

NOTICE OF PRIVACY PRACTICES (NPP)/ PRIVACY ACT STATEMENT

THIS NOTICE ("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.

We have summarized our responsibilities and your rights in this first section. For a complete description of our privacy practices, please review this entire Notice.

Your Rights

You have several rights regarding your health information. Those include the right to:

- ☐ Get a copy of your health and claims records
- ☐ Correct your health and claims records
- ☐ Request confidential communication
- ☐ Ask us to limit the information we share
- ☐ Get a list of those with whom we've shared your information
- ☐ Get a copy of this privacy notice
- ☐ Choose someone to act for you
- ☐ File a complaint if you believe your privacy rights have been violated

Our Responsibilities

We are required to:

- ☐ Maintain the privacy of your health information;
- ☐ Provide you with this Notice of our legal duties and information practices with respect to information we collect and maintain about you;
- ☐ Abide by the terms of this Notice currently in effect; and
- ☐ Notify you following a breach of unsecured protected health information.

We reserve the right to change our privacy practices and to make the new provisions effective for all health information we maintain. Should our privacy practices change, we will post the changes in a physical place within our building (if applicable) and on our website ("Website") <https://www.choice-health.net/>. A copy of the revised Notice will be available after the effective date of the changes upon request. You may request a copy from the Executive Director ("Administrator") or obtain a copy on our website.

We will not use or disclose your health information without your authorization, except as described in this Notice.

If you have questions and would like additional information, you may contact the local Executive Director at the facility. You may also contact the Chief Compliance Officer at 1-866-633-4911.

Understanding Your Health Record

Each time you visit a medical provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record, serves the following purposes:

- Basis for planning your care and treatment
- Communication among health professionals involved in your care
- Legal document describing the care you received
- Proof that services billed were actually provided
- A tool to educate health professionals
- A source of data for medical research
- A source of information for public health officials who oversee the delivery of health care
- A tool to measure and improve the care we give

Understanding what is in your record and how your health information is used helps you to:

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- Ensure its accuracy
- Understand who, what, when, where, and why others may access your health information
- Make informed decisions when authorizing disclosure to others

How We Will Use or Disclose Your Health Information

Uses and Disclosures That May Be Made Without Your Authorization or Opportunity to Object

For Treatment. We may use and disclose your health information to provide you with treatment and services. We may disclose your health information to those persons who may be involved in your care, such as physicians, nurses, nurse aides, physical therapists, dietary and admissions personnel. For example, a nurse caring for you will report any change in your condition to your physician. While not required under federal law, we generally obtain your consent to disclose your health information for treatment purposes through our admission or enrollment process.

For Payment. We may use and disclose your health information so that we can bill and receive payment for the treatment and services you receive. For example, we may disclose your health information to your responsible party, an insurance or managed care company, Medicare, Medicaid, or another third-party payer. We may contact Medicare or your health plan to confirm your coverage or to request prior approval for a proposed treatment or service. While not required under federal law, we generally obtain your consent to disclose your health information for payment purposes through our admission or enrollment process.

For Health Care Operations. We may use and disclose your health information for our regular health operations. These uses and disclosures are necessary to manage our operations and to monitor our quality of care. For example, we may use your health information to evaluate our services, including the performance of our staff. While not required under federal law, we generally obtain your consent to disclose your health information for health care operations purposes through our admission or enrollment process.

Business Associates. Outside people and entities provide some services for us. Examples of these "business associates" include our accountants, consultants, and attorneys. We may disclose your health information to our business associates so that they can perform the job we've asked them to do. We require our business associates to safeguard your information so that it is protected. Business Associates are also required by law to safeguard your information.

Newsletters / Bulletin Boards. Some of our business units have bulletin boards and newsletters that are distributed to staff and residents. If applicable, we may post your name, photo, and birth date on a bulletin board and in a newsletter, unless you notify us.

Research. We may disclose information to researchers when certain conditions have been met.

Transfer of Information at Death. We may disclose health information to funeral directors, medical examiners, and coroners to carry out these duties consistent with applicable law.

