

THE CEDARS OF CHAPEL HILL
NOTICE OF PRIVACY PRACTICES
Effective Date

SEPTEMBER 9, 2019

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

Your privacy is a high priority for us, and it will be treated with the highest degree of confidentiality. This Notice applies to all information and records related to your care that we have received or created. This Notice informs you about the possible uses and disclosures of your protected health information. It also describes your rights and obligations regarding your protected health information.

For us to be able to provide you with the best service and care, we need to receive protected health information from you. However, we want to emphasize that we are committed to maintaining the privacy of this information in accordance with state and federal laws.

We are required by law to:

- Maintain the privacy of your protected health information;
- Provide to you this detailed Notice of our legal duties and privacy practices relating to your protected health information; and
- Abide by the terms of the Notice that is currently in effect. We reserve the right to change the terms of this Notice and make the new Notice provisions effective for all protected health information that the Community maintains.

PROTECTED HEALTH INFORMATION

While receiving care from the Community, information regarding your healthcare history, treatment, and payment for your health care may be originated and/or received by us. State and federal laws protect information that can be used to identify you, and which relates to your health care or your payment for health care. This is your protected health information.

COLLECTING INFORMATION

We collect protected information about you to help us provide the best service, assistance and care, provide billing services and to fulfill legal and regulatory requirements. The type of information the Community may receive from you varies according to the assistance and care that you may need.

If we become aware that an item of your protected health information may be materially inaccurate, we will make a reasonable effort to verify its accuracy and correct any error as appropriate.

SECURITY STANDARDS

We continue to assess new technology to evaluate our ability to provide additional protection for your protected health information. We maintain physical, electronic and procedural safeguards that comply with state and federal standards to guard your protected health information.

It is our duty to warn you that sending the Community information regarding your healthcare history, treatment, or payment for your health care electronically (via text or email) that is not encrypted may have some level of risk of compromise. If you prefer to receive unencrypted messages, you have the right to receive them in that manner.

If you initiate communication with the Community using unencrypted email or text, the Community assumes, unless explicitly stated otherwise, that this form of email communication and subsequent risk is acceptable to you.

USING AND DISCLOSING YOUR PROTECTED HEALTH INFORMATION FOR TREATMENT, PAYMENT OR HEALTH CARE OPERATIONS

We have described the uses and disclosures below and provide examples of the types of uses and disclosures we may make in each of these categories.

For Treatment. We will use and disclose your protected health information in providing you with treatment and services. We may disclose your protected health information to Community and non-Community personnel who also may be involved in your care, including, but not limited to, physicians, nurses, nurse aides, and physical therapists.

Our workforce has access to such information on a need to know basis. For example, a nurse caring for you will report any change in your condition to your physician. Your physician may need to know the medications you are taking before prescribing additional medications. It may be necessary for the physician to inform the nurses or staff of the medications you are taking so they can administer the medications and monitor any possible side effects. In addition, we may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services, which may be of interest to you.

We may also disclose protected health information to individuals who will be involved in your care after you leave the Community. Anyone who has access to protected health information is required to protect it and keep it confidential.

For Payment. We may use and disclose your protected health information so that we can bill and receive payment for the treatment and services you receive at the Community. Bills requesting payment will usually include information which identifies you, your diagnosis and any procedures performed, or supplies used. For billing and payment purposes, we may disclose your protected health information to your legal representative, an insurance 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 a proposed treatment or service.

For Health Care Operations. We may use and disclose your protected health information for Community operations. These uses and disclosures are necessary to monitor the health status of Residents, manage the Community and monitor the quality of our care. For example, we may use protected health information to evaluate our Community's services, including the performance of our staff. In addition, we may release your protected health information to another individual or covered entity for quality assessment and improvement activities or for review of or evaluation of health care professionals.

Health Care Operations may also include the use of information for quality assurance, training, accreditation, medical review, auditing and business planning.

USING AND DISCLOSING PROTECTED HEALTH INFORMATION FOR OTHER SPECIFIC PURPOSES

Community Directory. The Community maintains a directory of Resident names and their location within the Community. Unless you object, we will include certain limited information about you in our Community directory. This information may include (i) your name, (ii) your location in the Community, and (iii) your religious affiliation. Our directory does not include health 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 are not obligated, however, to consent to the inclusion of your information in the Community directory. You may restrict or prohibit these uses and disclosures by notifying the Community in writing of your restriction or prohibition.

Community Culture. The culture of our Community includes informing Residents and staff of changes in your health status to maintain our sense of "community." You may restrict or prohibit these uses and disclosures by notifying the Community in writing.

