

**SCENIC LIVING COMMUNITIES  
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.***

**Protected health information** means any individually identifiable health information, whether oral or recorded in any form, that is created, received, used, or disclosed by Scenic Living Communities and 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 of health care provided to you. Protected health information includes demographic information, such as your name and address, which can be used to identify you.

**OUR LEGAL DUTIES**

Scenic Living Communities is required by law to maintain the privacy of your protected health information and to provide you with a notice of its legal duties and privacy practices. An explanation of our legal duties and privacy practices regarding your protected health information is provided below. We may not use or disclose your protected health information in a manner that is inconsistent with our current Notice of Privacy Practices.

**HOW YOUR PROTECTED HEALTH INFORMATION MAY BE USED AND DISCLOSED**

Uses and disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law as described in this Notice of Privacy Practices. You may revoke an authorization, at any time, in writing, except to the extent we have already taken an action in reliance on the use or disclosure indicated in the authorization. However, there are some exceptions to this general rule.

**Treatment Purposes**

We may use your protected health information, without your authorization, necessary to provide you treatment and services. We may also disclose your protected health information to other health care providers involved in your

medical treatment. An example of a permitted use of your protected health information for treatment purposes is our use of the information to provide you appropriate care and treatment. An example of a permitted disclosure of your protected health information for treatment purposes is our disclosure of the information to your physician to ensure that the physician has the necessary information to diagnose or treat you.

### **Payment Purposes**

We may use and disclose your protected health information, without your authorization, to bill for the treatment and services provided to you, and to obtain payment for those services from you, a health plan, or another third party payor. An example of a permitted use of your protected health information for payment purposes is our use of the information to bill you or your personal representative for the health care services you receive from Scenic Living Communities. An example of a permitted disclosure of your protected health information for payment purposes is our disclosure of the information to a health plan as a part of a claim for payment for the services provided to you.

### **Health Care Operations**

We may use or disclose your protected health information, without your authorization, in order to conduct certain activities that are necessary to operate our business. These activities include, but are not limited to, quality assessment activities, case management and care coordination activities, regulatory compliance evaluations, employee review activities, student training activities, and contacting you about possible treatment alternatives that may be of interest to you. An example of a permitted use of your protected health information for health care operations is our use of the information to review our treatment and services and to evaluate and improve the performance of our staff in caring for you. An example of a permitted disclosure of your protected health information for health care operations is our disclosure of the information to a health plan involved in payment for the services provided to you as a part of its health care compliance activities.

We may share your protected health information with third party "business associates" that perform various activities (e.g., billing, consulting, or administrative services) on our behalf. Whenever an arrangement between Scenic Living Communities and a business associate involves the use or disclosure of your

protected health information, we will have a written contract that contains terms that will protect the privacy of your protected health information. Business associates are also required by law to appropriately safeguard your information.

### **Incidental Uses or Disclosures**

There may be other incidental uses or disclosures of your protected health information that may be permitted, but are not specifically listed as examples in our Notice of Privacy Practices. One example of a permitted incidental disclosure of your protected health information is posting your name at the door of your room at the facility. We will make reasonable efforts within our means to limit our use and disclosure of your protected health information to the minimum necessary, and to employ reasonable safeguards to protect the privacy of your protected health information.

### **Facility Directory**

Unless you express an objection, we may use certain limited information about you to maintain a facility directory. This information may include your name, your location in the facility, a general description of your condition (e.g., recently released from the hospital), and your religious affiliation. Our directory does not include specific medical information about you. 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.

You have the right to prohibit or restrict the use or disclosure of some or all of your protected health information for the facility directory. If you are not able to agree or object to our use or disclosure of your protected health information for the facility directory because you are incapacitated or because of a medical emergency situation, we may use or disclose the information contained in the facility directory provided that our use or disclosure of the information is consistent with your prior expressed preference or, in our professional judgment, we believe it is in your best interest to use or disclose the information.

