



## 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 of Privacy Practices (“Notice”) covers the National Church Residences Affiliated Covered Entity (“ACE”), an affiliated covered entity under the Health Insurance Portability and Accountability Act (“HIPAA”). It describes how the National Church Residences ACE may use or disclose your Protected Health Information (“PHI”). PHI is information that identifies you and relates to health care services, the payment of health care services or your physical or mental health or condition, in the past, present or future. This Notice also describes your rights to access and control your PHI.

Any reference to “we,” “us,” and “our” means the members of the ACE. The ACE is a group of legally separate covered entities that are affiliated and have designated themselves as a single affiliated covered entity for purposes of compliance with HIPAA. The National Church Residences ACE, and its employees and workforce members who are involved in providing and coordinating your health care, are all bound to follow the terms of this Notice. The members of the National Church Residences ACE will share PHI with each other for the treatment, payment and health care operations as permitted by HIPAA and this Notice. For a complete list of the National Church Residences ACE, please contact our Privacy Officer at 1-866-267-2609 or [Privacy@nationalchurchresidences.org](mailto:Privacy@nationalchurchresidences.org).

### **Our Responsibilities**

- We are required by law to maintain the privacy and security of your PHI, to provide you with this Notice as to our legal duties and privacy practices, and to abide by the terms of this Notice, which may be amended from time to time.
- We will not use or disclose your PHI without your authorization, except as described in this Notice. If you authorize a disclosure, you may revoke that authorization at any time, except to the extent that action has already been taken. Requests to revoke an authorization must be made in writing.
- We will notify you in the event a breach occurs that may compromise the privacy or security of your PHI.

We reserve the right to change our privacy practices and to make the new provisions effective for all PHI we maintain. Should our privacy practices change, a revised Notice will be posted in our facility, as well as on our website, and will be made available upon request.

## Disclosures You May Authorize Us To Make

We will not use or disclose your PHI, except as described in this Notice. Subject to certain limitations, we may not use or disclose your PHI for marketing without your authorization. We may not sell your PHI without your authorization. Most uses and disclosures of psychotherapy notes, as applicable, require your authorization. You may give us written authorization to use and/or disclose your PHI to anyone for any purpose. If you authorize us to use or disclose such information, **you may revoke that authorization in writing at any time.**

## Uses or Disclosures for Treatment, Payment, and Health Care Operations

- **Treatment:** We may use or disclose your PHI for your treatment, including sharing it with other health care providers who are treating you. For example, we may provide your physicians with requested PHI to assist them in treating you.
- **Payment:** We may use or disclose your PHI to bill and obtain payment, including for the payment activities of other health care providers or payers. For example, we may share PHI about you with your health plan to obtain payment for your care.
- **Health Care Operations:** We may use or disclose your PHI for our regular health care operations, including to run our business, to improve the quality of our services, and to contact you. For example, we may use your PHI to evaluate our staff performance or for certain limited training purposes. We may also disclose your PHI for certain health care operations of other entities that have a relationship with you.

## Other Specific Uses or Disclosures Not Requiring An Authorization

- **Appointment Reminders:** We may use and disclose your PHI to contact you as a reminder that you have an appointment or to refill a prescription.
- **Alternative Treatments:** We may use and disclose your PHI to advise you or recommend possible service options or alternatives that may be of interest to you.
- **Research:** We may, under very select circumstances, use or disclose your PHI for research when certain conditions have been met.
- **Transfer of Information at Death:** We may disclose your PHI to funeral directors, medical examiners, and coroners to carry out their duties consistent with applicable law.
- **Organ Donation:** We may disclose your PHI to organ procurement organizations in accordance with law.
- **Workers' Compensation:** We may disclose your PHI as authorized by and to comply with laws relating to workers' compensation or other similar programs established by law.
- **Public Health Activities:** We may disclose your PHI to public health or legal authorities to assist with preventing or controlling disease, injury, or disability; to help with product recalls; or to report adverse reactions to medications.
- **Health Oversight:** We may disclose your PHI to a health oversight agency for certain activities including audits, civil administrative or criminal investigations, inspections, licensure or disciplinary action. However, we may not disclose your PHI if you are the subject of an investigation and your PHI is not directly related to your receipt of health care or public benefits.
- **Abuse, Neglect, or Domestic Violence:** We may disclose your PHI to report suspected abuse, neglect, or domestic violence.
- **Serious Threat to Life, Health, or Safety:** We may, consistent with applicable law and ethical standards of conduct, disclose your PHI if we, in good faith, believe that such disclosure is necessary to prevent or lessen a serious and imminent threat to your life, health, or safety, or to the health and safety of the public.
- **Compliance with Law:** We may disclose your PHI as required by state, federal, or local laws.

- **Law Enforcement:** As permitted or required by law, we may disclose specific and limited PHI about you for certain law enforcement purposes.
- **Specified Government Functions:** We may disclose your PHI for certain specialized government functions, including military, veterans, national security and intelligence activities, and presidential protection services.
- **Legal Proceedings:** We may disclose your PHI in response to a court or administrative order or in response to a valid subpoena.

