

## 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.

This Notice serves as a joint notice for Bethesda Dilworth, Bethesda Meadow, Bethesda Southgate, Village North Retirement and Health Center, Assisted Living at Charless Village, Bethesda Hawthorne Place, Bethesda Barclay House, Bethesda Gardens, Bethesda Orchard, Bethesda Terrace, The Oaks at Bethesda, Bethesda Hospice, Bethesda Senior Support Solutions, and St. Andrews & Bethesda Home Health (collectively referred to herein as “we” or “our”). We have designated ourselves as an organized health care arrangement under the Health Insurance Portability and Accountability Act of 1996. We will follow the terms of this Notice and may share health information with each other for purposes of treatment, payment and health care operations as described in this Notice. Since we maintain health information separately, we will respond separately to your questions, request and complaints concerning your health information.

If you have any questions about this Notice, please contact Kevin L. Curry, Privacy Officer, at Bethesda Health Group, Inc., (314) 800-1936.

This Notice of Privacy Practices describes how we may use and disclose your protected health information (PHI) to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. “Protected Health Information” (PHI) is information about you that relates to your past, present, or future physical or mental health or condition and related health care services. We are required to abide by the terms of this Notice of Privacy Practices. We may change the terms of our notice at any time. The new notice will be effective for all protected health information that we maintain at that time. Upon your request, we will provide you with any revised Notice of Privacy Practices by accessing our website at [www.bethesdahealth.org](http://www.bethesdahealth.org), calling the corporate offices at (314) 800-1936 and requesting that a revised copy be sent to you in the mail or asking for one from the facility/service administration.

### Uses and Disclosures of Protected Health Information (“PHI”)

#### Uses and Disclosures of PHI

Your PHI may be used and disclosed for the purpose of providing health care services to you, to pay your bills, and to support the operation of the facility/service. Following are examples of the types of uses and disclosures of your PHI that the facility/service is permitted to make that are related to your treatment, payment of your bills or supportive of the operation of the facility/service. These examples are not meant to be all-inclusive, but rather to describe the types of uses and disclosures that may be made by the facility/service.

#### Treatment

We will use and disclose your PHI to provide, coordinate, or manage your health care and any other related services. This includes the coordination or management of your health care with a third party that has already obtained your permission to have access to your protected health information or an affiliated covered entity. For example, your PHI may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you.

In addition, we may disclose your PHI to another physician or health care provider who, at the request of your physician, becomes involved in your care by providing assistance with your health care diagnosis or treatment.

#### Payment

Your PHI may be used to obtain payment for your health care services. This may include activities that your health insurance plan undertakes before it approves or pays for needed health care services. These activities may include items such as review of eligibility or coverage, review of services provided to you for medical necessity and utilization review of services. You may restrict access of your PHI from your insurance company if you pay in full for services or care out of your pocket.

#### Health Care Operations

We may use or disclose your PHI in order to support the business activities of the nursing facility/service. These activities can include quality improvement activities, employee review activities, training of staff, licensing, marketing and fundraising activities, and conducting or arranging for other business activities. For example, we may disclose your PHI to nursing students who work in our facilities/services.

We will share your PHI with third party “business associates” that perform various activities such as billing and transcription services for the nursing facility/service. We will have a written contract that contains terms that will protect the privacy of your protected health information.

We may use or disclose your demographic information and the dates that you received treatment from the facility/service, as necessary, in order to contact you for fundraising activities supported by our office. If you do not want to receive these materials, please contact our Privacy Contact and request that these fundraising materials not be sent to you.

#### Uses and Disclosures of Protected Health Information Based upon Your Written Authorization

Other uses and disclosures of your PHI will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke this authorization, at any time, in writing except to the extent that the facility/service has taken an action in reliance on the use or disclosure indicated in the authorization.

#### Other Permitted and Required Uses and Disclosures That May Be Made with Your consent, Authorization or Opportunity to Object

We may use and disclose your PHI in the following instances. You have the opportunity to agree or object to the use or disclosure of all or part of your PHI. If you are not present or able to agree or object to the use or disclosure of the PHI, then the facility/service may, using professional judgment, determine whether the disclosure is in your best interest. In this case, only the PHI that is relevant to your health care will be disclosed.

#### Facility/Service Directories

Unless you object, we will use and disclose in our facility/service directory your name, the location at which you are receiving care, and your religious affiliation. All of this information, except religious affiliation, will be disclosed to people that ask for you by name. Members of the clergy will be told your religious affiliation. (This paragraph is applicable to our long term care facilities)

### Others Involved in Your Health Care

Unless you object, we may disclose to a relative, a close friend or any other person you identify, your PHI that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose protected health information to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care, general condition or death. Finally, we may use or disclose your PHI to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care.

### Emergencies

We may use or disclose your PHI in an emergency treatment situation.

### Other Permitted and Required Uses and Disclosures That May Be Made Without Your Consent, Authorization or Opportunity to Object

We may use or disclose your PHI in the following situations without your consent or authorization. These situations include but are not limited to:

#### Required By Law

We may use or disclose your PHI to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required by law, of any such uses or disclosures. For example, we may transmit MDS information to the appropriate agencies to aid in the administration of the survey and certification of Medicare/Medicaid long-term care facilities and to improve the effectiveness and quality of care given in those facilities. The personal data collected will be the minimum amount needed to accomplish its stated purpose.