## **Notification and Communications to Individuals Involved in Your Health Care or in the Payment of Your Health Care**

Unless you express an objection, we may disclose to a member of your family, another relative, a close personal friend of yours, or any other person you identify, your protected health information that relates directly to the person's involvement with your health care or payment of your health care. If you are unable to agree or object to such a disclosure, we may disclose your protected health information, as necessary, to these individuals, if we determine in our professional judgment that it is in your best interest to disclose the information. If appropriate, these communications may also be made after your death, unless you instructed us not to make such communications.

Unless you express an objection, we may use or disclose your protected health information to notify or assist in notifying a member of your family, your personal representative, or any other person that is responsible for your care, of your location, general condition, or death. If you are unable to agree or object to such a disclosure, we may disclose such information for notification purposes if we determine in our professional judgment that it is in your best interest to disclose the information.

If you reside in our nursing facility, we are required by law to notify an interested family member under certain circumstances, including when you have an accident causing injury, a significant change in your condition, a need to alter your treatment significantly, or you are transferred or discharged from the facility.

## **Disaster Relief Organizations**

In the event of a disaster we may provide information to public or private entities as needed to facilitate treatment, locate family members or caregivers, and to facilitate public health needs.

## **Authorized by Law**

We may use or disclose your protected health information without your authorization as permitted or required by law. Examples include: public health activities, health oversight activities, judicial and administrative proceedings, abuse reporting, law enforcement, specialized government functions (such as military activities), organ donation, medical examiners and coroners, workers

compensation processes and research purposes. Information will only be used or disclosed without your authorization as permitted by the applicable state or federal law. When required by law, we may use or disclose your protected health information without your authorization or without providing you with an opportunity to agree or object to such use or disclosure. We will notify you, as required by law, of any such uses or disclosures.

### **Disclosures to You**

We are required by law to disclose your protected health information to you, when you request it, subject to our right to deny you access to the information when permitted or required by law.

### **Marketing**

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 service that may be of interest to you, and the payment for such a product or service. Your information will not be provided or sold to third party marketers.

### **Psychotherapy Notes**

In the event psychotherapy notes are maintained as part of your health information, those notes will not be used or disclosed except in limited circumstances without your authorization. Such authorization is not needed and will not be obtained if such notes are used by the person who created them, in a reasonable training program for the facility or as otherwise allowed by law.

### **More Stringent Laws**

In some circumstances, your protected health information may be subject to other laws and regulations that afford greater protections than what is outlined in this Notice of Privacy Practices. For example, disclosure of information pertaining to HIV/AIDS related testing, substance abuse, and mental health information may be subject to more stringent standards than described here. In the event your protected health information is afforded greater protection under federal or state law, we will comply with the requirements of those laws.

## YOUR RIGHTS

You have certain legal rights regarding your protected health information maintained by or for Scenic Living Communities.

- Right of Access: You have the right to inspect and obtain a copy of your protected health information contained in a designated record set for as long as we maintain the information. A "designated record set" contains your clinical records, personal records, and financial records and other records used by us to make decisions about your health care. You do not have a right of access to information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, or to other protected health information prohibited by law from access. Any requests to inspect and obtain a copy of your protected health information may be made orally or in writing to our Privacy Official.

We may, in some instances, have the right to deny you access to your protected health information. If we deny you access, you have the right, under some circumstances, to have the denial reviewed by a licensed health care professional who did not participate in the original decision to deny. We will provide or deny access in accordance with the determination of the reviewing official, and promptly provide you with written notice of the reviewing official's determination.

- Right to Amend Your Protected Health Information: You have the right to request that we amend your protected health information contained in a designated record set for as long as we maintain this information. Your request for an amendment to your protected health information must be submitted in writing to our Privacy Official and must provide a reason for the request. If we grant your request for an amendment, we will make the appropriate amendment to your protected health information in the designated record set and will notify appropriate parties of the amendment.

We may deny your request for amendment under certain circumstances permitted by law. If we deny your request for an amendment, we will provide you with a timely, written denial explaining the basis for our denial.

If we deny your request for an amendment, you have the right to file a statement of disagreement with us. We may prepare a rebuttal to your statement of disagreement and, if we do so, will provide you with a copy of our rebuttal.

