



Notice of Privacy Practices

Purpose/Statement:

This notice describes how medical/health information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

PLEASE REVIEW IT CAREFULLY.

We are required by law to maintain the privacy of your health information; to provide you this detailed Notice of our legal duties and privacy practices relating to your health information; to notify you following a breach of unsecured health information; and to abide by the terms of the Notice that are currently in effect. This Notice of Privacy Practices describes how we may use and disclose your health information and the rights that you have regarding your health information.

This Notice of Privacy Practices covers an Affiliated Covered Entity ("ACE"). When this Notice refers to Covenant Retirement Communities or Covenant ACE, it is referring to each of the following subsidiaries or affiliates: Covenant Retirement Communities West (Covenant Shores, Covenant Village of Turlock, Mount Miguel Covenant Village, The Samarkand), Covenant Village of Colorado, Inc., Covenant Retirement Communities of MN, Inc., The Holmstad, Inc., Colonial Acres Home, Inc. (Covenant Village of Golden Valley), Windsor Park, Covenant Home of Chicago, Covenant Home (II) (Covenant Village of Northbrook), Covenant Health Care Center, Inc. (Axelson Manor, Brandel Care Center, Michealsen Health Center, and Harry J. Ekstam Assisted Living Residence), Covenant Retirement Communities of the Great Lakes Conference (Covenant Village of the Great Lakes), Covenant Home, Inc. (CT) (Covenant Village of Cromwell), Covenant Village of Florida, Inc., and Covenant Retirement Services (CovenantCare at Home, CovenantCare Hospice, and Covenant Place of Tulsa). Each of the Covenant Retirement Communities subsidiaries or affiliates listed above is a covered entity under HIPAA. Pursuant to 45 C.F.R. § 164.105(b), each of the entities hereby designates itself as a single covered entity for purposes of compliance with HIPAA. This designation may be amended from time-to-time to add new covered entities that are under the common control and ownership of Covenant Retirement Communities. To obtain a list of the most current listing of these entities, please contact the Privacy Officer at privacyofficer@covenantretirement.org.

1.0 USES AND DISCLOSURES FOR TREATMENT, PAYMENT AND HEALTH CARE OPERATIONS

The following lists various ways in which we may use and disclose your protected health information ("PHI") for purposes of treatment, payment and health care operations. Your authorization is not required for us to use or disclose your health information for the following purposes:

- 1.1 **For Treatment:** We may use and disclose your PHI in providing you with treatment and services and coordinating your care and may disclose your PHI to other providers involved in your care. Your PHI may be used by doctors involved in your care and by nurses and home health aides as well as by physical therapists, pharmacists, suppliers of medical equipment or other persons involved in your care. For example, we may contact your physician to discuss your plan of care.
- 1.2. **For Payment:** We may use and disclose your PHI for billing and payment purposes. We may disclose your PHI to an insurance or managed care company, Medicare, Medicaid or another third party payor. For example, we may contact Medicare or your health plan to confirm your coverage or to request prior approval for services that will be provided to you.
- 1.3. **For Health Care Operations:** We may use and disclose your PHI as necessary for health care operations, including, but not limited to, management, personnel evaluation, education and training and to monitor our quality of care. We may disclose your PHI to another entity with which you have or had a relationship if that entity requests your information for certain of its health care operations or health care fraud and abuse detection or compliance activities. For example, PHI of many patients may be combined and analyzed for purposes such as evaluating and improving quality of care and planning for services.
- 1.4. **Affiliated Entities:** Providers within this single affiliated covered entity will share information for purposes of treatment, payment and health care operations.

2.0 SPECIFIC USES AND DISCLOSURES OF YOUR HEALTH INFORMATION

The following lists various ways in which we may use or disclose your PHI.

- 2.1. **Facility Directory:** Unless you object we will include certain limited information about you in our facility directory. This information may include your name, your location in the facility, your general condition 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.