Individuals Involved in Your Care or Payment for Your Care. Unless you object, we may disclose your protected health information to a family member, a close friend, your legal representative and any clergy, who are involved in your care to the extent necessary for them to participate in your care. You may restrict or prohibit these uses and disclosures by notifying the Community in writing of your restriction or prohibition.

Emergencies. In the event of an emergency or your incapacity, we will do what is consistent with your known preference (if any), and what we determine to be in your best interest. We will inform you of uses or disclosures of protected health information under such circumstances and give you an opportunity to object as soon as practicable.

Disaster Relief. We may disclose your protected health information to an organization assisting in a disaster relief effort.

As Required by Law. We will disclose your protected health information when required by law to do so.

Public Health Activities. We may disclose your protected health information for public health activities. These activities may include, for example:

- reporting for preventing or controlling disease, injury or disability; reporting deaths;
- reporting abuse or neglect of a dependent adult;
- reporting reactions to medications or problems with products;
- notifying a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition; or
- Disclosing for certain purposes involving workplace illness or injuries.

Reporting Victims of Abuse, Neglect or Domestic Violence. We may use or disclose protected health information to protective services or social services agency or other similar government authorities, if we reasonably believe you have been the victim of abuse, neglect or domestic violence.

Health Oversight Activities. We may disclose your protected health information to a health oversight agency for oversight activities authorized by law. These may include, for example, audits, investigations, inspections and licensure actions, judicial/administrative proceedings to which you are not a party, or other legal proceedings. In most cases, the oversight activity will be for the purpose of overseeing the care rendered by the Community or the Community's compliance with certain laws and regulations. The Community does not control or define what information is needed by the health oversight agencies.

Judicial and Administrative Proceedings. We may disclose your personal health information in response to a court or administrative order. We may also disclose information in response to a subpoena, discovery request, or other lawful legal process; efforts will be made to contact you regarding the request or to obtain an order or agreement protecting the information.

Law Enforcement. We may also release your protected health information to law enforcement officers for the following purposes:

- Pursuant to a court order, warrant, subpoena/summons or administrative request;
- Identifying or locating a suspect, fugitive, material witness or missing person;
- Regarding a crime victim, but only if the victim consents or the victim is unable to consent due to incapacity and the information is needed to determine if a crime has occurred, non-disclosure would significantly hinder the investigation, and disclosure is in the victim's best interest;
- Regarding a decedent, to alert law enforcement that the individual's death was caused by suspected criminal conduct; or
- For reporting suspected criminal activity.

Coroner, Healthcare Examiners, Funeral Homes. We may release your personal health information to a coroner, medical examiner, and funeral director.

Organ Donation. We may release information to an organization involved in the donation of organs if you are an organ donor.

Fundraising. We may use your protected health information for the purpose of contacting you as part of a Community based fundraising effort. Protected health information that may be used as part of the fundraising effort includes name, address, other contact information, age, gender, date of birth, dates of health care provided, treating physician, outcome information, and health insurance status. Use or disclosure of any other protected health information for fundraising purposes will require your authorization. The Community, an affiliated organization, such as a foundation or a business associate may contact you regarding the Community's fundraising efforts. If you do not wish to be contacted regarding fundraising activities, you may contact at or you may send an email to and request your name be removed from our fundraising list.

Research. Your protected health information may be used for research purposes if it has been de-identified. In most other instances where your protected health information is used or disclosed for research purposes your authorization will be needed unless the Institutional Review Board or a Privacy Board has stated your authorization is not necessary.

MORE STRINGENT LAWS

Some of your protected health information may be subject to other laws and regulations and provided greater protection than outlined in this Notice. For instance, HIV/AIDS, substance abuse, mental health and genetic information are often given greater protection. In the event your protected health information is afforded greater protection under federal or state law, we will comply with the applicable law.

YOUR RIGHTS

You have the following rights regarding your protected health information at the Community:

- The right to receive notice of our policies and procedures used to protect your protected health information;
- The right to request that certain uses and disclosures of your protected health information be restricted;
- The right to restrict disclosure to a health plan of your information where you have paid the full out of pocket costs for the health care item or services rendered;
- The right to access your protected health information;
- The right to request that your protected health information be amended;
- The right to obtain an accounting of certain disclosures by us of your protected health information for the past six years;
- The right to revoke any prior authorizations for use or disclosure of protected health information, except to the extent that the Community has already acted on your authorization;
- The right to request the method by which your protected health information is communicated; and
- The right to receive notification of any breach of your unsecured protected health information.
- The right to receive your protected health information electronically.

OUR RIGHTS

- We have the right not to agree to your requested restrictions on the use or disclosure of your personal health information. If we do agree to accept your requested restrictions, we will comply with your request except as needed to provide you with emergency treatment.
- We have the right to deny your request to inspect or receive copies of your protected health information in certain circumstances.
- We have the right to deny your request for amendment of protected health information if it was not created by us, if it is not part of your personal health information maintained by us, if it is not part of the information to which you have a right of access, or if it is already accurate and complete, as determined by us.
- We have the right to assume you understand the risks of initiating unencrypted electronic communications with the Community if you have received this notice.

