

NOTICE OF PRIVACY PRACTICES: 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.

Policy: Sanders Glen takes your privacy very seriously. The privacy of residents and employees of the centers we manage is one of our greatest concerns. We are required to keep your personal and medical information confidential. We want you to feel safe knowing your personal and medical information is protected.

The terms of this Notice of Privacy Practices apply to our company, its professional staff, employees and volunteers, including members of our medical and clinical staff working here at our facility and other participants in our Affiliated Covered Entity. Sanders Glen will share protected health information of our residents as necessary to carry out treatment, payment and health care operations. We will receive information from other doctors and caregivers about you. Hospitals, doctors, entities, foundations, facilities, and services may share your health information with each other for reasons of treatment, payment, and health care operations as discussed below.

Sanders Glen is required to maintain the privacy of residents' protected health information and to provide residents with notice of our legal duties and privacy practices with respect to your protected health information. We are required to abide by the terms of this Notice so long as it remains in effect. We reserve the right to change the terms of this Notice of Privacy Practices as necessary and to make the new Notice effective for all protected health information maintained by us by posting it in the facility or on our website. You may receive a copy of any revised Notice by visiting our website at www.sandersglen.com.

If you are under 18 years of age, your parents or guardian must sign for you and handle your privacy rights for you.

Procedure:

I. Uses and Disclosures of Your Protected Health Information'

1. Your Authorization: Except as outlined below, we will not use or disclose your protected health information for any purpose unless you have signed a form authorizing the use or disclosure. You have the right to revoke that authorization in writing unless we have taken any action in reliance on the authorization.
2. Uses and Disclosures for Treatment: We will make uses and disclosures of your protected health information as necessary for your treatment. For instance, doctors, nurses, medical or nursing students and other professionals involved in your care will use information in your medical record and information that you provide about your symptoms and reactions to plan a course of treatment for you that may include procedures, medications, tests, etc. We may also release your protected health information to another health care facility or professional who is not affiliated with our organization to coordinate your health care and related services. For instance, your

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pharmacy if your doctor orders a medication or, if after you leave the facility, you are going to receive home health care, we may release your protected health information to that home health care agency so that a plan of care can be prepared for you.

3. Psychotherapy Notes: Under many circumstances, without your written authorization we may not disclose the notes a mental health professional takes during a counseling session. However, we may disclose such notes for certain treatment and payment purposes, for state and federal oversight of the mental health professional, for the purposes of medical examiners and coroners, to avert a serious threat to health or safety, or as otherwise authorized by law.
4. Uses and Disclosures for Payment: We will make uses and disclosures of your protected health information as necessary for the payment purposes of those health professionals and facilities that have treated you or provided services to you. For instance, we may forward information regarding your medical procedures and treatment to your insurance company or another third party to arrange payment for the services provided to you or we may use your information to prepare a bill to send to you or to the person responsible for your payment. We may also share your protected health information with your health plan and their agents to obtain prior payment approval or verify benefits.
5. Uses and Disclosures for Health Care Operations: We will use and disclose your protected health information as necessary and as permitted by law, for our health care operations that include clinical improvement, accountable care management and coordination, professional peer review, business management, accreditation and licensing, etc. For instance, we may use and disclose your protected health information for purposes of improving the clinical treatment and care of our patients, evaluating provider and supplier performance, conducting quality assessment and improvement activities, and analyzing utilization. We may disclose protected health information to doctors, nurses, technicians, medical students, volunteers and other persons for review and learning purposes and for the operation of educational programs. We may also disclose your protected health information to another health care facility, health care professional, or health plan for such things as quality assurance and case management, but only if that facility, professional, or plan also has or had a patient relationship with you or participates with us in an organized health care arrangement. The health care operations for which we can use or disclose your protected health information may vary depending on where you live, according to state law.
6. Resident Directory/Family and Friends Involved in Your Care: Unless you object, we may include limited information about you in a facility directory to members of the clergy or people who ask for you by name. We also may disclose your protected health information to designated family, friends, and others who are involved in your care or in payment of your care in order to facilitate that person's disclose the protected health information of minor children to their parents or guardians unless such disclosure is prohibited by law. If you are unavailable, incapacitated, or facing an emergency medical situation and we determine that a disclosure may be in your best interest, we may share limited protected health information with such individuals without your approval. We may also disclose limited protected health information to a public or private entity that is authorized to assist in disaster relief efforts in order for that entity

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to notify a family member or other persons that may be involved in some aspect of caring for you of your location, general condition, or death.

