

NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION

Highland Glen

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.

A. INTRODUCTION

During the course of providing services and care to you, we gather, create, and retain certain personal information about you that identifies who you are and relates to your past, present, or future physical or mental condition, the provision of health care to you, and payment for your health care services. This personal information is characterized as your “protected health information.” This Notice of Privacy Practices describes how we maintain the confidentiality of your protected health information, and informs you about the possible uses and disclosures of such information. It also informs you about your rights with respect to your protected health information.

B. OUR RESPONSIBILITIES

We are required by federal and state law to maintain the privacy of your protected health information. We are also required by law to provide you with this Notice of Privacy Practices that describes our legal duties and privacy practices with respect to your protected health information. We will abide by the terms of this Notice of Privacy Practices. We reserve the right to change this or any future Notice of Privacy Practices and to make the new notice provisions effective for all protected health information that we maintain, including protected health information already in our possession. If we change our Notice of Privacy Practices, we will personally deliver or mail a revised notice to you at your current address. In addition, the notice will be posted in a clear and prominent place in the facility and on our website, at: <http://www.mbkseniorliving.com>.

C. USE AND DISCLOSURE WITH YOUR AUTHORIZATION

We will require a written authorization from you before we use or disclose your protected health information, **unless a particular use or disclosure is expressly permitted or required by law without your authorization**. An authorization is generally required for the following uses or disclosures, except in very limited circumstances: (1) uses or disclosures of psychotherapy notes; (2) uses or disclosures of protected health information for marketing purposes; and (3) disclosures of protected health information that constitute its sale. We have prepared an authorization form for you to use that authorizes us to use or disclose your protected health information for the purposes set forth in the form. The form is titled: Authorization for Use and Disclosure of Protected Health Information. You are not required to sign the form as a condition to obtaining treatment or having your care paid for. If you sign an authorization, you may revoke it at any time by written notice. We then will not use or disclose your protected health information, except where we have already relied on your authorization.

D. HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION WITHOUT YOUR AUTHORIZATION

We will use or disclose your protected health without your written authorization in the following circumstances:

1. Your Care and Treatment

We may use or disclose your protected health information to provide you with or assist in your treatment, care and services. For example, we may disclose your health information to health care providers who are involved in your care to assist them in your diagnosis and treatment, as necessary. We may also disclose your protected health information to individuals who will be involved in your care if you leave the Community.

In the course of providing care and treatment to you, certain authorized workforce members may send or receive your protected health information using an encrypted e-mail or text message platform. In this event, the workforce members will only transmit the minimum necessary information for your care and treatment.

2. Billing and Payment

a. **Medicaid and Other Public or Private Health Insurers** – We may use or disclose your protected health information to public or private health insurers (including medical insurance carriers, HMOs, and Medicaid) in order to bill and receive payment for your treatment and services that you receive at the Community. The information on or accompanying a bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.

b. **Health Care Providers** – We may also disclose your protected health information to health care providers in order to allow them to determine if they are owed any reimbursement for care that they have furnished to you and, if so, how much is owed.

3. Health Care Operations

We may use or disclose your protected health information for our health care operations at the Community. These uses and disclosures are necessary to manage the Community and to monitor our quality of services and care. For example, we may use your protected health information to review our services and to evaluate the performance of our staff in caring for you. We may also use your photograph to assist workforce members in identifying and caring for you.

4. Provision of Basic Information about Residents/Staff Directory

We allow staff to provide certain basic information about a resident to persons who ask for the resident by name and to members of the clergy. This information may be maintained in a staff directory. Unless you notify us that you object, we will disclose your name, your location at the Community, and your general condition to anyone who asks for you by name. We will disclose your name, your location at the Community, your general condition, and your religious affiliation to members of the clergy.

5. Individuals Involved in Making Decisions or Providing Payment for Your Care

Unless you specifically object, we may disclose to a family member, other relative, a close personal friend, or to any other person identified by you, all protected health information directly relevant to such person's involvement with your care or directly relevant to payment related to your care. We may also disclose your protected health information to a family member, personal representative, or other person responsible for your care to assist in notifying them of your location, general condition, or death.