AUTHORIZATION

Uses and disclosures of your protected health information not allowed by law under our Notice of Privacy Practices will only be made with your written authorization. You can revoke the authorization as described in your written authorization. If you revoke your authorization, we will no longer use or disclose your protected health information for the purposes covered by the authorization, except where we have already relied on the authorization. Below are a couple of examples when authorizations will be required.

Marketing. Your protected health information will not be provided to third-party marketers without an authorization. We will not sell your information to others for use and marketing purposes without your specific authorization.

Psychotherapy Notes. In the event psychotherapy notes are maintained as part of your protected health information, those notes will not be used or disclosed without your authorization, except in limited circumstances.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a written complaint with our Privacy Officer. The Privacy Officer will review and respond to you in a timely manner. At any time, you may contact the Office of Civil Rights in the U.S. Department of Health and Human Services.

U.S. Department of Health and Human Services Phone:
(800) 368-1019
200 Independence Avenue, SW Room 509F, HHH Building
Washington, D.C. 20201

You will not be retaliated against for filing a complaint.

CHANGE TO THIS NOTICE

We will promptly revise this Notice whenever there is a material change to the permitted uses or disclosures, your individual rights, our legal duties or other privacy practices stated in this Notice. We reserve the right to change this Notice and to make the revised or new Notice provisions effective for all protected health information already received and maintained by the Community as well as for all protected health information we receive in the future. We will post a copy of the current Notice in the Community. In addition, you may obtain a current Notice of Privacy Practices at any time from Administration.

ACKNOWLEDGMENT

We request that you sign an Acknowledgment of Receipt of Community Name's Notice of Privacy Practices, attached as Exhibit A.

CONTACT INFORMATION

If you have any questions about this Notice or would like further information concerning your privacy rights, please contact:

For the privacy officer, please call the DuBose Health Center Administrator at 919-537-0121. 101 Green Cedar Lane, Chapel Lane, NC 27517

**THE CEDARS OF CHAPEL HILL
ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES**

I, _____ acknowledge that I have received a copy of the Community's Notice of Privacy Practices which summarizes the ways my health information may be used and disclosed by the Community and states my rights with respect to my protected health information. I understand the Community has the right to revise these information practices and to amend the Notice of Privacy Practices. I have been informed that in the event the Community changes this Notice, a revised Notice will be posted at **Dubose Health Center** and that I may obtain a current Notice of Privacy Practices at any time from **The HIPPA Officer**.

You may ask us to communicate with you by regular email which is not secured by a technical process called encryption. That means that there may be some level of risk information in the email could be read by someone besides you. If you want us to send your PHI by regular email, please complete the following:

YES- communicate with me via regular email. My email address is below, and I will alert you if it changes:
X _____

NO- Please do not communicate with me via unencrypted email:
X _____

Text Messaging:

You may ask us to communicate with you by regular text messaging which is not secured by a technical process called encryption. That means there may be some level of risk information in the text message could be read by someone besides you. If you want us to communicate with you by regular text messaging, please complete the following:

YES- communicate with me via regular unencrypted text. My cell phone number is below, and I will alert you if it changes:

NO- Please do not communicate with me via unencrypted text:
X _____

Date: _____

Signature of Resident

Printed name of Legal Representative

Witness

Relationship to Resident

Date: _____

Signature of Legal Representative

Witness

**THE CEDARS OF CHAPEL HILL
ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES**

Resident Name _____ Address: _____

I have been given a copy of The Cedars of Chapel Hill Notice of Privacy Practices 2019, which describes how my health information is used and shared. I understand that The Cedars of Chapel Hill has the right to change this Notice at any time. I may obtain a current copy by contacting the Community Privacy Officer, or by visiting The Cedars of Chapel Hill website at www.cedarsofchapelhill.com.

My signature below acknowledges that I have been provided with a copy of the Notice of Privacy Practices:

Signature of Resident or Personal Representative Date

Print Name

Personal Representative's Title (e.g., Guardian, Executor of Estate, Health Care Power of Attorney)

For Community Use Only: Complete this section if you are unable to obtain a signature.

- 1. If the Resident or personal representative is unable or unwilling to sign this Acknowledgement, or the Acknowledgement is not signed for any other reason, statute reason:

- 2. Describe the steps taken to obtain the Resident's (or personal representative's) signature on the Acknowledgement:

Completed by:

Signature of Community Representative Date

Print Name

File original in Resident's Business Office Record.