

# Notice of Privacy Practices

Effective: March 1, 2020

## THE SPRINGS AT SIMPSONVILLE'S Commitment to Privacy

Throughout all of THE SPRINGS AT SIMPSONVILLE, safeguarding the personal healthcare information that you entrust to us is one of our most important responsibilities. As we work to provide the services you want and need, THE SPRINGS AT SIMPSONVILLE is committed to managing this information with the utmost care and will abide by the terms of this Privacy Notice.

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.

You can be assured that we do not sell or otherwise distribute client information or mailing and phone lists to outside parties and/or marketers.

## How THE SPRINGS AT SIMPSONVILLE Uses and Discloses Medical Information About You

Without your written authorization, THE SPRINGS AT SIMPSONVILLE may only use and disclose your medical information as described below. We are, however, required to comply with any applicable state laws that impose stricter standards on the use and disclosure of health information than those described in this Notice.

*Treatment.* We may use and disclose medical information about you to provide, coordinate or manage your health care and related services by both us and other health care providers. We may disclose medical information about you to doctors, nurses, hospitals and other health facilities who become involved in your care. THE SPRINGS AT SIMPSONVILLE may report your condition to other health care providers in order to collaborate for your overall health plan. Each individual has daily living needs as well as specific care needs, and we will use your information to develop the appropriate services for your needs. For example, your physician may order physical therapy services to improve your strength and walking abilities. Our staff will need to talk with your physical therapist and/or your physician so that we can coordinate services and monitor progress for any attending professional(s).

*Payment.* Your medical information will be used or disclosed to determine the appropriate charges required for the services provided and to receive payment for services provided by us. This may include billing you, your insurance company (or designated agent), or a third-party payer you may identify. We also may disclose information about your medical condition and the health care you need to determine whether insurance coverage exists.

*Health Care Operations.* THE SPRINGS AT SIMPSONVILLE may use and disclose medical information about you for our own internal operations. These disclosures may be necessary to maintain quality health care for all our clients. We may use medical information about you to review the services we provide and the performance of our employees in caring for you. We may disclose information about you to train our staff. We also use the information to study ways to more efficiently manage THE SPRINGS AT SIMPSONVILLE.

*Family Notification and Communication.* Unless you tell us otherwise in writing, we may contact you by either telephone or mail at any telephone number(s) you provide. At any phone number given us we may leave messages for you on an answering machine or voice mail. If you want to request that we communicate to you in a certain way, see "Right to Receive Confidential Information" on page 3 of this Notice.

We may disclose to a family member, other relative, close personal friend, or any other person identified by you, medical information about you that is directly relevant to that person's involvement with your care or payment related to your care. We may also use or disclose medical information

about you to notify, or assist in notifying, those persons of your location, general condition, or death. In the event of your death, we may disclose to any of those persons who were involved in your care for payment of health care prior to your death, medical information about you that is relevant to that person's involvement, unless doing so is inconsistent with any prior expressed preference by you that is known to us. If there is a family member, other relative, or close personal friend to whom you do not want us to disclose your medical information, please notify Bear Mahon at the office of THE SPRINGS AT SIMPSONVILLE, (770)-643-1712. We may also release information to disaster relief agencies, so they may assist in notifying those involved in your care and general condition.

*THE SPRINGS AT SIMPSONVILLE Directory.* We may include your name, your location in our facility, your condition described in general terms, and your religious affiliation, in our directory while you are a patient in our facility. This information, except for your religious affiliation may be released to people who ask for you by name. Your religious affiliation may be given to members of the clergy, such as a minister, priest or rabbi. If you do not want included in our facility directory, or you want to restrict the information we include in the directory, you must notify Bear Mahon of your objection.

*Required by Law.* THE SPRINGS AT SIMPSONVILLE may use and disclose your medical information as required by law.

*For Public Health Activities.* We may use or disclose medical information about you for public health activities and purposes. This includes reporting medical information to a public health authority that is authorized by law to collect or receive the information for purposes of preventing or controlling disease. As required by law, we may disclose vital statistics (including reports of death), disease information, information related to recalls of dangerous products and similar information to public health authorities.

*To Report Abuse, Neglect or Domestic Violence.* We may disclose medical information about you to a government authority authorized by law to receive reports of abuse, neglect, or domestic violence. This will occur to the extent the disclosure is: (a) required by law; (b) agreed to you by you; or, (c) authorized by law and disclosure deemed necessary to prevent serious harm to you or to other potential victims, or, if you are incapacitated and certain other conditions are met, to a law enforcement or other public official represents and for which immediate enforcement activity depends on the disclosure.

