

## NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL/HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

### PLEASE REVIEW IT CAREFULLY

Facility and affiliated providers, who follow these Privacy Practices as an Organized Health Care Arrangement (OHCA), respect the privacy and confidentiality of your protected health information. This Notice of Privacy Practices ("Notice") describes how we may use and disclose your personal health information whether created or received by us and how you can access this information.

#### OUR RESPONSIBILITIES TO YOU

We understand that information about you and your health are private and personal. By law we are required to:

- Maintain the privacy of your protected health information;
- Provide you with this Notice of our legal duties and privacy practices related to your protected health information;
- Notify you if there is a breach or unlawful access, use or disclosure of your protected health information; and
- Abide by the terms of this Notice that is currently in effect.

In this Notice, we use the term "protected health information" to describe individually identifiable health information, including demographic data that relates to:

- Your past, present or future physical or mental health or condition,
- The provision of health care to you, or
- The past, present or future payment for the provision of health care to you,

and that actually or reasonably could identify you. This information includes many identifiers, including, for example, your name address, birth date, social security number, health plan beneficiary number, electronic mail address or account numbers.

We will refer to your protected health information as "health information" throughout this Notice.

#### WHO WILL FOLLOW THIS NOTICE

This Notice applies to this Facility, including its health care professionals, employees, medical staff, trainees, students and volunteers; other direct treatment providers who provide medical services on site who for the sole purpose of this Notice comprise of an Organized Health Care Arrangement (OHCA) which includes all members of the medical staff, contracted physicians, rehabilitation service providers, nurse practitioners and physician assistants providing services to you at this Facility; and business associates. The Facility, members of the OHCA and business associates may share health information with each other as necessary to coordinate your care and treatment and for other purposes described in this Notice including payment and health care operations. The members of the OHCA and business associates are not considered to be acting jointly for any purpose other than for the sharing of health information for the purposes described in this Notice.

#### HOW WE MAY USE AND DISCLOSURE YOUR HEALTH INFORMATION WITH OTHERS

**For Treatment.** We may use or disclose your health information to provide you with treatment and services and to coordinate your continuing care and treatment with other health care providers. Your health information may

be used by doctors, therapists, nurses and other staff members, as well as by laboratory and radiological technicians, or other individuals involved in your care, both within and outside the Facility. For example, we may disclose certain health information about you, including underlying chronic medical conditions, to a pharmacist who needs that information to fill a prescription ordered by your doctor and ensure that there are no harmful effects to your body associated with giving you that medication.

**For Payment.** We may use or disclose your personal health information as necessary so that we can bill and receive payment for the treatment and services that we provide to you. For example, in order to receive payment for services we provide, we must submit a bill that identifies you, your diagnosis and the treatment we provided to your insurance company or authorized third party. Additionally, if there is a proposed treatment or service, we may submit this information to your insurance company or third party to confirm your coverage and/or to request approval for this treatment or service.

**For Health Care Operations.** We may use or disclose your health information as necessary for our internal operations or for the operations of the OHCA, such as for administration and management activities, evaluating our employees, reviewing the practices of the OHCA and other providers, and to monitor the quality of care being provided. For example, we may use your health information to evaluate the care provided to you and use the information to further improve the quality of care, for education and training purposes, and/or for planning for services. We may also disclose your health information to other health care providers or entities that have, or have had in the past, a relationship with you for certain limited healthcare operations in compliance with the privacy laws. **If you are a patient of an Accountable Care Organization (ACO) or any other value-based entity, we may share your information with providers within the ACO/entity to evaluate outcomes and ensure quality care.**

**Facility Directory.** Unless you object, we may use and disclose certain limited information about you in our Directory while you are a resident. This information may include your name, location in the Facility, your general condition and religious affiliation. Our Directory does not include specific medical information about you. We may release Directory information that excludes your religious affiliation to people who ask for you by name. We may provide the Directory information, including your religious affiliation, to a member of the clergy, even if the clergy does not ask for you by name.

**Persons Involved in Your Care or Payment for Your Care.** Unless you object, we may disclose health information about you to a family member, close friend or other persons you identify, including clergy, who are involved in your care. These disclosures are limited to information relevant to the person's involvement in your care or in arranging payment for your care.

**Treatment Alternatives and Health-Related Benefits and Services.** We may use or disclose your health information to inform you about alternative treatments, providers, therapies or settings and health-related benefits and services that may be of interest to you.

## **SPECIAL CIRCUMSTANCES WHERE WE MAY USE OR DISCLOSE YOUR HEALTH INFORMATION**

**As Required By Law.** We may disclose your health information when required to do so by federal, state or local law.

**Public Health Activities.** As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury or disability. These activities may also include disclosures to the Food and Drug Administration [FDA] about the quality, safety or effectiveness of an FDA regulated product.