- 2.2. **Individuals Involved in Your Care or Payment for Your Care:** Unless you object, we may disclose PHI about you to a family member, close personal friend or other person you identify, including clergy, who is involved in your care. If you do not want us to disclose your medical information to family members or others involved in your care, please let your community providers know.
- 2.3. **Emergencies:** We may use and disclose your PHI as necessary in emergency treatment situations.
- 2.4. **As Required By Law:** We may use and disclose your PHI when required by federal, state, or local laws to do so.
- 2.5. **Public Health Activities:** We may disclose your PHI for public health activities. These activities may include, for example, reporting to a public health authority for preventing or controlling disease, injury or disability; reporting elder abuse or neglect; or reporting deaths.
- 2.6. **Reporting Victims of Abuse, Neglect or Domestic Violence:** If we believe that you have been a victim of abuse, neglect or domestic violence, we may use and disclose your PHI to notify a government authority, if authorized by law or if you agree to the report.
- 2.7. **Health Oversight Activities:** We may disclose your PHI to a health oversight agency for activities authorized by law, such as audits, investigations, inspections and licensure actions or for activities involving government oversight of the health care system.
- 2.8. **To Avert a Serious Threat to Health or Safety:** When necessary to prevent a serious threat to your health or safety or the health or safety of the public or another person, we may use and disclose your PHI, limiting disclosures to someone able to help lessen or prevent the threatened harm.
- 2.9. **Judicial and Administrative Proceedings:** We may disclose your PHI in response to a court or administrative order. We also may disclose your PHI in response to a subpoena, discovery request, or other lawful process, provided certain conditions are met. These conditions including making efforts to contact you about the request or to obtain an order or agreement protecting the PHI.
- 2.10. **Law Enforcement:** We may disclose your PHI for certain law enforcement purposes, including, for example, to comply with reporting requirements; to

comply with a court order, warrant, or similar legal process; or to respond to certain requests for information concerning crimes.

- 2.11. **Research:** We may use and disclose your PHI for research purposes if the privacy aspects of the research have been reviewed and approved, if the researcher is collecting information in preparing a research proposal, if the research occurs after your death, or if you authorize the use or disclosure.
- 2.12. **Coroners, Medical Examiners, Funeral Directors, and Organ Procurement Organizations:** We may release your PHI to a coroner, medical examiner, funeral director or, if you are an organ donor, to an organization involved in the donation of organs and tissue.
- 2.13. **Disaster Relief:** We may disclose your PHI to a disaster relief organization.
- 2.14. **Military, Veterans and other Specific Government Functions:** If you are a member of the armed forces, we may use and disclose your PHI as required by military command authorities. We may disclose your PHI for national security purposes or as needed to protect the President of the United States or certain other officials or to conduct certain special investigations.
- 2.15. **Workers' Compensation:** We may use and disclose your PHI to comply with laws relating to workers' compensation or similar programs (e.g., in connection with work-related injuries and pursuant to applicable law).
- 2.16. **Inmates/Law Enforcement Custody:** If you are under the custody of a law enforcement official or a correctional institution, we may disclose your PHI to the institution or official for certain purposes including the health and safety of you and others.
- 2.17. **Fundraising Activities:** We may use certain limited contact information for fundraising purposes and may provide contact information to a foundation affiliated with our organization, provided that any fundraising communications explain clearly and conspicuously your right to opt out of future fundraising communications. We are required to honor your request to opt out.
- 2.18. **Business Associates:** We enter into contracts with third-party entities known as business associates. These business associates provide services to or perform functions on our behalf, e.g., accountants, consultants and attorneys. We may disclose your relevant health information to business associates once they have agreed in writing to safeguard your medical information. Business



associates are also required by law to protect the privacy of your health information.

3.0 USES AND DISCLOSURES WITH YOUR AUTHORIZATION

We will obtain your authorization for: (1) most uses and disclosures of psychotherapy notes (as defined by HIPAA); (2) uses and disclosures of your health information for marketing purposes, unless an exception applies; and (3) disclosures that constitute a sale of your health information. Except as described in this Notice, we will use and disclose your PHI only with your written Authorization. You may revoke an Authorization in writing at any time. If you revoke an Authorization, we will no longer use or disclose your PHI for the purposes covered by that Authorization, except where we have already relied on the Authorization.

4.0 YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

Listed below are your rights regarding your PHI. These rights may be exercised by submitting a request to the Facility. Each of these rights is subject to certain requirements, limitations and exceptions. At your request, the Facility will supply you with the appropriate form to complete. You have the right to:

- 4.1. Request Restrictions:** You have the right to request restrictions on our use and disclosure of your PHI for treatment, payment, or health care operations. We will consider your request, but we are not legally obligated to agree to a requested restriction except for in the following situation: If you have paid for services out-of-pocket in full, you may request that we not disclose information related solely to those services to your health plan. We are required to abide by such a request, except where we are required by law to make the disclosure. Any request for a restriction must be in writing and submitted to the Facility. We will notify you if we cannot accommodate a requested restriction.

- 4.2. Access to Personal Health Information:** You have the right to request, either orally or in writing, your medical or billing records or other information that may be used to make decisions about your care ("your designated record set"), subject to some exceptions. We must allow you to inspect your records within 24 hours of your request (excluding weekends and holidays). If you request copies of the records, we must provide you with copies within timeframes established by law. We may charge a fee for our costs in providing the requested records, consistent with applicable law.

To the extent we maintain your designated record set electronically, you also have the right to receive an electronic copy of such information. You may also

direct us to send a copy directly to a third-party designated by you. We may charge a fee, consistent with applicable law, for our costs in responding to your request.

