

## NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

### Our Pledge Regarding Protected Health Information

We understand that your health information is personal. Atlantic Shores is committed to protecting that information. We create a record of the care and services you receive. We need this record to provide you with quality care and to comply with certain legal requirements. This notice will tell you about the ways in which we may use and disclose health information. We also describe your rights and certain obligations we have regarding the use and disclosure of protected health information.

### WHO WILL FOLLOW THIS NOTICE

This notice describes Atlantic Shores' practices and that of:

- Any health care professional authorized to enter information into your medical chart.
- All locations and departments of Atlantic Shores.
- Any contracted physicians, specialists or other allied health professionals.
- All employees, staff and other Atlantic Shores personnel.
- Any students, volunteers, who we allow to help you while you are in Atlantic Shores
- Others described in this notice who may share medical information for treatment, payment or health care operations.

We are required by law to:

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

### HOW WE MAY USE AND DISCLOSE PROTECTED HEALTH INFORMATION ABOUT YOU

**TREATMENT:** We may use protected health information about you to provide, coordinate or manage your health care and any related services. This includes the coordination or management of your health care with a third party. We may disclose information about you to doctors, nurses, technicians, students, or other health care providers, inside or outside of Atlantic Shores, who are involved in your care, for example:

- Your information may be used and disclosed for a specialty appointment such as Cardiology, Pulmonary, and Urology
- Students who may be present during your care as part of their educational training
- To help coordinate your care, your information may be disclosed for labs, X-rays, pharmacies, home health agencies, emergency medical transportation, family members or others that are involved in your care.

**PAYMENT:** We may use and disclose your protected health information so that we or other entities involved in your care may obtain payment. For example, we may disclose your health information:

- To insurance companies so that payment may be received for services provided to you
- To insurance companies or other payers who require prior approval to cover certain treatments or procedures
- To resolve an appeal or grievance.

If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say "yes" unless a law requires us to share that information.

**HEALTH CARE OPERATIONS:** We may use and disclose protected health information about you as needed in order to support the business activities of the facility. These activities include, but are not limited to:

- Quality assessment activities
- Evaluating staff performance
- Educational training
- In combination with information from other health care facilities, to compare and improve the quality of care and services offered
- Patient safety activities

**APPOINTMENT REMINDERS:** We may use and disclose your information to remind you of scheduled appointments, unless you object.

**TREATMENT ALTERNATIVES:** We may use and disclose protected health information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

**HEALTH-RELATED BENEFITS AND SERVICES:** We may use and disclose your protected health information to tell you about health related benefits or services.

**FUNDRAISING:** We may use your information to contact you for fundraising efforts, but you will be provided an opportunity to opt out of these communications.

**BUSINESS ASSOCIATES:** There are some services provided in our organization through the use of outside people and entities. Examples of these "business associates" include our accounts, consultants and attorneys. We may disclose your protected health information to our business associates so that they can perform the job we have asked them to do. To protect our health information, however, we require the business associates to appropriately safeguard your information, and they are also required to do so by law.

**FACILITY DIRECTORY:** Unless you object, we may use and disclose your health information to maintain a directory of the residents in its facility. The directory information may be released to people who ask for you by name. The following health information may be used:

- Name -Location -Religious affiliation (only to be disclosed to clergy)
- Condition (described in general terms that do not communicate specific medical conditions)

You may ask to restrict some or all of the health information contained in the directory.

**INDIVIDUALS INVOLVED IN YOUR CARE OR PAYMENT FOR YOUR CARE:** Unless you object, your health information may be disclosed to a family member, other relative, close friend or any other person identified by you, that relates to that person's involvement with your care or payment related to your health care. If you are unable to agree or object to such disclosure, we may disclose such information as necessary, if we deem that it is in your best interest, based on our professional judgment. We may use or disclose health information to assist in notifying a family member, personal representative, or any other person responsible for your care, of your location, general condition or death.

If Appropriate, these communications may also be made after your death, unless you instructed us not to make such communications.

Your health information may be used or disclosed to an authorized entity assisting in a disaster-relief effort, and to coordinate uses and disclosures to your family or other individuals involved in your care.