**Reporting Victims of Abuse, Neglect or Domestic Violence.** If we believe that you have been a victim of abuse, neglect or domestic violence, your personal health information may be used or disclosed to notify a government authority.

**Health Oversight Activities.** We may disclose your personal health information to a health oversight agency for activities authorized by law. A health oversight agency is a state or federal agency or authority authorized by law to oversee the health care system or government programs in which health information is necessary to determine eligibility or compliance, or to enforce civil rights laws for which health care information is relevant.

**Judicial and Administrative Proceedings.** We may disclose your health information in response to a court or administrative order, in response to a subpoena, discovery request, or other lawful process.

**Law Enforcement.** We may disclose your health information for certain law enforcement purposes, including, for example, to report certain types of wounds or other physical injuries; to comply with a court order or court-ordered warrant, or a subpoena or summons, a grand jury subpoena, or properly authorized administrative request; to identify or locate a suspect or missing person; to report crime in emergencies or suspicious deaths; to answer certain requests for information concerning crimes; or to report criminal activity at the Facility.

**Coroners, Medical Examiners, Funeral Directors.** We may release your health information to a coroner or medical examiner as necessary to identify a deceased person or to determine the cause of death. We may also release your health information as necessary to a funeral director in order to carry out his/her duties.

**Organ, Eye or Tissue Donations.** We may use or disclose your health information to organizations that obtain organs or handle organ, eye or tissue transplantation for the purpose of facilitating such donations.

**To Avert a Serious Threat to Health or Safety.** We may use or disclosure your health information as necessary to prevent a serious threat to your health or safety, or the health or safety of the public or another person.

**Military and Veterans.** If you are a member of the armed forces, we may use and disclose your health information as required by military command authorities to assure proper execution of a military mission; or as necessary to determine eligibility for entitlement to military benefits. We may also use and disclose health information about foreign military personnel as required by the appropriate foreign military authority.

**National Security and Intelligence Activities.** We may release your health information to authorized federal officials for the conduct of lawful intelligence, counter-intelligence, and other authorized national security activities.

**Protective Services for the President and Others.** We may disclose health information to authorized federal officials to provide protection to the President of the United States, other authorized persons or foreign heads of states, or to conduct certain special investigations.

**Inmates/Law Enforcement Custody.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose your health information to the institution or official for certain purposes including your own health and safety as well as that of others.

**Workers' Compensation.** We may use or disclose your health information to comply with laws relating to the provision of benefits for work-related injuries or illness without regard to fault.

**Disaster Relief.** Unless you object, we may disclose health information about you to an organization authorized to assist in a disaster relief effort.

**Business Associates.** Some of our services are provided by outside people and entities. We may disclose your health information to business associates so they can perform the work we've asked them to do. Our business associates are required by contract to appropriately safeguard your information.

**Death.** In the event of your death, we may release your health information in order to notify or assist in locating a family member, other person responsible for your care or individual who has been identified by you, to inform such person of your death.

**Incidental Disclosures.** We view your health information seriously and take reasonable steps to safeguard the privacy of your health information; however, certain disclosures of your information may occur during or as a result of an otherwise permissible use or disclosure of your information. For example, an incidental disclosure may occur if another person approaches a staff member while you are speaking with this staff person about your health information. These “incidental disclosures” are permissible.

#### WRITTEN AUTHORIZATION IS REQUIRED FOR OTHER USES OR DISCLOSURES OF YOUR HEALTH INFORMATION

**Uses and Disclosures Not Covered in this Notice.** Other uses and disclosures of your health information that are not covered by this Notice, or by applicable federal, state or local laws, will only be made with your written permission or “Authorization.” The Authorization must specify the health information that is to be used or disclosed and the purpose of the use or disclosure. The Authorization must also specify the individual authorized to request the information, the name of the person or entity to whom the health information is being disclosed; and an expiration date or event. Although you may authorize disclosure of your medical information, you may revoke this authorization in writing at any time. If you revoke your Authorization, we will no longer use or disclose your health information for the purposes specified in that Authorization. However, we are unable to take back any disclosures requiring your Authorization that were already made with your permission.