#### Public Health

We may disclose your PHI for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury or disability. We may also disclose your protected health information, if directed by the public health authority, to a foreign government agency that is collaborating with the public health authority.

#### Communicable Diseases

We may disclose your PHI, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

#### Health Oversight

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

#### Abuse and Neglect

We may disclose your PHI to a public health authority that is authorized by law to receive reports of abuse or neglect. These disclosures will be made consistent with the requirements of applicable federal and state laws.

#### Food and Drug Administration (FDA)

We may disclose your PHI to a person or company required by the FDA to report adverse events, product defects or problems, biologic product deviations; to enable product recalls; to make repairs or replacements, as required.

#### Legal Proceedings

We may disclose PHI in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), in certain conditions in response to a subpoena, discovery request or other lawful process.

#### Law Enforcement

We may also disclose PHI, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include 1) legal processes and otherwise required by law, 2) limited information requests for identification and location purposes, 3) pertaining to victims of a crime, 4) suspicion that death has occurred as a result of criminal conduct, 5) in the event that a crime occurs on the premises of the facility/service, and 6) medical emergency (not on the facility/service's premises) and it is likely that a crime has occurred.

#### Medical Examiners, Funeral Directors, and Organ Donation

We may disclose PHI to a coroner, medical examiner and funeral director for identification purposes, determining cause of death, to carry out designated duties or for the coroner or medical examiner to perform other duties authorized by law. We may disclose such information in reasonable anticipation of death. PHI may be used and disclosed for organ, eye or tissue donation purposes.

#### Research

We may disclose your PHI to researchers when an institutional review board that has established protocols to ensure the privacy of your PHI has approved their research.

#### Criminal Activity

Consistent with applicable federal and state laws, we may disclose your PHI, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person of the public. We may also disclose PHI if it is necessary for law enforcement authorities to identify or apprehend an individual.

#### Military Activity and National Security

When the appropriate conditions apply, we may use or disclose PHI of individuals who are Armed Forces personnel (1) for activities deemed necessary by appropriate military command authorities; (2) for the purpose of a determination by the Department of Veterans Affairs of you eligibility for benefits, or (3) to foreign military authority if you are a member of that foreign military services. We may also disclose you PHI to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or others legally authorized.

#### Workers' Compensation

Your protected health information may be disclosed by us as authorized to comply with workers' compensation laws and other similar legally established programs.

### Required Uses and Disclosures

Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500 et. seq.

### **Your Rights**

Following is a statement of your rights with respect to your protected health information and a brief description of how you may exercise these rights.

You have the right to inspect and copy your protected health information. This means you may inspect and obtain a copy of PHI about you that is contained in a designated record set for as long as the facility/service maintains the information.

Under federal law, however, you may not inspect or copy the following records; psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and PHI that is subject to law that prohibits access to PHI. Depending on the circumstances, a decision to deny access may be reviewable. In some cases, you may have a right to have this decision reviewed. Please contact our Privacy Officer if you have questions about access to your medical record.

You have the right to request a restriction of your protected health information. This means you may ask us not to use or disclose any part of your PHI for the purposes of treatment, payment or health care operations. You have the right to request a restriction of our protected health information. This means you may ask us not to use or disclose any part of your PHI for the purposes of treatment, payment or health care operations. You also have the right to opt out of fundraising and marketing activities. You may also request that any part of your PHI not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply.

The nursing facility/service is not required to agree to a restriction that you may request. If the facility/service believes it is in your best interest to permit use and disclosure of your PHI, your PHI will not be restricted. If the facility/service does agree to the requested restriction, we may not use or disclose your PHI in violation of that restriction unless it is needed to provide emergency treatment. With this in mind, please discuss any restriction you wish to request with staff at the facility/service. You may request a restriction by contacting the Privacy Officer.

You have the right to request to amend your protected health information. This means you may request an amendment of protected health information about you in a designated record set for as long as we maintain this information. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Please contact our Privacy Officer to determine if you have questions about amending your medical record.

You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information. This right applies to disclosures for purposes other than treatment,

payment or health care operations as described in this Notice of Privacy Practices. You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information. This right applies to disclosures for purposes other than treatment, payment, or health care operations as described in this Notice of Privacy Practices, unless your medical record is in an electronic format. In that case, you have the right to an accounting of disclosures of treatment, payment, and health care operation. This accounting excludes disclosures we may have made to you, to family members or friends involved in your care, or for notification purposes. The right to receive this information is subject to certain exceptions, restrictions and limitations.

You have the right to obtain a paper copy of this notice from us, upon request, even if you have agreed to accept this notice electronically.

### **Complaints**

You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our Privacy Officer of your complaint. We will not retaliate against you for filing a complaint.

You may contact our Privacy Officer or the Administrator/General Manager/Service Director for further information about the complaint process.

This notice was published and becomes effective on April 1, 2003. Amended version effective 05/09, 8/10, 06/13, and 8/20/15, 06/16, 01/17, 1/18.

REFERENCES: §164.520(a)(1) and (b)(1)