

# Senior Care Communities, Inc.

## Notice of Privacy Practices

*Effective Date: February 26, 2019*

**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.**

### **What is this notice for?**

The Notice of Privacy Practices tells you about your rights under a federal law called the Health Insurance Portability and Accountability Act (HIPAA). This law protects your health information and sets rules about who can see and get your health information. (“Health information” includes any information about your mental or physical health, your health care, payment for your health care and any demographic information.) The notice also tells you about this Facility’s policies for protecting, using and sharing your health information.

### **Why am I getting this notice?**

Your privacy is important to us. The law requires that you be given a copy of this notice so that you can:

- know your rights
- use your rights
- ask questions about your rights
- file a complaint if you think your rights may have been violated
- Know that we will notify you if there is a breach of your health information.

### **How will this Facility protect my health information?**

This Facility works hard to protect your health information. We use computer systems to store your health information. We have protections in place to keep your information from being seen by anyone that should not see it. While our computer systems are protected from access by unauthorized people, emails sent through the Internet are not always protected. We will not communicate with you using email unless you want us to.

### **What are my rights over my health information?** You have the right to:

- **See and get a copy of your health information.** To see or get a copy of your health information, contact the Facility HIPAA designee. You may have to pay for the cost of copying and mailing your records.
- **Ask for changes to your health information.** If you feel that the health information we have about you is incorrect or incomplete, you can ask us to change it. To ask for a change, please submit your request in writing to the Facility. You must tell us why you want to change your records. We will tell you in writing if we are not going to make the change and the reason.

- **Know how your health information is used or shared with others.** We use health information for treatment and payment or to manage other business matters. (For more information, see “**How will This Facility use and share my health information?**” below.) Sometimes we must also share information with others, usually because we are required by law to do so. For example, we must report deaths, abuse and certain diseases. You have the right to request an accounting of disclosures of your PHI, if any, other than those made for purposes such as treatment, payment or health care operations. You must submit your request in writing to the HIPAA designee. You can get your report for free once a year. If you want more reports, we may charge you for the cost of making them, but we will let you know what this cost will be before we send you more reports.
- **Ask us to restrict how your health information is used or shared with others.** To do this, please submit your request in writing to the Facility HIPAA designee. Tell us what you don’t want us to do with your health information. For example, perhaps you don’t want us to give information to your insurer. In this case, you must also tell us how you will pay for your treatment. Note that the law says we do not always have to agree to your request, as we may not be able to accommodate it. For example, if you wish to prevent a particular provider from viewing your records, we would be unable to meet this request due to the nature of electronic health records. If we agree to your request, we will not restrict your health information if it is needed to provide you with emergency care.
- **Ask us to reach you in a certain way or place.** For example, you can ask that we contact you at another place rather than at home or by mail rather than by phone. To do this, please submit your request in writing to the Facility HIPAA designee. Tell us exactly how and where you wish to be reached. We will allow all reasonable requests, and we will not ask you why you are making the request.
- **Have a copy of this notice.** You may ask for a copy of this notice at any time from the Facility. You can also download a copy from our website [www.twsl.com](http://www.twsl.com)

### **How will This Facility use and share my health information?**

- **Treatment.** We use your health information to give you medical treatment and coordinate your care. To treat you properly, we may need to share your health information with doctors, nurses, and other staff taking care of you at this Facility. We use an Electronic Health Record that allows care providers and other approved users within and outside of our facilities, to store, update and use your information.
- **Electronic health records / health information.** This Facility uses an electronic health record that allows care providers from this Facility and this Facility’s authorized agents as well as care providers at non-facility facilities who utilize this Facility’s electronic health record to store, update and use your health information. They may do so as needed at the time you are seeking care, even if they work at different clinics and hospitals. We do this so it is easier for your providers to access your health information when you are seeking care and to better coordinate and improve the quality of your care. This electronic health record is a secure system. This Facility and the providers using the system are trained to ensure your information is private.
- **Appointment reminders.** We may use and share your health information to remind you of an appointment.

