

HILLCREST SHADOW LAKE - NOTICE OF PRIVACY PRACTICES

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

YOU SHOULD READ THIS NOTICE OR HAVE SOMEONE EXPLAIN IT TO YOU BEFORE SIGNING THE ACKNOWLEDGMENT.

Our Duty to Safeguard Your PHI. Hillcrest Shadow Lake is committed to protecting health information about you. This Notice describes Hillcrest Shadow Lake's privacy practices and explains how, when, and why Hillcrest Shadow Lake may use or disclose your "Protected Health Information" or "PHI".

This notice describes your rights and certain obligations Hillcrest Shadow Lake has regarding the use and disclosure of health information. Hillcrest Shadow Lake is required by law to:

- Give you this Notice of our legal duties and privacy practices with respect to health information about you; and
- Make sure that health information that identifies you is kept private.

Individually identifiable information about your past, present, or future health condition, the provision of health care to you, or the payment for the services is considered PHI. You will receive this Notice with other admission information. Except in specified circumstances, Hillcrest Shadow Lake will disclose only the minimum necessary PHI to accomplish the purpose for use or disclosure.

Hillcrest Shadow Lake is required to follow the privacy practices described in this Notice, although Hillcrest Shadow Lake reserves the right to change our privacy practices and the terms of this Notice at any time. The new Notice provisions will be effective for all PHI Hillcrest Shadow Lake maintains. If Hillcrest Shadow Lake changes our privacy practices, Hillcrest Shadow Lake will post a copy of the changed Notice at www.hillcresthealth.com, with the effective date clearly displayed. You may also request a paper copy of the new Notice from the Privacy Officer using the contact information provided below at the end of this Notice.

How Hillcrest Shadow Lake May Use and Disclose Your PHI.

Hillcrest Shadow Lake collects PHI about you and stores it in files and/or on a computer, which Hillcrest Shadow Lake calls a "record". Although the PHI is yours, the record is the property of Hillcrest Shadow Lake. Hillcrest Shadow Lake protects the privacy of your PHI, but the law permits us to use or disclose your PHI for the following purposes:

Uses and Disclosures: The following are examples of the types of uses and disclosures of your PHI that Hillcrest Shadow Lake is permitted to make once you have signed our Acknowledgment form. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by us once you have signed the Acknowledgment.

Payment and Health Care Operations: Hillcrest Shadow Lake has the right to use and disclose your PHI for all activities that are included within the definitions of "treatment", "payment" and "health care operations" as

defined by the Health Insurance Portability and Accountability Act ("HIPAA") Privacy Rule.

For treatment: Hillcrest Shadow Lake will use and disclose your PHI to provide, coordinate, or manage your health care and any related services.

For payment: Hillcrest Shadow Lake may use or disclose your PHI to bill and collect payment for our services.

For health care operations: Hillcrest Shadow Lake may also use or disclose your PHI during the day-to-day operations within Hillcrest Shadow Lake.

- Hillcrest Shadow Lake may also disclose your PHI to third party "business associates", including, but not limited to, individuals/entities such as our attorneys or our accountants for audit purposes. Whenever an arrangement between Hillcrest Shadow Lake and a business associate involves the use or disclosure of your PHI, Hillcrest Shadow Lake will have a written contract that contains the terms that will protect the privacy of your PHI.

- Hillcrest Shadow Lake may also use or disclose your PHI, as necessary, to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you. You may contact our Privacy Officer to request that these materials not be sent to you.

Other Uses and Disclosures Not Requiring Authorization:

The law provides that Hillcrest Shadow Lake may use or disclose your PHI without authorization in the following entities or circumstances:

Business Associates. Hillcrest Shadow Lake contracts with service providers – called business associates – to perform various functions on our behalf. For example, Hillcrest Shadow Lake may contract with a doctor to provide services to you. To provide certain contracted services, business associates will receive, create, maintain, use, or disclose protected health information, but only after Hillcrest Shadow Lake and the business associate agree in writing to contract terms requiring the business associate to appropriately safeguard your information.

Other Covered Entities. Hillcrest Shadow Lake may use or disclose your PHI to assist health care providers in connection with their treatment or payment activities, or to assist other covered entities in connection with certain health care operations. For example, Hillcrest Shadow Lake may disclose your PHI to a health care provider when needed by the provider to render treatment to you, and

Hillcrest Shadow Lake may disclose PHI to another covered entity to conduct health care operations in the areas of quality assurance and improvement activities, or accreditation, certification, licensing, or credentialing. This also means that Hillcrest Shadow Lake may disclose or share your PHI with other health care programs or insurance carriers (such as Medicaid, Medicare, etc.) to coordinate benefits, if you have other health insurance or coverage.

Appointment Reminders; Health-related Benefits and Services; Marketing: Hillcrest Shadow Lake may use and disclose your PHI to contact you and remind you of appointments with Hillcrest Shadow Lake, or to inform you of treatment alternatives or other health-related benefits and services that may be of interest to you. Hillcrest Shadow Lake may use and disclose your PHI to encourage you to purchase or use a product or service through a face-to-face communication or by giving you a promotional gift of nominal value.