7. Business Associates: Certain aspects and components of our services are performed through contracts with outside persons or organization such as answering services, transcriptionists, billing services, auditing, accreditation, legal services, etc. At times it may be necessary for us to provide some of your protected health information to one or more of these outside persons or organizations who assist us with our health care operations. In all cases, we require these business associates to agree in writing that they will appropriately safeguard the privacy of your information.
8. Fundraising: We may contact you to donate to a fundraising effort for or on our behalf. You have the right to "opt-out" of receiving fundraising materials or communications and may do so by sending your name and address to the Privacy Officer together with a statement that you do not wish to receive fundraising materials or communications from us.
9. Appointments and Services: We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you. You have the right to request and we will accommodate your reasonable requests to receive communications regarding your protected health information from us by alternative means or at alternative locations. For instance, if you wish appointment reminders not to be left on voice mail or sent to a particular address, we will accommodate reasonable requests. You may request such confidential communication in writing and may send your request to the Privacy Officer.
10. Marketing: In most circumstances, we need your written authorization before we use or disclose your health information for marketing purposes, including communications we make if a third party whose product or service is being described pays us for making the communication. However, we may provide you with promotional gifts of nominal value or communicate with you face-to-face. Unless federal law either permits or requires disclosure, we will not sell protected health information to third parties without disclosing that to you and obtaining your written authorization.
11. Health Products and Services: We may from time to time use your protected health information to communicate with you about health products and services necessary for your treatment, to advise you of new products and services that may be of interest to you, and to provide general health and wellness information.
12. Sale of Protected Health Information: We will not sell your protected health information without first obtaining your authorization.
13. Research: In limited circumstance, we may use and disclose your protected health information for research purposes. For example, we may disclose your protected health information to a researcher comparing outcomes of all patients that received a particular drug if the research has been approved through a special process designed to protect your health information privacy.

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14. Other Uses and Disclosures: We are permitted or required by law to make certain other uses and disclosures of your protected health information does not occur without your authorization. In some cases, state law limits our uses and disclosures of your protected health information more strictly than HIPAA, and we will abide by those limitations. Some incidental disclosures may occur during an otherwise permitted use and disclosure of your health information. We may release your protected health information:
- a. For any purpose required by law
 - b. For public health activities consistent with applicable law, such as required reporting of disease, injury, and birth and death, and for required public health investigations
 - c. For organ and tissue donation
 - d. As required by law if we suspect child abuse or neglect; we may also release your protected health information as required by law if we believe you to be a victim of abuse, neglect, or domestic violence
 - e. To schools if you are a student or prospective student and the disclosure is limited to proof of immunization and we have your agreement (adults) or that of your parent, guardian or other person acting on your behalf
 - f. To the Food and Drug Administration if necessary to report adverse events, product defects, or to participate in product recalls
 - g. To your employer when we have provided health care to you at the request of your employer; in most cases you will receive notice that information is disclosed to your employer
 - h. If authorized by law to a health oversight agency conducting audits, investigations, or civil or criminal proceedings
 - i. If required to do so by a court or administrative ordered subpoena or discovery request; in most cases you will have notice of such release or an order to protect the information has been filed
 - j. Consistent with applicable law, to law enforcement officials for law enforcement purposes such as to report wounds and injuries and crimes occurring on the premises
 - k. To coroners and/or funeral directors consistent with law

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- l. If you are an inmate in a correctional institution and the correctional institution or law enforcement official makes certain representations to you
 - m. If you are or were a member of the military as required by armed forces services; we may also release your protected health information if necessary for national security or intelligence activities authorized by law
 - n. To the extent authorized and necessary to comply with laws relating to workers' compensation
 - o. To the extent necessary to prevent a serious and imminent threat to your health and safety or the health and safety of the public or another
 - p. To US Health and Human Services for compliance reviews and complaint investigations
15. De-identified Information: We may use your health information to create "de-identified" information or we may disclose your information to a business associate so that the business associate can create de-identified information on our behalf. When we "de-identify" health information, we remove information identifying you as the source of the information and disclose "de-identified" information when there is no reasonable basis to believe that the information could be used to identify you.
16. Limited Data Set: We may use and disclose a limited data set that does not contain specific readily identifiable information about you for research, public health, and health care operations. We may not disseminate the limited data set unless we enter into a data use agreement with the recipient in which the recipient agrees to limit the use of that data set to the purposes for which it was provided, ensure the security of the data, and not re-identify the information or use it to contact any individual.