- Right to Request a Restriction of Your Protected Health Information:** You have the right to request restrictions on our use or disclosure of your protected health information for treatment, payment, or health care operations. You also have the right to restrict the protected health information that we disclose to a member of your family, another relative, a close personal friend, or any other person identified by you, who is involved in your health care or payment of your health care, or for notification purposes, as described in this Notice of Privacy Practices.

We are not required to agree to a restriction requested by you, except that: (1) while you are capable of making health care decisions, you may restrict disclosures to family members, relatives, or friends; (2) you may restrict disclosures to a health plan for payment and health care operations, provided that the protected health information pertains solely to an item or service for which you have already paid out of pocket in full. If we agree to a requested restriction, we will comply with your request, except when the use or disclosure of your protected health information is needed to provide you with emergency treatment. We may terminate our agreement to a restriction when you agree or request the termination and the termination is properly documented, or when we inform you that we are terminating the restriction. We may not agree to a restriction that prevents uses or disclosures required by law.

- Right to Receive Confidential Communications:** You have the right to request to receive confidential communications from us by alternative means or at an alternative location. We will accommodate reasonable requests made to us in writing to our Privacy Official. We may condition our accommodation of your request upon receiving information from you, when appropriate, about how payment for treatment and services will be handled and specifying an alternative address or other method of contact. We will

not require an explanation from you of the reasons for your request as a condition of providing communications to you on a confidential basis.

- Right to Receive an Accounting of Disclosures: You have the right to receive an accounting of disclosures of your protected health information made by us to others in the six years prior to your request (or such shorter time period as requested by you). This right applies to disclosures for purposes other than treatment, payment, or health care operations and excludes, among others, disclosures made to you, disclosures made to your family members or friends involved in your care, disclosures of information contained in the facility directory, disclosures made for notification purposes, and disclosures made pursuant to an authorization. Your right to receive an accounting of disclosures is subject to certain exceptions, restrictions, and limitations.

To request an accounting of disclosures, you must submit a request in writing to our Privacy Official, stating a time period that is within six years from the date of your request. An accounting will generally include the following information: (1) the date of the disclosure; (2) the name and, if known, the address of the entity or person who received your protected health information; (3) a brief description of the protected health information disclosed; and (4) a brief statement of the purpose of the disclosure or a copy of the written request. In lieu of the information listed above, we may provide you with a summary instead, if the disclosures involved multiple similar disclosures. The first accounting provided to you within a 12-month period will be provided for free. We reserve the right to charge a reasonable, cost-based fee for each subsequent request made within the same 12-month period.

- Right to Receive a Paper Copy of this Notice: You have a right to receive a paper copy of our Notice of Privacy Practices, even if you have agreed to receive the notice electronically. You may request a copy of our Notice of Privacy Practices at any time.

- Notification of Breach of Protected Health Information: If, despite our efforts to preserve and safeguard your protected health information, there is an impermissible use or disclosure of your protected health information to unauthorized persons in violation of the HIPAA Privacy Rule, and we determine that the breach of your information has compromised the security or privacy of your protected health information, we will notify you without unreasonable delay of the breach of your information.

### **CHANGES TO THIS NOTICE**

We will promptly revise and distribute our Notice of Privacy Practices whenever there is a material change to uses or disclosures, your rights, our legal duties, or other privacy practices stated in this notice. We reserve the right to change the terms of this notice and to make the new notice provisions effective for all protected health information maintained by us, including the protected health information created or received by us prior to the effective date of the new notice. We will provide a copy of the revised notice to all of our residents upon request.

### **COMPLAINTS**

If you believe that we have violated your privacy rights, you may file a complaint in writing with us or with the U.S. Department of Health and Human Services Office for Civil Rights. You may file a complaint with us by notifying our Privacy Official of your complaint. We will not retaliate against you for filing a complaint.

### **CONTACT INFORMATION**

The responsibilities of the Privacy Official are carried out by the Administrator of Scenic Living Communities. You may contact the Privacy Official if you have questions about your privacy rights, or to file a complaint about a violation of your privacy rights, by contacting the Privacy Official at 641-648-4671.

### **EFFECTIVE DATE**

The effective date of this Notice of Privacy Practices is September 1, 2013.