- 4.3. Request Amendment:** You have the right to request amendment of your PHI for as long as the information is kept by or for the Facility. Your request must be made in writing and must state the reason for the requested amendment. We may deny your request for amendment if the information (a) was not created by the Facility, unless the originator of the information is no longer available to act on your request; (b) is not part of the health information maintained by or for the Facility; (c) is not part of the information to which you have a right of access; or (d) is already accurate and complete, as determined by the Facility.

If we deny your request for amendment, we will give you a written denial including the reasons for the denial and an explanation of your right to submit a written statement disagreeing with the denial.

- 4.4. Request an Accounting of Disclosures:** You have the right to request an “accounting” of certain disclosures of your PHI. This is a listing of disclosures made by the Facility or by others on our behalf, but this does not include disclosures for treatment, payment and health care operations and certain other exceptions. To request an accounting of disclosures, you must submit a request in writing, stating a time period beginning after April 13, 2003 that is within six years from the date of your request. The first accounting provided within a 12-month period will be free; for further requests, we may charge you our costs.
- 4.5. Request a Paper Copy of This Notice:** You have the right to obtain a paper copy of this Notice, even if you have agreed to receive this Notice electronically. You may request a copy of this Notice at any time. In addition, you may obtain a copy of this Notice at our website, <http://www.covenantretirement.org/> located at the bottom banner of the home page.
- 4.6. Request Confidential Communications:** You have the right to request that we communicate with you concerning your health matters in a certain manner. We will accommodate your reasonable requests.

5.0 SPECIAL RULES REGARDING DISCLOSURE OF HIGHLY CONFIDENTIAL HEALTH INFORMATION



Federal and state laws have special privacy protections for certain highly confidential information about you, which may include: (1) mental health and development disabilities services; (2) alcohol and drug abuse prevention treatment and referral; (3) HIV/AIDS testing, diagnosis or treatment; (4) venereal disease(s); (5) sexual assault; or (6) genetic testing. Where required by applicable law, we will obtain your written authorization in order to disclose highly confidential information. Each State may have different requirements regarding disclosure of such information, including mandatory reporting obligations, in some instances. See State Law Addendum below.

6.0 FOR FURTHER INFORMATION OR TO FILE A COMPLAINT

If you have any questions about this Notice or would like further information concerning your privacy rights, please contact the Privacy Officer at (855)252-7606 or privacyofficer@covenantretirement.org.

If you believe that your privacy rights have been violated, you may file a complaint in writing with the Facility or with the Office for Civil Rights (“OCR”) in the U.S. Department of Health and Human Services. We will not retaliate against you for filing a complaint. To file a complaint with the Facility, contact the Privacy Officer at (855)252-7606. You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling (877)696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.

7.0 CHANGES TO THIS NOTICE

We reserve the right to change this Notice and to make the revised or new Notice provisions effective for all PHI already received and maintained by the Facility as well as for all PHI we receive in the future. We will post a copy of the current Notice in the Facility and on our website. We will provide a copy of the revised Notice upon request.

Effective Date: This Notice is effective as of March 30, 2018



Notice of Privacy Practices – State Law Addendum

This state law addendum supplements our Notice of Privacy Practices. The chart below includes several categories of health information that are subject to more restrictive state laws. For each category, we have provided a general summary of how we are permitted to use and disclose your health information, and the states that follow those more restrictive rules.

HIV/AIDS	
State law permits disclosure of HIV-related information in fewer circumstances than HIPAA. We will only disclose HIV-related information with your consent or as otherwise permitted or required by state and federal law.	CA, CO, CT, FL, MI, OK, WA
Communicable Diseases/STDs	
State law permits disclosure of communicable disease information in fewer circumstances than HIPAA. We will only disclose communicable disease information with your consent or as otherwise permitted or required by state and federal law.	OK, WA
Mental Health	
State law permits disclosure of mental health information in fewer circumstances than HIPAA. We will only disclose mental health information with your consent or as otherwise permitted or required by state and federal law	CA, IL, MN
Substance Abuse	
State law permits disclosure of substance abuse information in fewer circumstances than HIPAA. We will only disclose substance abuse information with your consent or as otherwise permitted or required by state and federal law.	CA, FL
Genetic Information	
State law permits disclosure of genetic information in fewer circumstances than HIPAA. We will only disclose genetic information with your consent or as otherwise permitted or required by state and federal law.	CO, FL, WA
Other	
State law permits disclosure of your health records in fewer circumstances than HIPAA. We will only disclose your health information with your consent or as otherwise permitted or required by state and federal law.	CA, MN, WA
State law permits disclosure of non-communicable disease information in fewer circumstances than HIPAA. We will only disclose non-communicable disease information with your consent or as otherwise permitted or required by state and federal law.	OK