Asbury Communities
PRIVACY GROUP
NOTICE OF PRIVACY PRACTICES

ASBURY Anticipate More

EFFECTIVE DATE: November 20, 2023

YOUR INFORMATION. YOUR RIGHTS. OUR RESPONSIBILITIES.

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. We are committed to preserving the privacy and confidentiality of your personal health information. During your residency at Asbury Communities, we will create, receive, or maintain records that contain personal health information about you. Personal health information is information about you, including information about where you live, that can reasonably be used to identify you and that relates to your past, present, or future physical or mental condition, the provision of health care to you or the payment for that care.

Asbury Communities are required by certain state and federal regulations to safeguard the privacy of your personal health information. We are also required by the federal Health Insurance Portability and Accountability Act (or "HIPAA") Privacy Rule to give you this Notice. This Notice informs you about the possible uses and disclosures of your personal health information and describes your rights and our obligations regarding your personal health information. This Notice applies to all information and records related to your care that Asbury Communities has received or created.

YOUR RIGHTS – A SUMMARY

You have the right to:

- Get a copy of this privacy notice
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Choose someone to act for you
- Correct your paper or electronic medical record
- Request confidential communication
- Get a copy of your paper or electronic medical record
- File a complaint if you believe your privacy rights have been violated

YOUR CHOICES

You have some choices in the way that we use and share information as we:

- Provide disaster relief
- Include you in a directory
- Provide mental health care
- Tell family and friends about your condition
- Market our services and sell your information
- Raise funds

OUR USES AND DISCLOSURES

We may use and share your information as we:

- Treat you
- Run our organization
- Bill for your services
- Comply with the law
- Respond to lawsuits and legal actions
- Help with public health and safety issues
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Do research

YOUR HEALTH INFORMATION AND YOUR RIGHTS

When it comes to your health information, you have certain rights.
This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information,usually within 30 days of your request. We may charge a reasonable, cost-based fee. For Nursing Facility residents, upon an oral or written request, all your records can be accessed within 24 hours (excluding weekends and holidays); and after receipt or inspection, you may purchase them or any portions of them upon request and 2 working days advance notice.

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or mobile phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations We aren’t required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care item out of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve share your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information at the end of this notice.
- You can file a complaint with the U.S. Dept. of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy hipaa/complaints.
- We will not retaliate against you for filing a complaint.

YOUR HEALTH INFORMATION AND YOUR CHOICES

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions. In these cases, you have both the right and choice to tell us to:

- Share information with family, close friends, or others involved in your care
- Share notification of passing with family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a community directory

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety. In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

In the case of fundraising, we may contact you for fundraising efforts, but you can tell us not to contact you again.

YOUR HEALTH INFORMATION AND OUR USES AND DISCLOSURES

How do we typically use or share your health information? We typically use or share your health information in the following ways.

Treat you - We can use your health information and share it with other professionals who are treating you.
Example: A doctor treating you for an injury asks another doctor about your overall health condition.

Run our organization - We can use and share your health information to run our practice, improve your care, and contact you when necessary.
Example: We use health information about you to manage your treatment and services.

Bill for your services - We can use and share your health information to bill and get payment from health plans or other entities.
Example: We give information about you to your health insurance plan so it will pay for your services.

How else can we use or share your health information?
We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research.

We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

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Help with public health and safety issues -

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety
- Do research - We can use or share your information for health research.
- Comply with the law - We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.
- Respond to organ and tissue donation requests
- We can share health information about you with organ procurement organizations.
- Work with a medical examiner or funeral director
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.
- Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective service
- Respond to lawsuits and legal actions
- We can share health information about you in response to a court or administrative order, or in response to a subpoena.

YOUR HEALTH INFORMATION AND OUR RESPONSIBILITIES

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

HIV/AIDS INFORMATION

We will not disclose any HIV-related information, except in situations where the subject of the information has provided us with a written consent allowing the release of where we are authorized by the State or required by federal law to make the disclosure.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our admission offices, and on our website.

If you have any complaints or questions about our privacy policies, please contact:
Privacy Officer, Asbury Communities, Inc. 5285 Westview Drive, Suite 200, Frederick, MD 21703
Maggie Shoemaker, Senior Director, Compliance, Privacy & Risk Management
Compliance Officer: 301.250.2105 | Molsen@Asbury.org

This Notice of Privacy Practices is posted in all Asbury Communities buildings; and on our website https://www.asbury.org/

Asbury Communities Privacy Group is an Affiliated Covered Entity.

Federal regulations require us to ask you for your signature indicating that you have received this Notice of Privacy Practices.

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