*To Conduct Health Oversight Activities.* THE SPRINGS AT SIMPSONVILLE may disclose medical information about you to a health oversight agency for activities authorized by law, including audits, investigations, inspections, licensure, or disciplinary actions. These and similar types of activities are necessary for appropriate oversight of the health care system, government benefit programs and entities subject to various government regulations.

*In Connection with Judicial and Administrative Proceedings.* We may disclose medical information about you in the course of any judicial or administrative proceeding in response to an order of the court or administrative tribunal. We may also disclose medical information about you in response to a subpoena, discovery request, or other legal process but only if efforts have been made to tell you about the request or to obtain an order protecting the information to be disclosed.

*For Law Enforcement Purposes.* As required by law, THE SPRINGS AT SIMPSONVILLE may disclose your medical information to a law enforcement official for certain law enforcement purposes.

*To Coroners, Medical Examiners and Funeral Directors.* We may disclose medical information about you to a coroner or medical examiner for purposes such as identifying a deceased person and determining cause of death. Likewise, we may disclose medical information to funeral directors as necessary for them to carry out their duties.

*For Organ, Eye or Tissue Donation.* THE SPRINGS AT SIMPSONVILLE may use or disclose your medical information to organ procurement organizations or other entities engaged in the procurement, banking or transplantation of organs, eyes or tissues in order to facilitate organ, eye or tissue donation and transplantation.

*For Research Purposes.* We may, under select circumstances, use or disclose your medical information for research.

*In the Event of a Serious Threat to Health or Safety.* We may use or disclose protected health information about you if we believe the use or disclosure is necessary to prevent or lessen a serious or imminent threat to the health or safety of a person or the public. We may release information about you if we believe the disclosure is necessary for law enforcement authorities to identify or apprehend an individual who admitted participation in a violent crime or who is an escapee from a correctional institution or from lawful custody.

*For Specified Government Functions.* In certain circumstances, THE SPRINGS AT SIMPSONVILLE may use or disclose your medical information to facilitate specified government functions relating to military and veterans, national security and intelligence activities, protective services for the President and others, medical suitability determinations, inmates in law enforcement custody, state worker's compensation purposes, and other similar programs authorized by applicable law.

*For Psychotherapy Notes.* Should we receive psychotherapy notes along with any other medical records we receive in the course of administering your care, please note that your written authorization is required before we may use or disclose psychotherapy notes unless the use of the disclosure is: (a) by the originator of the psychotherapy notes for treatment; (b) to defend ourselves in a legal action or other proceeding brought by you; (c) when required by law; or, (d) permitted by law for oversight of the originator of the psychotherapy notes. The THE SPRINGS AT SIMPSONVILLE Privacy Officer must approve any disclosure of psychotherapy notes.

*For Workers Compensation.* We may disclose medical information about you to the extent necessary to comply with workers' compensation and similar laws that provide benefits for work-related injuries or illness without regard to fault.

### **When THE SPRINGS AT SIMPSONVILLE Will Not Use or Disclose Your Medical Information**

Except as described in this Notice of Privacy Practices, THE SPRINGS AT SIMPSONVILLE will not use or disclose your medical information without your written authorization. In particular, we will not use or disclose your medical information for marketing purposes or use or disclose your medical information in a manner that constitutes a prohibited sale of protected health information without your written authorization. If you do authorize us to use or disclose your medical information for another purpose, you may revoke your authorization in writing at any time, provided that such revocation will only apply to future uses or disclosures.

### **Your Medical Information Rights**

1. You have the right to request restrictions on certain uses and disclosures of medical information about you to carry out treatment, payment or health care operations. You have the right to request that we restrict the uses or disclosures we make to: (a) a family member, other relative, a close personal friend or any other person identified by you; or, (b) to public or private entities for disaster relief efforts. For example, you may ask that we not disclose medical information about you to your brother or sister. A request to restrict may be submitted at any time to THE SPRINGS AT SIMPSONVILLE's Privacy Officer as listed at the conclusion of this Notice. You must tell us: (a) what information you want to limit; (b) whether you want to limit use or disclosure or both; and, (c) to whom you want limits to apply. Your request must be in writing.

With one exception, we are not required to agree to any requested restriction. The exception is that we will always agree to a request to restrict disclosures to a health plan if: (a) the disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law; and, (b) the information relates solely to a health care item or service for which you, or someone on your behalf (other than the health plan), has paid in full. If we agree to a restriction,

we will adhere to the restriction unless the information is needed to provide emergency treatment. Even if we agree to a restriction, either you or we can later terminate the restriction. However, we will not terminate a restriction that falls into the exception stated above.

