

**Westbury Medical Care Home, Inc.
d/b/a Westbury Medical Care and Rehab
922 McDonough Road
Jackson, Georgia 30233**

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

Each time you are admitted to Westbury Medical Care Home, Inc. d/b/a Westbury Medical Care and Rehab (“Facility”), a record of your stay is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, a plan for future care or treatment, and billing-related information. This notice applies to all of the records of your care generated by the Facility, whether made by Facility personnel, agents of the Facility, or your personal doctor. Your personal doctor may have different policies or notices regarding the doctor’s use and disclosure of your health information created in the doctor’s office or clinic.

Our Responsibilities

We are required by law to maintain the privacy of your health information, provide you a description of our privacy practices, and to notify you following a breach of unsecured protected health information. We will follow the terms of the Notice that is currently in effect.

Uses and Disclosures: How we may use and disclose Health Information about you.

The following categories describe different ways that we may use and disclose health information. For each category of uses or disclosures, we will explain what we mean and provide you some examples. Not every use or disclosure in a category will be listed. However, all of the permissible ways to use and disclose health information will fall within one of the following categories.

For Treatment: We may use health information about you to provide you with medical treatment or services. We may disclose health information about you to doctors, nurses, technicians or other health care personnel who are involved in taking care of you at the Facility. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell the dietician if you have diabetes so that we can arrange for appropriate meals. Different departments of the Facility also may share health information about you in order to coordinate the different things you may need, such as prescriptions, lab work, meals, and x-rays.

We may also provide your physician or a subsequent healthcare provider with copies of various reports that should assist him or her in treating you once you are discharged from the Facility.

For Payment: We may use and disclose health information about you so that we can receive payment for the treatment and services that are provided. For example, we may need to give your health insurance plan information about your stay so they will pay us or reimburse you for these services. We may also tell your health insurance plan about treatment you are going to receive in order to obtain prior approval or to determine whether your plan will cover these services. We may disclose health information about you to other health care providers for their payment activities, and to third parties who may be responsible for payment, such as family members, or to bill you. If you pay for your health care entirely out-of-pocket in full, you may request that we not share your information with your health insurance plan. We may disclose health information about you to third parties, such as billing companies and claims processing companies, to help us process payments.

For Health Care Operations: We may use and disclose health information about you for “health care operations.” These uses and disclosures are necessary for the Facility’s operations and to help make sure that you and others receive quality care. For example, we may use health information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine health information about other residents to decide what additional services should be offered, what services are not needed, and whether certain new treatments are effective. We may disclose information to doctors, nurses, technicians and other health care personnel for review and learning purposes. And we may combine health information we have with health information from other facilities to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of health information to protect your privacy.

We may also use and disclose health information:

- ◆ To remind you that you have an appointment for medical care;
- ◆ To assess your satisfaction with our services;
- ◆ To tell you about possible treatment alternatives;
- ◆ To tell you about health-related benefits or services;
- ◆ For population based activities relating to improving health or reducing health care costs;
- ◆ For conducting training programs or reviewing competence of health care professionals; and
- ◆ To a Medicaid eligibility database and the Children’s Health Insurance Program eligibility database, as applicable.

When disclosing information, we may leave messages on your personal representative’s answering machine/voice mail.

Business Associates: There are some services provided through contracts with “business associates”. Examples include physician services for certain laboratory tests, a copy service when making copies of your health record, consultants and attorneys. When these services are contracted, we may disclose your health information to our business associates so that they can perform their jobs, and so they can bill for the services rendered. To protect your health

information, however, business associates are required by federal law to appropriately safeguard your information.

Name Placement: We may place your name on the door to your room, and your meal tray, and on pieces of equipment that you might use, such as a wheelchair. This aids our staff in identifying your items in order to provide you the best possible care. Further, this practice will assist you in locating your room and equipment.