6. Disclosures Within the Community

Unless you specifically object, we may disclose certain general information about you (e.g., past activities, present interests, birthday, location in the Community, and if you are hospitalized) to persons within the Community, including other residents and staff, by means such as a newsletter, bulletin board, or resident directory. In addition, we may take photographs and/or videos of residents participating in group activities and celebrating birthdays, holidays, and other special events. We may post these photographs and videos internally within the Community and share them with residents' family and friends. However, we will never use photographs or videos containing your likeness for marketing or other external purposes without first obtaining written authorization from you.

7. Workforce Members

It is our policy to allow members of our workforce to share residents' protected health information with one another to the extent necessary to permit them to perform their legitimate functions on our behalf. At the same time, we will work with and train our workforce members to ensure that there are no unnecessary or extraneous communications that will violate the rights of our residents to have the confidentiality of their protected health information maintained.

8. Business Associates

We may contract with certain individuals or entities to provide services on our behalf. Examples include data processing, quality assurance, legal, or accounting services. We may disclose your protected health information to a business associate, as necessary, to allow the business associate to perform its functions on our behalf. We will have a contract with our business associates that obligate the business associates to maintain the confidentiality of your protected health information.

9. Licensing, Certification, Accreditation, and Health Oversight

We may disclose your protected health information to any government or private agency, such as to the state licensing agency, the state Medicaid Waiver program, the federal Centers for Medicare and Medicaid Services ("CMS"), and CMS administrative contractors, responsible for licensing, certifying, or accrediting the Community so that the agency can carry out its oversight activities. These oversight activities include audits; civil, administrative, or criminal investigations; inspections; licensure or disciplinary actions; civil, administrative, or criminal proceedings or actions; or other activities necessary for appropriate oversight. If we elect to pursue accreditation, we will enter into an agreement with the private agency that accredits health care providers requiring the agency to protect the confidentiality of your protected health information.

10. Abuse Reporting

We will disclose protected health information about a resident who is suspected to be the victim of elder abuse to the extent necessary to complete any oral or written report mandated by law. Under certain circumstances, we may disclose further protected health information about the resident to aid the investigating agency in performing its duties. We will promptly inform the resident about any disclosure unless we believe that informing the resident would place the resident in danger of serious harm, or would be informing the resident's personal representative, whom we believe to be responsible for the abuse, and believe that informing such person would not be in the resident's best interest.

11. Long-Term Care Ombudsman

We will disclose protected health information to the State Long-Term Care Ombudsman where it is necessary for the Ombudsman to investigate or resolve a complaint, if you or your legal representative permit the disclosure or you are unable to consent to the review and have no legal representative.

12. Legal Process

We will disclose protected health information in accordance with an order of a court or of an administrative tribunal of a government agency. We will disclose protected health information in accordance with a valid subpoena issued by a party to adjudication before a court, an administrative tribunal, or a private arbitrator. Reasonable efforts will be made to notify you of the subpoena, or of efforts to obtain an order or agreement protecting your protected health information.

13. Law Enforcement Agencies and Officials

We will disclose protected health information to law enforcement agencies in accordance with a search warrant, a court order or court-ordered subpoena, or an investigative subpoena or summons. In addition, we may disclose such information as necessary to assist law enforcement officials investigating crimes involving residents.

14. National Security and Intelligence Activities

We will disclose protected health information about a resident to authorized federal officials conducting national security and intelligence activities or as needed to protect federal and foreign officials.

15. Public Health Activities

We may disclose your protected health information to any public health authority that is authorized by law to collect it for purposes of preventing or controlling disease, injury, or disability.

16. Research, Marketing, Fundraising, and Sale of Protected Health Information

We will not disclose your protected health information for research, marketing, fundraising purposes, or otherwise sell your protected health information to another party without first obtaining your written authorization to do so. We may, however, charge a reasonable copying and processing fee for disclosures otherwise permitted in this Notice.