2. You have the right to request that we communicate medical information about you to you in a certain way or at a certain location. For example, you may ask that we contact you only by cell phone. We will not require you to tell us why you are asking for the confidential communication. If you want to request confidential communication, you must do so in writing to THE SPRINGS AT SIMPSONVILLE's Privacy Officer as stated at the conclusion of this Notice. We will accommodate your request. However, we may, when appropriate, require information concerning how payment will be handled.
3. You have the right to receive your medical information through a reasonable alternative means or at an alternative location other than as currently provided. We will honor any reasonable requests.
4. With very few limited exceptions, such as psychotherapy notes, you have the right to inspect and obtain a copy of medical information about you. To do so, you must submit your request in writing to THE SPRINGS AT SIMPSONVILLE's Privacy Officer as stated at the conclusion of this Notice. Your request should state specifically what medical information you want to inspect or copy. Your request should state the form of access and copy you desire, such as paper or electronic media. If you request a copy of the information, we may charge a fee for the costs of copying and, if you ask that it be mailed, the cost of mailing. We usually will act on your request within a reasonable time (30 days) after we receive your request. If we grant your request, in whole or in part., we will inform you of our acceptance of your request and provide access and copies.

We may deny your request to inspect and copy medical information if the medical information is involved in: (a) psychotherapy notes; or, (b) information compiled in anticipation of, or use in, a civil, criminal or administrative action or proceeding. If we deny your request, we will inform you of the basis for the denial, how you may have our denial reviewed, and how you may complain. If you request a review of our denial, it will be conducted by a licensed health care professional designated by us who was not directly involved in the denial. We will comply with the outcome of that review.

5. You have the right to request that we amend your medical information that is incorrect or incomplete but only for as long as the information has been maintained by us. To request an amendment, you must submit your request in writing to THE SPRINGS AT SIMPSONVILLE's Privacy Officer as stated at the conclusion of this Notice. You must state the amendment desired and provide a reason in support of the amendment. We will act on your request within sixty (60) days after receiving the request. We may deny your request to amend medical information and if so, will explain the reason for our denial. If you disagree you may submit a statement disagreeing with our denial and all relevant information will become part of the record. You may also complain about the denial.
6. You have the right to receive an accounting of disclosures of your medical information made by us except that we are not required to account for disclosures in this Notice made for purposes of treatment, payment or healthcare operations, disclosures you authorize or certain other disclosures excepted from the accounting requirement.
7. You have a right to obtain a paper copy of our Notice of Privacy Practices. You may, in the future, request a copy of our Notice of Privacy Practices at any time. You may obtain a copy of our Notice of Privacy Practices over the Internet at our website [www.springssc.com](http://www.springssc.com). To obtain a paper copy of this notice, contact the Privacy Officer as stated at the conclusion of this Notice.
8. You have a right to be notified by THE SPRINGS AT SIMPSONVILLE upon a breach of your unsecured medical information under certain circumstances.

If you would like to have a more detailed explanation of these rights or if you would like to exercise one or more of these rights, contact THE SPRINGS AT SIMPSONVILLE at (770) 643-1712. Requests to exercise any of these rights must be made in writing and submitted to Bear Mahon, Privacy Officer, THE SPRINGS AT SIMPSONVILLE c/o CVSC, LLC, 648 Mimosa Boulevard, Roswell, GA 30075.

### **THE SPRINGS AT SIMPSONVILLE's Duties and Changes to This Notice**

THE SPRINGS AT SIMPSONVILLE is required by law to maintain the privacy of your medical information and to provide to you this Notice of Privacy Practices. THE SPRINGS AT SIMPSONVILLE is required to abide by the terms of this Notice and any revisions that may be made from time to time. We reserve the right to amend the terms of the Notice and will make revised Notice provisions effective for all information maintained, including that created or received prior to the effective date of the new notice. THE SPRINGS AT SIMPSONVILLE will post a copy of the current effective Notice at the home office and on the website.

***This Notice is effective March 1, 2020.***

### **Complaints**

You may complain to us and to the US Secretary of Health and Human Services if you believe your privacy rights have been violated by THE SPRINGS AT SIMPSONVILLE. If you wish to file a complaint with THE SPRINGS AT SIMPSONVILLE, contact:

Bear Mahon, Privacy Officer  
bearm@caravita.com  
THE SPRINGS AT SIMPSONVILLE  
c/o CVSC, LLC  
648 Mimosa Boulevard  
Roswell, GA 30075  
Phone: (770)-643-1712

All complaints should be submitted in writing.

To file a complaint with the US Secretary of Health and Human Services, send your complaint to him or her in care of:

Office for Civil Rights  
U.S. Department of Health and Human Services  
200 Independence Avenue SW  
Washington, D.C. 20201

Complaints may also be filed online. Go to <http://www.hhs.gov/ocr>

You will not be retaliated against for filing a complaint.