Directory: We may include certain information about you in the Facility directory while you are a resident at the Facility. The Facility directory, located in the Facility's entrance lobby, includes your name and room location in the Facility. If someone asks for you by name, we may provide your room number and your general condition (*e.g.*, good, fair). Your religious affiliation may be disclosed to a member of the clergy even if they don't ask for you by name. This information is provided so that your family, friends and clergy can visit you in the Facility and generally know how you are doing. If you would like to opt out of being in the Facility directory, please request the "Opt Out Form" from the Facility Privacy Officer.

Individuals Involved in Your Care or Payment for Your Care and/or Notification Purposes: We may release health information about you to a friend or family member who is involved in your medical care or who assists in taking care of you. If you hire a private sitter, we may disclose health information about you to aid your sitter in caring for you. There may be private sitters working for other residents of the Facility, and these sitters and others may hear incidental information about you. We may also give health information to someone who helps pay for your care. If, at any time, you do not want such people involved in your care to have access to your health information, you may instruct us not to make any disclosures to them. We may tell your family members and friends your location and general condition. In addition, we may disclose health information about you to an entity assisting in a disaster relief effort so that your family may be notified about your condition, status and location.

Future Communications: We may communicate to you via newsletters, mail outs or other means regarding treatment options, health related information, disease-management programs, wellness programs, research projects, or other community based initiatives or activities our Facility is participating in.

Marketing and Photographs: We must obtain your authorization prior to using your health information to send you marketing information. If you provide authorization, we may also take your photograph or other images of you for use at the Facility (*e.g.* memory boards, resident events or "welcome to Westbury" bulletin board) or on the Facility's website. However, photographs or other images may be taken of you as a means of identification in case of an emergency or for health-related purposes without your authorization.

As required by law: We may disclose information when required to do so by federal or state law.

Additional Restrictions on Use and Disclosure: If your health information contains information regarding your mental health or substance abuse treatment or certain infectious

diseases (including HIV/AIDS tests or results), we are required by state and federal confidentiality laws to obtain your consent prior to certain disclosures of the information.

As permitted by law: We may also use and disclose health information when permitted by law, including but not limited to:

- ◆ Food and Drug Administration
- ◆ Public Health or Legal Authorities charged with preventing or controlling disease, injury or disability
- ◆ Correctional Institutions
- ◆ Workers Compensation Agents
- ◆ Organ and Tissue Donation Organizations
- ◆ Military Command Authorities
- ◆ Health Oversight Activities
- ◆ Coroners, Medical Examiners and Funeral Directors
- ◆ National Security and Intelligence Activities
- ◆ Protective Services for the President and Others
- ◆ A person or persons able to prevent or lessen a serious threat to health or safety

Law Enforcement: We may disclose health information to a law enforcement official for purposes such as providing limited information to locate a missing person or report a crime.

For Judicial or Administrative Proceedings: We may disclose protected health information as permitted by law in connection with judicial or administrative proceedings, such as in response to a court order, search warrant or subpoena.

Electronic Storage and Transmission: We may record and transmit your health information electronically. This includes, but is not limited to, information about the medicines that you take and your prescriptions. Health information may also be shared electronically through local, regional, state, and national health information networks.

Other Uses and Disclosures Which Require Your Authorization: Other uses and disclosures of health information not covered by this notice or the laws that apply to us will be made only with your written authorization. Most uses and disclosures of psychotherapy notes, uses or disclosures of health information for marketing purposes, disclosures that constitute a sale of health information, and other types of uses and disclosures of your health information not described in this Notice require an authorization and will be made only with your written authorization. You may revoke your authorization by giving written notice to the medical records department where you received your care. If you revoke your authorization, we will no longer use or disclose your health information as permitted by your initial authorization. Please understand that we will not be able to take back any disclosures we have already made and that we are still required to retain our records containing your health information that documents the care that we provided to you.