17. Coroner, Medical Examiner, or Funeral Director

We may disclose protected health information to a coroner, medical examiner, or funeral director to allow them to carry out their duties.

18. Organ Procurement

If you are an organ donor, we may disclose your protected health information following your death to an organ procurement agency or tissue bank in order to aid in using your organs or tissues in transplantation.

19. Preventing Danger to Identified Persons

We may disclose your protected health information to prevent an immediate, serious threat to the safety of an identified person.

20. Disaster Relief

We may disclose your protected health information to a public or private entity authorized to assist in disaster relief efforts.

21. Utilization and Peer Review and Quality Assurance

We may disclose protected health information to those parties responsible for peer review, utilization review and quality assurance.

22. Other Disclosures Required or Permitted by Law

We will disclose protected health information about a resident when otherwise required or permitted by law.

E. YOUR RIGHTS REGARDING PROTECTED HEALTH INFORMATION

You have the following rights with respect to your protected health information. To exercise these rights, please refer to the contact information listed in Section (H) below.

1. Right to Request Access

You have the right to inspect and copy your health records maintained by us. This includes the right to have electronic records made available in electronic format to you or to someone whom you designate. In certain limited circumstances, we may deny your request as permitted by law. However, you may be given an opportunity to have such denial reviewed by an independent licensed health care professional.

2. Right to Request Amendment

You have the right to request an amendment to your health records maintained by us. If your request for an amendment is denied, you will receive a written denial, including the reasons for such denial, and an opportunity to submit a written statement disagreeing with the denial.

3. Right to Request Special Privacy Protections

You have the right to request restrictions on the use and disclosure of your protected health information for treatment, payment or health care operations, or providing notifications regarding your identity and status to persons inquiring about or involved in your care. You also have the right to request that we communicate protected health information to the recipient by alternative means or at alternative locations. And, at your request, we will not disclose your protected health information to a health plan or other insurer for payment or our health care operations where your information relates to a health care item or service for which you have paid us out of pocket in full. We are not required to agree to every request made by you for special privacy protections, but if we do, we will comply with your request, except in an emergency situation or until the restriction is terminated by you or us.

4. Right to an Accounting

You have the right to receive an accounting of disclosures of your protected health information created and maintained by us over the six years prior to the date of your request or for a lesser period. We are not required to provide an accounting of certain routine disclosures or of disclosures of which you are already aware. You also have the right to receive an accounting of electronic disclosures made up to three years from the date of your request where such disclosures were made for purposes of treatment, payment, or health care operations.

5. Right to Receive a Copy of the Notice of Privacy Practices

You have the right to request and receive a copy of our Notice of Privacy Practices for Protected Health Information in written or electronic form. If you have received this Notice of Privacy Practices in electronic form, you also have a right to receive a copy in written form upon request.

F. NOTICE OF SECURITY BREACHES

We will provide you with written notification in the event of a security breach involving your Protected Health Information. The notification will describe what happened, the types of information involved, the steps that we are taking to deal with the situation, what you should do to protect yourself against any harmful consequences, and contacts for obtaining further information.

G. COMPLAINTS

If you believe that your privacy rights have been violated, you may file a complaint with us at the following address: Highland Glen, 10322 N 4800 W, Highland, UT 84003, Attention: Executive Director, or contact (801) 610-3500. You may also submit a complaint to the Secretary of the U.S. Department of Health and Human Services, Office for Civil Rights, Region VIII, 1961 Stout Street, Room 08-148; Denver, CO 80294; voice phone: (800) 368-1019; fax: (303) 844-2025; TDD: 800-537-7697. **We will not retaliate against you if you file a complaint.**

H. FURTHER INFORMATION

If you have questions about this Notice of Privacy Practices or would like further information about your privacy rights, contact us at: Highland Glen, 10322 N 4800 W, Highland, UT 84003, Attention: Executive Director. You may also contact the Executive Director by telephone at (801) 610-3500.

The effective date of this HIPAA Notice of Privacy Practices is October 17, 2016.