### **Disclosures to Which You Have An Opportunity to Object**

In some instances, you have the opportunity to prohibit or ask that we restrict the use of your PHI. If you have a preference for how we share your PHI in the following situations, please let us know. Note that if you are unable to tell us your preference, we may disclose your PHI if we believe it is in your best interest or to avert a threat to health or safety:

- **Directory:** Unless you notify us that you object, we may use your name, location in the facility, general condition, and religious affiliation for directory purposes, provide this information to clergy and people who ask for you by name, and identify you on a nameplate next to your door.
- **Family:** We may disclose to a family member, friend, or other person involved in your care PHI relevant to that person's involvement in your care or payment for your care, including notifying them of your location and general condition. If appropriate, these communications may also be made after your death.
- **Disaster relief:** We may use or disclose your PHI to assist in a disaster relief situation.
- **Fundraising:** We may contact you for fundraising efforts, but you will be provided an opportunity to opt out of these communications.
- **Health Information Exchange:** We participate in one or more Health Information Exchanges. Your healthcare providers can use this electronic network to securely provide access to your health records to facilitate the provision of health care to you. We, and other authorized healthcare providers, may allow access to your PHI through the Health Information Exchange for treatment, payment, or other healthcare operations. If you choose to opt-out of having your PHI shared through the Health Information Exchange, we ask that such request be made in writing on our standard form, available by contacting the applicable facility or agency.

### **Your Health Information Rights**

Although your health record is our physical property, the information in your health record belongs to you. You have the following rights:

- **Identification of a Personal Representative.** You may identify persons to us who may, by operation of state law, serve as your authorized personal representative, such as a court-appointed guardian, a properly executed and specific power-of attorney granting such authority, or a Durable Power of Attorney for Health Care, if it allows such person to act when you are able to communicate on your own, or other method recognized by applicable law. We may, however, elect not to treat a person as your personal representative if, in our professional judgement, we determine that it is not in your best interest.
- **Right to Request Restrictions:** You may request that we not use or disclose your PHI for a particular reason related to treatment, payment, or our operations. We ask that such requests be made in writing on our standard form, available by contacting the applicable facility or agency. We will consider your request, but we are not required to abide by it, unless it is a request to prohibit disclosures to your health plan relating to a service for which you have already paid in full out of pocket.

- **Confidential Communications:** You have the right to request that we communicate with you in a confidential manner. For instance, you may request that we contact and provide you with information by alternative means or at alternative locations. We ask that such requests be made in writing on our standard form, available by contacting the applicable facility or agency. We will attempt to accommodate all reasonable requests.
- **Access to Medical Record:** You may request to view and/or obtain a paper or electronic copy of your medical record, which will be provided to you in time frames established by law. Such requests must be made in writing. To better respond to your request, we ask that you make such requests on our standard form, available by contacting the applicable facility or agency. We may charge you a reasonable, cost-based fee for paper or electronic copies.
- **Request to Correct Medical Record:** If you believe that any PHI contained in your record is incorrect or incomplete, you may request that we correct the existing information or add the missing information. Such requests must be made in writing, and must provide a reason to support the amendment. We ask that such requests be made in writing on our standard form, available by contacting the applicable facility or agency. If we deny your request, we will tell you why it was denied and your rights following such denial.
- **Obtain Accounting:** You may request a written accounting of all disclosures of your PHI we have made during a specific time period (not to exceed 6 years). We ask that such requests be made in writing on our standard form, available by contacting the applicable facility or agency. Please note that the accounting will not include treatment, payment, health care operations, or certain other disclosures. You will not be charged for your first accounting request in any 12-month period, but for any requests that you make thereafter, you may be charged a reasonable, cost-based fee.
- **Copy of Notice:** You have the right to obtain a paper copy of this Notice upon request. You may also access and print a copy of our notice from our website at <http://www.nationalchurchresidences.org>.
- **File a Complaint:** If you believe your privacy rights have been violated, you may file a complaint by calling 1-866-267-2609 or by submitting a written complaint. The complaint form may be obtained from the applicable facility or agency, and when completed should be returned to the applicable facility or agency. You may also file a complaint with the Secretary of the Department of Health and Human Services, 200 Independence Avenue, S.W., Washington, D.C. 20201 or call toll-free at (877) 696-6775, by email to [OCRComplaint@hhs.gov](mailto:OCRComplaint@hhs.gov), or to Region V, Office for Civil Rights, U.S. Department of Health and Human Services, 233 N. Michigan Avenue, Suite 240, Chicago, ILL 60601, Voice Phone (312) 886-2359, FAX (312) 886-1807, or TDD (312) 353-5693. There will be no retaliation for filing a complaint.

## Contact Persons

We have designated the Privacy Officer as our contact point for all issues regarding resident privacy and your rights under this Notice. If you have any questions regarding this Notice, please contact 1-866-267-2609 or [Privacy@nationalchurchresidences.org](mailto:Privacy@nationalchurchresidences.org).

For more information on your health information rights, see <https://www.hhs.gov/hipaa/for-individuals/guidance-materials-for-consumers/index.html>.

*Effective Date: April 1, 2024*