Your Health Information Rights

Although your health record is the physical property of the healthcare practitioner or Facility that compiled it, you have the right to:

- ◆ **Inspect and Copy:** You have the right to inspect and obtain a copy of the health information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes. To inspect and copy your medical or billing record, you must submit your request in writing to the medical records department of the Facility. If you request a copy of the information, you may be charged a fee for the cost of copying, mailing, or other supplies associated with your request. If an electronic health record is maintained containing your health information, you will have the right to request that a copy of your health information in electronic format be provided to you or to a third party that you identify. A reasonable cost-based fee may be charged for sending an electronic copy of your health information.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to health information, you may request that the denial be reviewed. Another licensed health care professional chosen by the Facility will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

- ◆ **Amend:** If you feel that health information we have about you is incorrect or incomplete, you may ask for the information to be amended. You have the right to request an amendment for as long as the information is kept by or for the Facility. Any request for an amendment must be sent in writing to the Facility Privacy Officer. In addition, you must provide a reason that supports your request. We may deny your request for an amendment and if this occurs, you will be notified of the reason for the denial.
- ◆ **An Accounting of Disclosures:** You have the right to request an accounting of disclosures. This is a list of certain disclosures we make of your health information, except for disclosures:
 - For treatment, payment or health care operations where an authorization was not required;
 - Pursuant to an authorization;
 - Incident to a permitted use or disclosure; or
 - For certain other limited disclosures defined by law.Any request for an accounting of disclosures must be sent in writing to the Facility Privacy Officer.
- ◆ **Request Restrictions:** You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or

friend. For example, you could ask that we not use or disclose information about a surgery you had. Any request for a restriction must be sent in writing to the Facility Privacy Officer.

Except as otherwise required by law, we are required to agree to your request **only** if 1) the disclosure is to your health plan and the purpose is related to payment or health care operations (and not treatment purposes), **and** 2) your information pertains solely to health care services for which you have paid out-of-pocket, in full. **For other requests, we are not required to agree.** If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

- ◆ **Request Confidential Communications:** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you may ask that we contact you at work or by mail. To request confidential communications, you must make your request in writing to the Facility. You will not be asked the reason for your request. The Facility will grant reasonable requests for confidential communications at alternative locations and/or via alternative means only if the request is submitted in writing and the written request includes a mailing address where the individual will receive bills for services rendered by the Facility and related correspondence regarding payment for services. Please understand, we reserve the right to contact you by other means and at other locations if you fail to respond to any communication from us that requires a response. We will notify you in accordance with your original request prior to attempting to contact you by other means or at another location.

- ◆ **A Paper Copy of This Notice:** You have the right to a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy of this Notice.

If the Facility has a website you may print or view a copy of the Notice by clicking on the Notice of Privacy Practices link.

- ◆ **Receive Notification of a Breach of Your Health Information:** We have put into place reasonable processes and procedures to protect the privacy and security of your health information. In the event of a security breach of “unsecured protected health information”, we will fully comply with all legal requirements for breach notification, including notification to you as required by law. The law may not require notice to you in all cases of unauthorized acquisition, access, use or disclosure of your health information. In some situations, even if the law does not require notification, we may choose to notify you.

To exercise any of your rights as described in this Notice, please obtain the required forms from the Facility Privacy Officer and submit your request in writing.

CHANGES TO THIS NOTICE

We reserve the right to change this Notice and the revised or changed Notice will be effective for information we already have about you as well as any information we receive in the future. The current notice will be posted in the Facility and on our website and include the effective date. In

addition, each time you are admitted to the Facility, we will offer you a copy of the current notice in effect.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the Facility. These complaints must be submitted in writing on a form provided by the Facility. The complaint form may be obtained from the Facility Privacy Officer, and when completed should be returned to the Facility Privacy Officer. You may also file a complaint with the Secretary of the United States Department of Health and Human Services at Mailing Address: 200 Independence Avenue, S.W. Washington, D.C. 20201; or at the following telephone numbers: Telephone: 202-619-0257; Toll-Free: 1-877-696-6775; or at the following weblink: <http://www.hhs.gov/ocr/privacy/hipaa/complaints>

You will not be penalized for filing a complaint.

FOR MORE INFORMATION

If you have any questions or would like additional information, you may contact the Facility Privacy Officer at 922 McDonough Road, Jackson, Georgia 30233.

Original Effective Date: April 14, 2003

Revised Effective Date: April 14, 2015