Patient Directories: Unless you object, Hillcrest Shadow Lake may use some of your PHI to maintain a directory of individuals in its facilities. This information may include your name, your location in a facility, your general condition (e.g. fair, stable, etc.), and your religious affiliation, and the information may be disclosed to members of the clergy. Except for your religious affiliation, the information may be disclosed to other persons who ask for you by name.

When required by law: Hillcrest Shadow Lake may use or disclose your PHI to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required by law, of any such uses or disclosures. For example, Hillcrest Shadow Lake may disclose PHI when a law requires that Hillcrest Shadow Lake report information about suspected abuse or neglect. Hillcrest Shadow Lake must also disclose PHI to authorities who monitor compliance with these privacy requirements.

Legal proceedings: Hillcrest Shadow Lake may disclose PHI during a judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), in certain conditions in response to a subpoena, discovery request or other lawful process.

Law enforcement: Hillcrest Shadow Lake may also disclose PHI for law enforcement purposes. These law enforcement purposes include: (1) legal processes and otherwise required by law, (2) limited information requests for identification and location purposes, (3) pertaining to victims of a crime, (4) suspicion that death has occurred as a result of criminal conduct, (5) in the event that a crime occurs on the premises of your residence, and (6) medical

emergency (not in the your residence) and it is likely that a crime has occurred.

Criminal activity: Consistent with applicable federal and state laws, Hillcrest Shadow Lake may disclose your protected health information, if Hillcrest Shadow Lake believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. Hillcrest Shadow Lake may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

For public health activities: Hillcrest Shadow Lake may disclose your PHI for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. For example, a disclosure may be made for the purpose of preventing or controlling disease, injury or disability.

For communicable diseases: Hillcrest Shadow Lake may disclose your PHI, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

For health oversight activities: Hillcrest Shadow Lake may disclose your PHI to agencies responsible for audits, investigations, inspections, licensure, accreditation, and other oversight activities. Oversight agencies seeking this information include government agencies that oversee health care Services, government benefit programs, other government regulatory programs and civil rights laws.

Food and Drug Administration: Hillcrest Shadow Lake may disclose your protected health information to a person or company required by the Food and Drug Administration for the purpose of quality, safety, or effectiveness of FDA-regulated products or activities including, to report adverse events, product defects or problems, biologic product deviations, to track products; to enable product recalls; to make repairs or replacements, or to conduct post marketing surveillance, as required.

Military Activity and National Security: When the appropriate conditions apply, Hillcrest Shadow Lake may use or disclose protected health information of individuals who are Armed Forces personnel (1) for activities deemed necessary by appropriate military command authorities; (2) for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits, or (3) to foreign military authority if you are a member of that foreign military services. Hillcrest Shadow Lake may also disclose your protected health information to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or others legally authorized.

Relating to decedents: Hillcrest Shadow Lake may disclose PHI relating to an individual's death to coroners, medical examiners or funeral directors, and to organ procurement organizations relating to organ, eye, or tissue donations or transplants. Hillcrest Shadow Lake may disclose such information in reasonable anticipation of death.

Research: Hillcrest Shadow Lake may disclose your protected health information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information.

Workers' compensation: Hillcrest Shadow Lake may disclose your PHI as necessary to comply with workers' compensation laws.

Inmates: Hillcrest Shadow Lake may use or disclose your protected health information if you are an inmate of a correctional facility and your physician created or received your protected health information in the course of providing care to you.

Uses and Disclosures Requiring that You Have an Opportunity to Object: Hillcrest Shadow Lake may use and disclose your PHI in the following described instances, for which you can agree or object to the use or disclosure of all or part of your PHI. If you are not present or able to agree or object to the use or disclosure of the PHI, then Hillcrest Shadow Lake may, using professional judgment, determine whether the disclosure is in your best interest. In this case, only the PHI that is relevant to your services you receive from Hillcrest Shadow Lake will be disclosed.

Personal involvement. Hillcrest Shadow Lake may disclose to a member of your family, a relative, a close friend or any other person you identify, your protected health information that directly relates to that person's involvement in your health care. Hillcrest Shadow Lake may use or disclose protected health information to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location, general condition or death.

Disaster relief. Hillcrest Shadow Lake may use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care.

Electronic Health Record Services. To improve care, quality outcomes and access to your health records by other healthcare providers, Hillcrest Shadow Lake provides connectivity to its Electronic Health Record Services to health care providers. In addition, Hillcrest Shadow Lake may provide access to your health records through our Electronic Health Record Services to business associates, regulatory oversight, and others with a "need to know" and authority to view your PHI pursuant to HIPAA. As a condition of such access, these individuals/entities each agree to abide by

appropriate privacy and security measures, including compliance with federal and state laws regarding the privacy and security of your health information. For any questions concerning Hillcrest Shadow Lake's role in providing electronic records access to these individuals/entities, please contact our Privacy Officer using the contact information provided in *Section VII* below.

