

NOTICE OF PRIVACY PRACTICES ("Notice")

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED BY THE COMMUNITY ("Us", "Our", Or "We") AND HOW YOU GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY! We are required by law to maintain the privacy of Your health information ("Protected Health Information" or "PHI") and to provide You with this Notice so You will understand how We may use or share Your PHI and Our legal duties and privacy practices relative to PHI. We are required to follow the terms of this Notice currently in effect.

We reserve the right to change Our practices and make the new provisions effective for all PHI We maintain. If We make material changes, We will make a revised Notice to You by posting it in a clear and prominent location.

UNDERSTANDING YOUR PHI

Every time You receive services from Our associates, documentation in Your health/medical record is made. Typically, this record contains information about Your condition and the care We provide.

HOW WE MAY USE AND DISCLOSE YOUR MEDICAL INFORMATION WITHOUT YOUR WRITTEN AUTHORIZATION

The categories below describe how We may use and disclose Your PHI. We are unable to describe every possible way We may use or disclose PHI. However, all of the ways We are permitted or required to use and disclose PHI will fall into one these categories and We will do so without Your written authorization.

For Treatment. We use Your PHI to provide services to You, for example, to assist with Your individual care plan and to coordinate Your continuing care. Your PHI may be used by doctors, nurses, Our associates, therapists, and others involved in Your care, both within and outside Our Community.

For Payment. We may use PHI to obtain payment for services that We provide to You, for example, to identify Our claims for payment from a government payor such as a Medicaid waiver program, or an HMO, that arranges or pays the cost of some or all of Your health care ("Your Payor").

Health Care Operations. We may use Your PHI for Our health care operations, which includes internal administration and planning and various activities that improve the quality and cost effectiveness of the care and service that We deliver to You. For example, We may use PHI to evaluate the quality and competence of Our nurses and other associates, and We may provide PHI to Our Executive Director, Regional Director, or Community Support Service office in order to resolve any complaints You may have and make Your stay with us pleasant.

OTHER PHI USES & DISCLOSURES MADE WITHOUT WRITTEN AUTHORIZATION

Business Associates. There are some services provided in Our organization through contracts with business associates. When We contract with a business

associate to provide services, We may disclose Your PHI, so they can perform the job We asked them to do. We do require the business associate appropriately safeguard Your PHI. If Our business associate discloses Your PHI to a subcontractor or vendor, the business associate will have a written contract to ensure that the subcontractor or vendor also protects the privacy of Your PHI.

Directory Information. Unless You notify us You object, We will use Your name, apartment #, general condition, and religious affiliation for directory purposes. This information may be provided to members of the clergy and, except for religious affiliation, to other people who ask for You by name.

Appointment Reminders, Care Alternatives, and Health Care Benefits and Services. In the course of providing care to You, We may use Your PHI to contact You with a reminder that You have an appointment for treatment, services, or refills or in order to recommend possible treatment alternatives or health-related benefits and services.

Workers' Compensation. We may disclose PHI to the extent necessary to comply with laws relating to workers compensation or other similar programs. These programs provide benefits for work-related illness or injuries.

Relatives, Close Friends and Other Caregivers. Unless You object, We may disclose PHI to family members and/or close friends involved in Your care or payments, or to notify for purposes, including Your death.

Your Incapacitation or Emergency: If You are incapacitated or in an emergency, We may exercise Our judgment to determine whether a disclosure is in Your best interests. If We disclose PHI to family members, or personal friends, We will disclose only PHI directly relevant to their involvement with Your health care or payment for Your health care. We may also disclose PHI in order to notify (or assist in notifying) such persons of Your location, general condition, or death.

Reporting: Federal and state laws may require or permit us to disclose certain PHI related to the following:

- **Public Health Activities:**
 - prevention or control of disease, injury or disability
 - reporting deaths
 - reporting reactions to medications or problems with products
 - notifying people of product recalls
 - notifying a person who may have been exposed to a disease
- **Reporting abuse, neglect or domestic violence:** Notifying the appropriate government agency if You are the victim of abuse, neglect, or domestic violence.
- **Health Oversight:** *We may disclose PHI to a health oversight agency for activities such as audits, investigations, inspections and licensure.*
- **Disaster Relief:** We may disclose PHI to an organization assisting in a disaster relief effort.