Organ Procurement Organizations. Consistent with applicable law, we may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

Food and Drug Administration (FDA). We may disclose to the FDA, or to a person or entity subject to the jurisdiction of the FDA, health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

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Workers' compensation. We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers' compensation or other similar programs established by law.

Respond to lawsuits. We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Public health. 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.

Correctional institution. Should you be an inmate of a correctional institution, we may disclose to the institution or agent's health information necessary for your health and the health and safety of other individuals.

Law enforcement. We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.

Reports. Federal law allows a member of our work force or a business associate to release your health information to an appropriate health oversight agency, public health authority or attorney, if the work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public.

Required by Law. We may use or disclose your health information to the extent that use or disclosure is otherwise required by federal, state, or local law.

Uses and Disclosures That May Be Made Either with Your Agreement or the Opportunity to Object

Directory / List of Patients. Unless you notify us that you object, we may use your name, location in the facility (if applicable), general condition, and religious affiliation for directory purposes. We may release information in our directory, except for your religious affiliation, to people who ask for you by name. We may provide the directory information, including your religious affiliation, to any member of the clergy.

Notification. Unless you notify us that you object, we may use or disclose information to notify or assist in notifying a family member, responsible party, or another person responsible for your care, of your location and general condition. If we are unable to reach your family member or responsible party, then we may leave a message for them at the phone number that they have provided us, e.g., on an answering machine.

Communication with Family. Unless you notify us that you object, we may disclose to a family member, other relative, close friend or any other person involved in your health care, health information relevant to that person's involvement in your care or payment related to your care. If appropriate, these communications may also be made after your death, unless you instructed us not to make such communications.

Uses and Disclosures of Your Health Information Based on Your Written Authorization

Psychotherapy Notes. We must obtain your written authorization for most uses and disclosures of psychotherapy notes. This facility does not create or maintain psychotherapy notes. Written summaries of psychotherapy evaluations and treatments are completed by the psychotherapy provider and maintained in the health record.

Marketing. We must obtain your written authorization to disclose your health information for most marketing purposes. We may contact you regarding your treatment, to coordinate your care, or to direct or recommend alternative treatments, therapies, health care providers or settings. In addition, we may contact you to describe a health-related product or services that may be of interest to you, and the payment for such product or service.

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Sale of Health Information. We must obtain your written authorization for any disclosure of your health information which constitutes a sale of health information.

Other Uses. Other uses and disclosures of your health information, not described above, will be made only with your written authorization (unless otherwise permitted or required by law). You may revoke your authorization, at any time, in writing, except to the extent we have acted in reliance on the authorization.

Additional Restrictions on Uses and Disclosures of Your Health Information

Certain state laws may impose additional restrictions on the use and disclosure of your health information. If a use or disclosure of health information described in this Notice is prohibited or materially limited by other laws that apply to us, it is our intent to meet the requirements of the more stringent law.

Your Health Information Rights

You have the following rights regarding your health information. You may exercise these rights by submitting a request to our Executive Director or Health Information Coordinator who will direct you further:

Right of Access to Health Information. You have the right to inspect and obtain a copy of your medical or billing records or other written information that may be used to make decisions about your care, subject to some limited exceptions. Our facility maintains a hybrid record with paper and electronic documentation. Such records will be provided to you in the time frames established by law. We may charge a reasonable, cost-based fee established by the state and/or HIPAA. Ask us how to obtain a copy of your records.

We may deny your request to inspect or receive copies in certain limited circumstances. If you are denied access to health information, in some cases you will have a right to request review of the denial.

Right to Request Amendment. If you believe that any health information in your record is incorrect or if you believe that important information is missing, you may request that we correct the existing information or add the missing information. Such requests must be made in writing and must provide a reason to support the amendment.

We may say "no" to your request for amendment in certain circumstances. If we deny your request for amendment, we will give you a written denial including the reasons for the denial within 60 days. You have the right to submit a written statement disagreeing with the denial.

Right to Request Restrictions. You have the right to request restrictions on our use or disclosure of your health information for treatment, payment, or health care operations. You also have the right to restrict the health information we disclose about you to a family member, friend or other person who is involved in your care or the payment for your care. Such requests should be made in writing on a form provided by us.