When Hillcrest Shadow Lake May not Use or Disclose Your PHI without Authorization. In all instances not otherwise permitted by this Notice to release your PHI, Hillcrest Shadow Lake will ask you to sign an authorization form required by law. This requirement for authorization also includes most uses and disclosure of psychotherapy notes, PHI for marketing purposes, and disclosures that constitute a sale of PHI. Your authorization can be revoked in writing at any time to stop future uses or disclosures except to the extent that Hillcrest Shadow Lake has already undertaken an action in reliance upon your authorization.

Your Rights Regarding Your PHI. You have the following rights relating to your PHI:

To request restrictions on uses or disclosures:

- You have the right to ask that Hillcrest Shadow Lake limit how Hillcrest Shadow Lake uses or disclose your PHI for treatment, payment, or operations.
- You may request that any part of your PHI not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice.
- You may also request that certain disclosures of PHI to health plans/insurance companies not be made if you pay out-of-pocket in full for health care services from Hillcrest Shadow Lake.
- Your request must state the specific restriction requested and to whom you want the restriction to apply. Hillcrest Shadow Lake will consider your request, but is not legally bound to agree to the restriction.

To choose how Hillcrest Shadow Lake contact you: You have the right to ask that Hillcrest Shadow Lake send you information at an alternative address or by an alternative means. Hillcrest Shadow Lake must agree to your request if it is reasonably easy for us to do so. For example, in most cases it will be impossible for us to hand deliver information or to overnight it via Federal Express or a similar mailing company.

To inspect and copy: You may inspect and obtain a copy of your PHI that is contained in your service file for as long as Hillcrest Shadow Lake maintains your PHI. Under law, however, you may not inspect or copy the following: psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding; and PHI that is subject to law that prohibits access to PHI. If you want copies of your PHI, a charge for copying may be imposed, but may be waived, depending on your circumstances. You have a right to choose what portions of your information you want

copied and to have prior information on the cost of copying. You may also elect to receive an electronic copy of your records in the format of your choosing, if the requested form is readily producible by Hillcrest Shadow Lake. If the requested format is not readily producible by Hillcrest Shadow Lake, you and Hillcrest Shadow Lake can determine a mutually agreeable format. Hillcrest Shadow Lake will respond within 30 days of receiving your request, and if this is not possible, Hillcrest Shadow Lake may request an additional 30 day extension to respond.

To request amendment of your PHI: You have a right to request that Hillcrest Shadow Lake amend your PHI if it is incomplete or incorrect. Hillcrest Shadow Lake is not required to change your PHI. If Hillcrest Shadow Lake cannot amend your PHI in accordance with your request, Hillcrest Shadow Lake will provide you with information about the denial and how you can disagree with the denial.

To find out what disclosures have been made: You have a right to receive a report of when, to whom, for what purpose, and what content of your PHI has been released other than instances of disclosure for treatment, payment, and operations. The report also will not include any disclosures made for national security purposes, to law enforcement officials or correctional facilities. Subject to the foregoing, your request can relate to disclosures going as far back as six years. Hillcrest Shadow Lake will respond to your request for a report within 60 days of receiving the request. There will be no charge for one such report made each year. There may be a reasonable charge for more frequent reports.

To be notified following a breach of any unsecured PHI. You have a right to be notified within sixty (60) days following a breach of any unsecured PHI including the nature and extent of PHI involved, to whom the PHI may have been disclosed, whether that PHI was actually acquired or viewed; and the extent to which the risk to the PHI has been mitigated.

To receive this Notice: You have a right to receive a paper copy of this Notice of Privacy Practices.

How to Complain about our Privacy Practices:

If you think Hillcrest Shadow Lake may have violated your privacy rights, or you disagree with a decision Hillcrest Shadow Lake made about access to your PHI, including any decisions about your rights, you may file a complaint verbally or in writing with our Privacy Officer, whose address appears below. You also may file a written complaint with the Secretary of the U.S. Department of Health and Human Services. Hillcrest Shadow Lake will take no retaliatory action against you if you make a complaint.

Privacy Officer to contact for Information: If you have questions about this Notice or wish to make a complaint about our privacy practices, please contact the Privacy Officer at:

**Administrator/HIPAA Privacy Officer
Hillcrest Shadow Lake**

**1507 E Gold Coast Road
Papillion, NE 68046; or
Phone: (402) 339-6010; or
email: bemerson@hillcresthealth.com**

Complaints: If you believe that anyone at Hillcrest Shadow Lake has violated your privacy rights, you may contact the HIPAA Privacy Officer and discuss your concerns. If you are not satisfied with the outcome, you may file a written complaint to Hillcrest Health Services' Corporate Compliance Officer at 1902 Harlan Drive, Suite A, Bellevue, NE 68005. In addition, you may also file a complaint with the Secretary of the Federal Department of Health and Human Services (DHHS Secretary). If you file a complaint, you will in no way be punished, threatened, harassed, retaliated against, or subjected to any other negative consequences.