#### YOUR RIGHTS REGARDING YOUR PERSONAL HEALTH INFORMATION

You and/or your legal representative have the following rights regarding your health information:

**Right to Request Restrictions.** You have the right to request in writing that we restrict or limit the way we use or disclose your personal health information for treatment, payment or health care operations. However, we are not required to agree to restrictions regarding the **use** of your health information. We are required to agree to restrictions regarding **disclosures** unless you are being transferred to another facility, the information is needed for emergency treatment or the disclosure is required by law. If not required by law, we must also agree to limit disclosures made for the purpose of carrying out payment or health care operations where the health information pertains solely to a health care item or service for which you pay for in full prior to receiving. Should you desire to restrict the use and/or disclosure of your health information, speak with any staff member who will provide you with the appropriate “Request for Restrictions” form.

**Right to Request Confidential Communications.** You have the right to request in writing that we communicate with you concerning your health information in a certain way or at a certain location. For example, you can request that we forward or send mail to you at a specific address. To request that your health information is shared in the confidential manner of your preference, please specify your preference in writing and provide this writing to any staff member at the Facility. We will accommodate your reasonable requests.

**Right to Access and Copy Health Information.** You have the right to inspect and, upon written request, obtain a copy of your health information that may be used to make decisions about your care. This information includes medical and billing records, but does not include psychotherapy notes, information pertaining to an authorized legal or administrative proceeding, or certain research activities. We may charge a reasonable fee not to exceed applicable state law for copying. You may request a copy of your record by making a request to the medical records department of your Facility. Under certain circumstances, a request for your health information may be denied. However, if denied, you will be provided with information pertaining to the manner in which this decision may be appealed.

**Right to Request Amendment.** You have the right to request that we amend any health information maintained by us for as long as the information is kept by the Facility. Your request must be made in writing on a form provided by the Facility and must state the reason for the requested amendment. We are required to respond to your request in a timely manner. We may deny your request if the information was not created by us; is not part of the health information maintained by us; is not part of the information that you would be permitted to inspect and copy; or is already accurate and complete. If we deny your request, we will give you a written denial notice, including the reasons for the denial and your next steps should you disagree with the denial, including your right to submit a written statement disagreeing with the denial, which will be included in your medical record.

**Right to an Accounting of Disclosures.** You have the right to request an “accounting” of disclosures of your health information. An accounting is a list of individuals or entities who have received your health information in the six years prior to your request. The listing will not include disclosures made: to you or your personal representative; for treatment, payment or health care operations; incident to a permitted use; pursuant to an Authorization; to those who request your information through the Facility directory; to your family members, relatives or friends who are involved in your care; for national security or intelligence purposes; to correctional institutions or law enforcement officials; or as part of a “limited data set” for research purposes.

All requests for an accounting must be in writing and must state the time period in which you would like the accounting, which may not exceed six years prior to the date of the request. The first accounting provided within a 12-month period will be free; for additional requests, we may charge you our costs for completing the accounting.

**Right to Notice in the Event of a Breach.** You have the right to know if the Facility, members of the OHCA or its business associates acquired, accessed, used or disclosed your health information in a manner that is not legally permitted and compromises its security or privacy. Should this occur, we will notify you as soon as is reasonably possible, but not more than 60 days following our discovery of the breach.

**Right to Receive a Paper Copy of this Notice.** You may receive a paper copy of this Notice at any time upon request, even if your original request was for this information to be in electronic form. To obtain a copy, please contact any staff member, Administrator or the Office of Corporate Compliance at (888) 345-0079.

#### *DISCLOSURE OF PSYCHIATRIC AND HIV-RELATED INFORMATION*

For disclosures concerning certain health information such as HIV-related information or records regarding psychiatric care that have been sent to us by another provider, special restrictions may apply. Other than for purposes of treatment or payment for treatment, we will disclose HIV and psychiatric records only with an authorization or as otherwise required by law.

#### **CHANGES TO THIS NOTICE**

We reserve the right to change our Notice of Privacy Practices and to make the new provisions effective for all personal health information we maintain, including health information we already have and health information we create or receive in the future. Should we make material changes, we will make the revised Notice available to you upon request. This Notice was last updated on **September 2020**.

#### *COMPLAINTS*

**If you believe that your privacy rights have been violated, you may file a complaint directly or in writing by contacting the Administrator or Social Services, or with the Office of Civil Rights in the U.S. Department of Health and Human Services at 200 Independence Avenue, S.W., Room 509 F, HHH Building, Washington D.C. 20201.**

To file a complaint in person, please contact: Social Services, the Administrator the Corporate Compliance Officer at (888) 345-0079. We will not retaliate against you in any way for filing a complaint.

**FOR FURTHER INFORMATION**

If you have any questions about this Notice or if you would like to exercise any of the rights in this Notice or would like further information regarding your privacy rights, please contact the Social Services Department or the Administrator at your FACILITY.