Although we will consider your requests regarding the use of your health information, please be aware that we are under no obligation to accept it, except we must agree not to disclose your health information to your health plan if the disclosure:

1. is for payment or health care operations and is not otherwise required by law; and
2. relates to a health care item or service which you paid for in full out of pocket. If we do agree to accept your requested restriction, we will comply with your request except as needed to provide you emergency treatment.

Right to an Accounting of Disclosures. You have the right to request an "accounting" of our disclosures of your health information. This is a listing of certain disclosures of your health information made by us or by others on our behalf, but

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does not include disclosures for treatment, payment and health care operations or certain other exceptions.

To request an accounting of disclosures, you must submit a request in writing, stating a period that is within six years from the date of your request. An accounting will include, if requested: the disclosure date; the name of the person or entity that received the information and address, if known; a brief description of the information disclosed; a brief statement of the purpose of the disclosure or a copy of the authorization request; or certain summary information concerning multiple similar disclosures. The first accounting provided within a 12-month period will be free. For further requests we may charge our costs to you.

Right to a Paper Copy of This Notice. You can ask for a paper copy of this Notice at any time, even if you have agreed to receive this Notice electronically. We will provide you with a paper copy promptly.

Right to Request Confidential Communications. You have the right to request that we communicate with you concerning personal health matters in a specific way (for example, home or office phone) or to send mail to a different address. We will consider all reasonable requests and must say “yes” if you tell us you would be in danger if we do not.

Right to Revoke Authorization. You may revoke an authorization to use or disclose health information, except to the extent that action has already been taken. This request must be made in writing.

Right to Breach Notification. You have the right to be notified if you are affected by a breach of unsecured protected health information.

Right to opt Out of Fundraising Communications. We may contact you for fundraising purposes. You have the right to opt out of receiving these communications.

For More Information or to Report a Problem

If you believe that your privacy rights have been violated, you may file a complaint in writing with us or with the Office for Civil Rights in the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting:

www.hhs.gov/ocr/privacy/hipaa/complaints/.

To file a complaint with us, you may contact the local Executive Director at the facility. You may also contact the Chief Compliance Officer at 1-866-633-4911. We will not retaliate against you if you file a complaint.

If you have any questions about this Notice or would like further information concerning your privacy rights, please contact the local Executive Director, who serves as the privacy official for the facility. You may also contact the Chief Compliance Officer using our Care Line at 1-866-633-4911. You may contact this number anonymously and at any time.

Effective Date: September 01, 2018; Reviewed Sept. 01, 2019; Sept. 01, 2020; Sept. 01, 2021; Sept. 01, 2022

The Executive Director may be contacted by calling the facility. Please provide a brief description of the concern and the receptionist will direct your call. Contact information for the facility can be found by going to the locations on the website. In addition, you may contact the Care Line listed above.

PRIVACY ACT

PRIVACY ACT STATEMENT – HEALTH CARE RECORDS

Long Term Care-Minimum Data Set (MDS) System of Records revised 04-28-2007

(Issued: 9-6-2012, Implementation/Effective Date: 6-17-2013)

THIS FORM PROVIDES YOU THE ADVICE REQUIRED BY THE PRIVACY ACT OF 1974 (5 USC 552a). THIS FORM IS NOT A CONSENT FORM TO RELEASE OR USE HEALTH CARE INFORMATION PERTAINING TO YOU.

1. **AUTHORITY FOR COLLECTION OF INFORMATION, INCLUDING SOCIAL SECURITY NUMBER AND WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY.** Authority for maintenance of the system is given under Sections 1102(a), 1819(b)(3)(A), 1819(f), 1919(b)(3)(A), 1919(f) and 1864 of the Social Security Act.

The system contains information on all residents of long-term care (LTC) facilities that are Medicare and/or Medicaid certified, including private pay individuals and not limited to Medicare enrollment and entitlement, and Medicare Secondary Payer data containing other party liability insurance information necessary for appropriate Medicare claim payment.

