insurance Portability and Accountability Act, known as HIPAA. A component of HIPAA is the Privacy Rule, which the Federal Government felt was necessary to protect the privacy of sensitive health information being sent electronically.

The Privacy Rule allows the individual to examine their health information, make copies of the information, have a say in who can look at their health information, and to make amendments to any information they believe to be incorrect. It also significantly restricts who may have access to your health information.

In this envelope you will find two forms. One of these is the Privacy Form which describes how health information about you may be used and disclosed, and how you can get access to this information. Please sign this form and return a copy to us for our files acknowledging that you have received the form. The original is for you to keep.

The other form is an authorization for the sharing of protected health information with family, friends, and other interested parties. You must list the names of family members, friends, and other interested parties before the facility is allowed to provide protected health information to them. If a family member or friend calls the facility and asks about the condition of the resident we will not be able to provide that information unless the person is listed on the authorization form.

We will also be maintaining a "Facility Directory", which will allow us to give out over the phone only the name of the resident and their condition. If you wish, this information can be removed from the directory and no information will be provided to the caller.

Sincerely,

HIPPA Liason