**RESEARCH:** We may use and disclose protected health information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another, for the same condition. All research projects are subject to a Board approval process. This process reviews the research proposal and protocols to ensure the privacy of your health information, and approves the research before your health information is disclosed. Your health information may also be used and disclosed as research projects are prepared for development. Information that does not contain direct patient identifiers may be provided to researchers.

**REQUIRED BY LAW:** We will disclose protected health information about you when required to do so by federal, state or local law.

**TO AVERT A SERIOUS THREAT TO HEALTH OR SAFETY:** We may use and disclose protected health information about you to a person or persons able to avert a serious threat to your health and safety or the health and safety of another person or the public.

**MARKETING:** We must obtain your prior authorization to use your health information for marketing purposes, and, we will not sell your health information without a specific authorization from you.

#### **SPECIAL SITUATIONS INVOLVING YOUR PROTECTED HEALTH INFORMATION**

**ORGAN AND TISSUE DONATION:** We may release health information to organizations that handle organ procurements or organ, eye or tissue transplantation, or to an organ donation bank for purposes of facilitating organ, eye or tissue donation and transplantation.

**MILITARY AND VETERANS:** If you are a member of the armed forces, US or foreign, we may release health information about you as required by the military for purposes such as eligibility for benefits.

**WORKERS COMPENSATION:** We may release health information about you necessary to comply with laws relating to workers compensation or similar programs that provide benefits for work-related injuries or illnesses.

**PUBLIC HEALTH ACTIVITIES:** We may disclose health information about you for public health activities. These activities include the following:

- To prevent or control disease, injury or disability
- To report births and deaths
- To report child abuse and neglect
- To report reactions to medications or problems with products
- To notify people of recalls of products they may be using
- To notify a person of exposure to a disease or if you may be at risk for contracting or spreading a disease or condition
- To notify the appropriate government authority if it is believed a patient has been the victim of abuse, neglect or domestic violence where you agree, or when required or authorized by law.

**HEALTH OVERSIGHT ACTIVITIES:** We may disclose health information to a health oversight agency for activities authorized by law, such as audits, investigations, inspections and licensure. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and compliance with civil rights laws.

**LAWSUITS AND DISPUTES:** We may disclose health information about you in the course of a judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), or in certain conditions in response to subpoena, discovery request or other lawful process, that is not accompanied by an order of a court or administrative tribunal if there is an authorization signed by the patient or if there are satisfactory assurances made by the requesting party that reasonable efforts have been made by such party to ensure that you received notice of the request.

**LAW ENFORCEMENT:** We may release health information, if asked to do so, by a law enforcement official:

- In response to a court order, subpoena, warrant, summons or similar process
- To identify or locate a suspect, fugitive, material witness or missing person
- If you are the suspected victim of a crime and we are unable to obtain your agreement due to incapacitation or other emergency circumstances
- About a death we believe may be the result of criminal conduct
- About criminal conduct at our facility
- In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description, or location of the person(s) who committed the crime.

**CORONERS, MEDICAL EXAMINERS AND FUNERAL DIRECTORS:** We may release protected health information to a coroner or medical examiner for purposes such as, determining a cause of death or to identify a deceased person. We may also release health information to a funeral director as necessary to carry out their duties.

**NATIONAL SECURITY AND INTELLIGENCE:** We may release health information about you to authorized federal officials for intelligence, counterintelligence, or other national security activities.

**PROTECTED SERVICES FOR THE PRESIDENT AND OTHERS:** We may disclose health information about you to authorized federal officials so they may provide protection to the President, other authorized individuals 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 health information about you to the correctional institution or to the law enforcement official. The release would be necessary (1) for the institution to provide you with care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

**USES AND DISCLOSURES REGARDING FOOD AND DRUG ADMINISTRATION (FDA)-RELATED PRODUCTS**

**AND ACTIVITIES:** We may disclose protected health information, without your authorization, to a person subject to the jurisdiction of the FDA for public health purposes related to the quality, safety or effectiveness of FDA-regulated products or activities such as collecting or reporting adverse events, dangerous products, and defects or problems with FDA-regulated products.