Judicial and Administrative Proceedings: If You are involved in a lawsuit, We may disclose Your PHI in response to a court or administrative order, subpoena, discovery request, or other lawful process.

As Required by Law: We may use or disclose PHI if use or disclosure is required

by law and complies with and is limited to legal requirements.

To Avert Serious Threat to Health/Safety. We may disclose PHI We believe is necessary to prevent/lessen a serious/imminent threat to the health/safety of a person or public to individuals reasonably able to prevent or lessen the serious/imminent threat.

Law Enforcement: We may disclose Your PHI for certain enforcement purposes, such as, to file reports required by law or to report emergencies or suspected crimes.

Funeral Directors, Medical Examiners and Coroners. We may disclose PHI necessary to identify a deceased person or to determine the cause of death. We may also disclose PHI to funeral directors as necessary.

Organ and Tissue Donation. If You are an organ donor, We may disclose PHI to organizations handling organs for donation and transplantation.

Military, FBI, National Security and Intelligence Services, Protective Services for the President, and Inmates/Law Enforcement Custody. We disclose PHI to the listed above federal officials under certain circumstances.

Completely De-Identified or Partially De-Identified Information. We may use and disclose Your PHI if We have removed any PHI with potential to identify You so it is “completely de-identified.” We may also use and disclose “partially de-identified” PHI about You if the person who will receive the PHI signs an agreement to protect the privacy of the PHI as required by federal and state law. Partially de-identified information will not contain any PHI directly identifying You such as Your name, address, Social Security number, telephone number, e-mail address, website address, or license number.

Incidental Disclosures. While We will take reasonable steps to safeguard the privacy of Your PHI, certain disclosures of Your PHI may occur during or as an unavoidable result of Our otherwise permissible uses or disclosures of Your PHI. For example, during the course of care, other residents in the Community may see, or overhear, a discussion of Your PHI.

WE NEED YOUR WRITTEN AUTHORIZATION TO USE PHI FOR THE FOLLOWING Marketing. We may not disclose Your PHI for marketing purposes if WE will receive direct or indirect financial remuneration not reasonably related to Our Community’s cost of making the communication.

Sale of PHI. We will not sell Your PHI to third parties. The sale of PHI, however, does not include a disclosure for public health purposes, for research purposes where Our Community will only receive remuneration for Our costs to prepare and transmit the PHI, for treatment and payment purposes, for the sale, transfer, merger, or consolidation of all or part of Our services, for a business associate or its subcontractor to perform health care functions on Our behalf, or for other purposes as required and permitted by law.

If You provide us with an Authorization to use or disclose PHI, You may revoke that Authorization, in writing, at any time. If You revoke Your Authorization, We will no longer use or disclose PHI about You for the reasons covered by Your written Authorization. You understand that We are unable to take back any disclosure We

already made with Your permission, and We are required to retain Our records of the care We provided to You. You also will be unable to revoke written Authorization to disclose PHI that You gave as a condition of obtaining insurance coverage where the law allows the insurer to contest a claim under the policy or the policy itself.