- **Treatment alternatives and health-related services.** We may use and share your health information to tell you about treatment options and health-related benefits or services that you may be interested in.
- **Payment.** We use and share your health information so that we can bill you or whoever is responsible for paying for your care.
- **Health care operations.** We may use and share your health information to help run our facility and make sure that all of our patients are getting quality care. For example, we may use health information to review our services and the staff caring for you. We may also combine health information about many patients to see if new treatments are effective.
- **Fundraising.** We may use limited protected health information about you to contact you in an effort to raise money as part of a fundraising effort. We will only release contact information, such as your name, address and phone number and the dates you received treatment or services at the facility. You have the right to opt out of receiving fundraising communications. To opt out, you may notify the Facility's HIPAA Designee that you do not wish to receive these communications. Any fundraising communication will also provide you information regarding the process for opting out.
- **Patient directory.** While you are at this Facility, friends, family and others may call to ask about you. If someone calls and asks for you by name, we will tell them your location so that they may call or visit you. If they ask, we will also tell them in general terms how you are doing (doing well, serious condition, etc.). If you ask us to list your faith community (or religious affiliation) in the directory, we will also share this information with a leader from your faith community (priest, minister, rabbi, or other spiritual advisor) if they ask. If you do not want us to tell anyone that you are here, please tell us when you are admitted.
- **People involved in your care or payment for your care.** We may share your health information with family members or friends involved in your health care or with those helping to pay for your care. If you do not want us to share information with family members or friends involved in your care, please tell us upon admission. In the event of a disaster, we may share your health information with those helping with disaster relief so that your family can know what has happened to you and where you are.
- **Research.** We may use or share your health information for research. Using medical records in research can lead to new or better ways to diagnose and treat disease. The law allows your records to be used for research under certain conditions. For example, a research review board must first ensure that researchers will keep your information private. This Facility will not use your health information for research unless you give us permission in writing. If you disagree with the use of your health information for research purposes, please submit your request in writing to the Facility HIPAA designee.
- **As required by law.** We will share your health information when required to do so by federal, state or local law. For example, we are required to report abuse or neglect.

### **Special situations:**

#### ***A serious threat to health or safety***

We may use or share your health information to prevent a serious threat to your health and safety or the health and safety of the public or another person. We would only give this information to someone who can prevent the threat.

### ***Organ and tissue donation***

If you are an organ donor, we may share your health information with organizations that handle organ or tissue donation and transplantation.

### ***Military and veterans***

If you are a member of the armed forces, we may share health information as required by military authorities.

### ***Workers' compensation***

If you are being treated for a work-related injury or condition, we may share your health information with workers' compensation or similar programs.

### ***Public health risks***

We may share your health information with public health or authorized government authorities:

- to prevent or control disease, injury or disability;
- to report births and deaths;
- to report abuse or neglect;
- to report problems with medicines and other products;
- to tell people about recalls of products they may be using;
- to let a person know if he or she may have been exposed to a disease or may be at risk for getting or spreading a disease or condition; or
- if we believe you have been the victim of abuse, neglect or domestic violence.

We will only share this information if you say we can or when required or authorized by law.

### ***Health oversight activities***

We may share health information for health oversight activities as authorized by law. Examples of oversight activities include audits, investigations, inspections and licensing. These activities are needed for the government to oversee the health care system.

### ***Lawsuits and legal actions***

We can share your information for legal actions such as court order, grand jury subpoena, warrant or other legal process. We can share your information with law enforcement officials as required by law.

### ***Law enforcement***

We may share health information with law enforcement agencies:

- in response to a court order, grand jury subpoena, warrant, summons or similar process
- to identify someone who has died
- to locate a missing person
- about a death we believe may be the result of criminal conduct
- about criminal conduct at the health care facility
- in emergency situations to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime; and

- in other situations as required by law.

### ***Coroners, medical examiners and funeral directors***

We may give health information to a coroner or medical examiner. We may need to this, for example, to identify someone who has died or to determine the cause of death. We may also give health information to funeral directors as needed to carry out their duties.

### ***National security and intelligence activities***

We may give health information to authorized federal officials for activities authorized by law. We may share health information with authorized federal officials so they can protect the President and other authorized persons or foreign heads of state or conduct special investigations.

### ***Inmates***

If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release your health information:

- so that the correctional institution can provide you with health care;
- to protect your health and safety or the health and safety of others; or
- for the safety and security of the correctional institution.

**Other uses of health information.** Other uses and disclosures of health information not covered by this notice or the laws that apply to us will be made only with your written permission. For example, we will ask for your permission to disclose your information for marketing purposes. We will also ask for your permission to disclose any psychotherapy notes we maintain related to services you have received. If you have given us written permission to use or share your health information, you may take back that permission, in writing, at any time. If you take back your permission, we will no longer use or share your health information for the reasons listed on your written permission. Of course, we cannot take back any information we have already shared with your permission.

## **What do I do if I think my privacy rights may have been violated?**

If you believe your privacy rights have been violated, you may file a complaint with the facility or with the Secretary of the Department of Health and Human Services at 200 Independence Ave., S.W., Washington, DC 20201, telephone number (1-877-696-6775). To file a complaint with the facility, contact the Executive Director. All complaints must be submitted in writing. **You will not be penalized or retaliated against for filing a complaint.**

## **Who at This Facility must follow this notice?**

In order to provide quality care, we share health information within this Facility as appropriate. All of this Facility's entities, employees, volunteers and agents will follow this notice. The notice applies to all records of the care you got at This Facility.

When doctors and other health care providers not employed by this Facility are treating you at this Facility, they must follow the terms of this notice. However, they may use a different privacy notice in their office or clinic.

## **Changes to this notice**

We must follow the terms of this Notice of Privacy Practices. We can change this Notice of Privacy Practices, however, and reserve the right to make the new notice effective for health information we already have

about you as well as any information we receive in the future. We will post a copy of the current notice in this facility. The effective date of this notice is listed on the first page.