II. Rights That You Have

1. Access to Your Protected Health Information: You have the right to receive a copy and/or inspect much of the protected health information that we retain on your behalf. All requests for access must be made in writing and signed by you or your representative. We will charge you a reasonable fee if you request a copy of the information. We may also charge for postage if you request a mailed copy. If we electronically maintain protected health information that we use to make decisions about you, then you have the right to receive an electronic copy of that information and to request that we provide an electronic copy of that information to an entity or person of your choosing. We may charge you a fee equal to or less than our labor and supply costs in response to your request for an electronic copy. In limited circumstances, we may deny your request for a copy of your protected health information if we provide

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the reason for the denial and a right to request a review of the denial. Patients or their legal representatives may request access to their protected health information by completing the Authorization for Release of Information Form. Please ask the business office or your supervisor for this Form.

2. Amendments to Your Protected Health Information: You have the right to request in writing that protected health information that we maintain about you be amended or corrected. We are not obligated to make all requested amendments but will give each request careful consideration. All amendment requests, in order to be considered by us, must be in writing, signed by you or your representative, and must state the reasons for the amendment/correction request. If we make an amendment or correction that you request, we may also notify others who work with us and have copies of the uncorrected record if we believe that such notification is necessary. Amendment request forms may be obtained from the Medical Records Department.
3. Accounting for Disclosures of Your Protected Health Information: You have the right to receive an accounting of certain disclosures other than for treatment, payment or operations made by us of your protected health information within the past six (6) years. You may also have the right to receive a detailed listing of disclosures for treatment, payment and operations where the law requires. Requests must be made in writing and signed by you or your representative. Accounting request forms are available from the Medical Records Department. The first accounting in any 12- month period is free; you will be charged a reasonable fee for each subsequent accounting you request within the same 12-month period.
4. Restrictions on Use and Disclosure of Your Protected Health Information: You have the right to request restrictions on certain uses and disclosures of your protected health information for treatment, payment, or health care operations by contacting the Privacy Officer. We are not required to agree to your restriction request but will attempt to accommodate reasonable requests when appropriate. However, if you paid out-of-pocket in full for a specific item or service, you may request we not disclose that item or service to a health plan for payment or health care operations and we will honor that request unless the disclosure is required by law. Otherwise, we retain the right to terminate an agreed-to restriction if we believe such termination is appropriate. In the event of a termination by us, we will notify you of such termination. You also have the right to terminate, in writing or orally, any agreed-to restriction by sending such termination notice to our Privacy Officer. Any agreed-to restriction will not limit resident directory disclosures unless you exclude yourself from the resident directory.
5. Right to Receive Notice of a Breach: We are required to notify you by first class mail or by email (if you have indicated a preference to receive information by email), of any breaches of Unsecured Protected Health Information as soon as possible, but in any event, no later than 60 days following the discovery of the breach (or a shorter time period if required by state law). "Unsecured Protected Health Information" is information that is not secured through the use of a technology or

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methodology identified by the Secretary of the U.S. Department of Health and Human Services ("Secretary") to render the Protected Health Information unusable, unreadable, and undecipherable to unauthorized users. The notice is required to include the following information:

- a. A brief description of the breach, including the date of the breach and the date of its discovery, if known
 - b. A description of the type of Unsecured Protected Health Information involved in the breach
 - c. Steps you should take to protect yourself from potential harm resulting from the breach
 - d. A brief description of actions we are taking to investigate the breach, mitigate losses, and protect against further breaches
 - e. Contact information, including a toll-free telephone number, email address, website or postal address to permit you to ask questions or obtain additional information
 - f. In the event the breach involves 10 or more patients whose contact information is out of date, we will post a notice of the breach on the home page of our website or in a major print or broadcast media. If the breach involves more than 500 residents in the state or jurisdiction, we will send notices to prominent media outlets. If the breach involves more than 500 residents, we are required to immediately notify the Secretary. We also are required to submit an annual report to the Secretary of a breach that involved less than 500 residents during the year and will maintain a written log of breaches involving less than 500 residents
6. Complaints: If you believe your privacy rights have been violated, you can file a complaint with the Privacy Officer. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services in Washington, D.C. in writing within 180 days of perceived violation of your rights. There will be no retaliation for filing a complaint.

For Further Information: If you have questions or need further assistance regarding this Notice, you may contact Stacie Turner, Privacy Officer at 859.255.0075 ext. 301.

As a resident you retain the right to obtain a paper copy of this Notice of Privacy Practices, even if you have requested such copy by e-mail or other electronic means.

Related Documents: None