YOUR INDIVIDUAL RIGHTS REGARDING YOUR PHI

- 1. Right to Request Restrictions.** You may request restrictions on Our use and disclosure of Your PHI for a particular reason related to service, payment and health care operations, or We not disclose PHI to a family member or other specific relative or close friend involved in Your care or payment for care. You also have the right to request Your PHI not be disclosed to a health plan if You have paid for the services in full and the disclosure is not otherwise required by law. The request for restriction will only be applicable to that particular service. You will have to request a restriction for each service thereafter. All requests for such restrictions must be made in writing. While We will consider all requests for additional restrictions carefully, We are not required to agree to a requested restriction. If We do agree, We will comply with Your request unless the information is needed to provide You emergency treatment. *If You wish to request additional restrictions, please obtain a request form from Your Executive Director and submit the completed form to the Executive Director. We will send You a written response.*
- 2. Right to Request Confidential Communications.** You have the right to request We communicate with You about health matters in a confidential manner or at a specific location. For example, You may ask that We come to Your apartment to discuss health matters. *If You wish to request alternative locations, please obtain a request form from Your Executive Director and submit the completed form to the Executive Director.*
- 3. Right to Inspect and Copy.** You may request access to Your wellness record file and billing records in order to inspect and request copies of the records. *If You desire access to Your records, please complete a record request form available from the Business Office.* If You would like an electronic copy of Your PHI, We will provide You a copy in the electronic form and format as requested as long as We can readily produce such information in the form requested. Otherwise, We will cooperate with You to provide a readable electronic form and format as agreed.
- 4. Right to Amend Your Records.** You have the right to request that We amend Your PHI. We will comply with Your request unless We believe that the information will be accurate and complete or if we believe other special circumstances apply. If You desire to amend Your records, please obtain an amendment request form from the Business Office and submit the completed form to the Executive Director. All requests for amendments must be in writing and reviewed by the Privacy Officer.
- 5. Right to Receive an Accounting of Disclosures.** You may request a written accounting of certain disclosures made by us during a certain time period. This is a list of disclosures We made of Your PHI. It will not include disclosures such as those made for treatment, payment or healthcare operations. *You must submit Your request in writing to the Business Office Manager and will be forwarded to the Privacy Officer for approval. Your request must the time, which may not be longer*

than 6 years from the date the request is submitted and may not include dates before April 14, 2003.

6. Right to Receive Notification of a Breach. You have the right to be notified if there is a probable compromise of Your unsecured protected PHI within 60 days of the discovery of the breach. The notice will include a description of what happened, including the date, the type of information involved in the breach, steps You should take to protect yourself from potential harm, a brief description of the investigation into the breach, mitigation of harm to You and protection against further breaches and contact procedures to answer Your questions.

7. Right to Receive Paper Copy of this Notice. You have the right to obtain a paper copy of this Notice, even if You agreed to receive the notice electronically. *You may obtain a paper copy from Your Executive Director.*

SPECIAL PROTECTIONS MAY APPLY USE & DISCLOSURE

Certain kinds of PHI, such as HIV-related information, sexually transmitted disease information, alcohol and substance abuse treatment information, mental health, and genetic data, are considered so sensitive that laws provide special protections. Therefore, some parts of this general Notice of Privacy Practices may not apply to these types of information. If You have any questions or concerns about the ways these types of information may be used or disclosed, please call the Privacy Officer at the phone number at the end of this notice.

REPORTING COMPLAINTS REGARDING OUR PRIVACY PRACTICES

If You believe Your rights have been violated, You may file a complaint by writing to Our Privacy Officer, at PSL ASSOCIATES, LLC. 1755 Wittington Place, Suite 100, Farmers Branch, TX 75234. You may also file a complaint with the Office of Civil Rights, Department of Health and Human Services at 200 Independence Avenue, S.W., Room 509F, HHH Building, Washington D.C. 20201. All complaints must be in writing. There will be no retaliation for filing a complaint.

HIPAA NOTICE OF PRIVACY RECEIPT ACKNOWLEDGEMENT

By signing below, I acknowledge I received a copy of the Community’s Notice of Privacy Practices and have been advised of how PHI about me may be used and disclosed by the Community, and how I may contain access to and control of this information. I also acknowledge and understand that I may request copies of separate notices explaining special privacy protections that apply to HIV-related information, alcohol and substance abuse treatment information, mental PHI, and genetic information from my health care provider. Finally, I understand the Community will use and disclose my PHI to care for me and arrange for my health care, to seek and receive payment for services given to me, and for the business operations of the Community and its business associates without my consent or authorization.

Resident Signature: _____ Date: _____

Legal Representative Signature: _____ Date: _____

REFUSAL OR UNABLE TO SIGN ACKNOWLEDGMENT

The Community associate below attempted to have the resident sign this acknowledgment and consent form. The reason expressed for not signing this document was stated by the resident as follows:

Associate: _____ Date: _____