**YOUR RIGHTS REGARDING MEDICAL INFORMATION WE MAINTAIN ABOUT YOU**

You have the following rights regarding your medical information:

**RIGHT TO INSPECT AND COPY:** You have the right to inspect and obtain a copy of your health information. To inspect and request a copy of your health information, you must submit your request in writing on a form provided by the Privacy Contact Person. If you request a copy of your information, a reasonable fee may be charged for the costs of copying, mailing or other supplies associated with your request. You may receive your copy as soon as possible, no later than 30 days. Your request may be denied under certain very limited circumstances. If you are denied access to health information, you may request that the denial be reviewed. Another licensed health care professional chosen by us will review your request and the denial. We will comply with the outcome of the review.

**RIGHT TO AMEND:** If you feel that health information we have about you is incorrect and incomplete, you may ask to amend the information. You have the right to request an amendment for as long as your health information is kept by or for an Atlantic Shores entity. To request an amendment, your request must be made in writing on a form provided by and submitted to the Privacy Contact Person. You must provide a reason that supports your request. Your request may be denied if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend medical information that:

- Is accurate and complete
- Was not created by us, unless the person or entity that created the information is no longer available to act on the requested amendment
- Is not part of the information kept by this facility
- Is not part of the information which you would be permitted to inspect and copy.

**RIGHT TO AN ACCOUNTING OF DISCLOSURES:** You have the right to request an accounting of disclosures. This is a list of the disclosures we made of health information about you. This does not include disclosures made for treatment, payment or health care operations (with some exceptions), disclosures you authorize, or other disclosures for which an accounting is not required under HIPAA. To request this list of accounting, you must submit a form provided by Privacy Contact Person. You may request an accounting of disclosures that occurred no longer than six years prior to the request of accounting, including disclosures to and by business associates, and may not include dates before April 14, 2003. One free accounting will be provided within a 12-month period. A reasonable fee may be

charged for any additional accountings. You will be notified of the cost, at which time you may withdraw or modify your request at that time before any costs are incurred.

**RIGHT TO REQUEST RESTRICTIONS:** You have the right to request restrictions or limitations on the health information we use and disclosure about you for treatment, payment or health care operations. You also have the right to request a limitation on the health information disclosed to someone involved in your care or the payment for your care, such as a family member or friend. We are not required to agree to your request. If we do agree, we will comply with your request, unless the health information is needed to provide you with emergency treatment. To request restrictions, you must make your request in writing on a form provided by Atlantic Shores to the Privacy Contact Person. In your request you must include (1) what information you want to limit; (2) whether you want to limit the use, disclosure or both; and (3) to whom you want the limits to apply.

If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say "yes" unless a law requires us to share that information.

**RIGHT TO REQUEST CONFIDENTIAL COMMUNICATIONS:** You have the right to request that we communicate with you about health matters in a certain way or at a certain location. For example, you can ask us to contact you at work or by mail. You may make your request for confidential communications in writing to the Privacy Contact Person. You will not be asked the reason for your request. All reasonable requests will be accommodated. Your request must specify how or where you wish to be contacted.

**RIGHT TO A PAPER COPY OF THIS NOTICE:** You have the right to a paper copy of this Notice at any time, even if you have previously agreed to receive this Notice electronically. To obtain a paper copy of this Notice please contact the Privacy Contact Person.

**CHANGES TO THIS NOTICE:** We reserve the right to make the revised or changed Notice effective for health information already maintained as well as any information received in the future. A copy of the current Notice with the effective date will be posted and a copy will be provided to our residents.

**COMPLAINTS:** If you believe your rights have been violated, you may file a complaint with the Privacy Contact Person or with the Secretary of the Department of Health and Human Services. All complaints must be submitted in writing. You will not be penalized or retaliated against for filing a complaint.

**OTHER USES OF MEDICAL INFORMATION:** Other uses and disclosures of information not covered by this Notice or the laws that apply to us will be made only with your written authorization. You may revoke the authorization in writing at any time by delivering your written revocation to the Privacy Contact Person. Your revocation does not apply to disclosures made before we receive your written revocation. For further information, you may contact the Administrator or the Privacy Contact Person at (757) 716-2060

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