Medicare and Medicaid participating LTC facilities are required to conduct comprehensive, accurate, standardized and reproducible assessments of each resident's functional capacity and health status. To implement this requirement, the facility must obtain information from every resident. This information is also used by the Centers for Medicare & Medicaid Services (CMS) to ensure that the facility meets quality standards and provides appropriate care to all residents. 42 CFR §483.20, requires LTC facilities to establish a database, the Minimum Data Set (MDS), of resident assessment information. The MDS data are required to be electronically transmitted to the CMS National Repository.

Because the law requires disclosure of this information to Federal and State sources as discussed above, a resident does not have the right to refuse consent to these disclosures. These data are protected under the requirements of the Federal Privacy Act of 1974 and the MDS LTC System of Records.

2. **PRINCIPAL PURPOSES OF THE SYSTEM FOR WHICH INFORMATION IS INTENDED TO BE USED.** The primary purpose of the system is to aid in the administration of the survey and certification, and payment of Medicare/Medicaid LTC services which include skilled nursing facilities (SNFs), nursing facilities (NFs) and noncritical access hospitals with a swing bed agreement.

Information in this system is also used to study and improve the effectiveness and quality of care given in these facilities. This system will only collect the minimum amount of personal data necessary to achieve the purposes of the MDS, reimbursement, policy and research functions.

3. **ROUTINE USES OF RECORDS MAINTAINED IN THE SYSTEM.** The information collected will be entered into the LTC MDS System of Records, System No. 09-70-0528. This system will only disclose the minimum amount of personal data necessary to accomplish the purposes of the disclosure. Information from this system may be disclosed to the following entities under specific circumstances (routine uses), which include:
 - a. To support Agency contractors, consultants, or grantees who have been contracted by the Agency to assist in accomplishment of a CMS function relating to the purposes for this system and who need to have access to the records in order to assist CMS;
 - b. To assist another Federal or state agency, agency of a state government, an agency established by state law, or its fiscal agent for purposes of contributing to the accuracy of CMS' proper payment of Medicare

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benefits and to enable such agencies to fulfill a requirement of a Federal statute or regulation that implements a health benefits program funded in whole or in part with Federal funds and for the purposes of determining, evaluating and/or assessing overall or aggregate cost, effectiveness, and/or quality of health care services provided in the State, and determine Medicare and/or Medicaid eligibility;

- c. To assist Quality Improvement Organizations (QIOs) in connection with review of claims, or in connection with studies or other review activities, conducted pursuant to Title XI or Title XVIII of the Social Security Act and in performing affirmative outreach activities to individuals for the purpose of establishing and maintaining their entitlement to Medicare benefits or health insurance plans;
- d. To assist insurers and other entities or organizations that process individual insurance claims or oversees administration of health care services for coordination of benefits with the Medicare program and for evaluating and monitoring Medicare claims information of beneficiaries including proper reimbursement for services provided;
- e. To support an individual or organization to facilitate research, evaluation, or epidemiological projects related to effectiveness, quality of care, prevention of disease or disability, the restoration or maintenance of health, or payment related projects;
- f. To support litigation involving the agency, this information may be disclosed to The Department of Justice, courts or adjudicatory bodies;
- g. To support a national accrediting organization whose accredited facilities, meet certain Medicare requirements for inpatient hospital (including swing beds) services;
- h. To assist a CMS contractor (including but not limited to fiscal intermediaries and carriers) that assists in the administration of a CMS-administered health benefits program, or to a grantee of a CMS-administered grant program to combat fraud, waste and abuse in certain health benefit programs; *and*
- i. To assist another Federal agency or to an instrumentality of any governmental jurisdiction within or under the control of the United States (including any state or local governmental agency), that administers, or that has the authority to investigate potential fraud, waste and abuse in a health benefits program funded in whole or in part by Federal funds.

4. EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION.

The information contained in the LTC MDS System of Records is generally necessary for the facility to provide appropriate and effective care to each resident.

If a resident fails to provide such information, e.g., thorough medical history, inappropriate and potentially harmful care may result. Moreover, payment for services by Medicare, Medicaid and third parties, may not be available unless the facility has sufficient information to identify the individual and support a claim for payment.