



## NOTICE OF PRIVACY PRACTICES

**THIS NOTICE OF PRIVACY PRACTICES DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, AND HOW YOU CAN ACCESS YOUR HEALTH INFORMATION.**

**PLEASE REVIEW IT CAREFULLY.**

**Last updated February 7, 2023**

### **Resident Health Information**

We keep records relating to your health, coordination of care, and services you receive from Brightspire. Under federal law, your resident health information is protected and confidential. Resident health information includes information about your symptoms, test results, diagnosis, treatment and related medical information. We need these records to provide you with quality care and to comply with certain legal requirements.

We recognize that the privacy of your health information is very important to you. We are committed to protecting the confidentiality of your health information.

When we use or disclose your health information, we will make reasonable efforts to limit the use or disclosure to the minimum necessary to accomplish the intended purpose of the use or disclosure.

### **Our Legal Duties**

We are required by law to maintain the privacy of your health information, provide you with our Notice of Privacy Practices ("Notice"), follow the terms of the Notice that is currently in effect, and notify you of any breach of your unsecured health information.

This Notice describes some of the ways in which we may use and disclose your health information. It also describes your rights and certain obligations we have regarding the use and disclosure of your health information.

### **How We Use Your Resident Health Information**

We use health information about you for treatment, to obtain payment and for health care operations, including administrative purposes and evaluation of the quality of care that you receive. Under some circumstances, we may be required to use or disclose the information even without your consent.

### **Examples of Treatment, Payment, and Health Care Operations**

The following categories describe different ways in which we may use and disclose your health information. This list is not exhaustive.

**Treatment.** We may use and disclose your health information to diagnose and assess your health condition and provide you with medical treatment or services as well as to coordinate further management of your care and provide related services. We may share your health information as needed among Practice personnel involved in your care. We may also disclose the information to refer you to health care providers for treatment or to health care providers who are participating in your treatment such as physicians, pharmacies, drug or medical device experts and home health agencies. We may disclose your health information to family members or friends who are helping with your care.

**Payment.** We may use and disclose your health information, as needed, so that we may bill and obtain payment for the health care items and services we provided to you. For example, we may need to disclose your health information to your health plan to obtain authorization before providing certain types of treatment. We will submit bills and maintain records of payments from your health plan. We may also disclose your health information to a collection agency if we are unable to obtain reimbursement from you or someone else who is responsible for paying for your care.

**Health Care Operations.** We may use and disclose your health information to conduct our standard internal operations. These activities include, but are not limited to, proper administration of records, evaluation of the quality of treatment, assessing the care and outcomes of your case and others like it, for resident safety programs, developing clinical protocols and guidelines, conducting training programs, legal services or auditing, business planning and development, employee review activities, developing compliance programs, licensing and general administrative activities. For example, we may use your health information to review our treatment and services and evaluate the performance of our staff in caring for you so that we may learn how to improve the quality and effectiveness of the care we provide you and our other residents. We may use your health information to create "de-identified" information, which does not include any information that identifies you, and disclose that de-identified information.

## Uses and Disclosures

We may use or disclose identifiable health information about you, even without your permission for the following purposes:

**Business Associates.** We may share your health information with third-party business associates who perform various activities for us. For example, these business associates may include billing services, medical transcriptionists, answering services, accountants, information technology services, consultants, and attorneys. We may disclose your health information to our business associates to the extent necessary for them to perform the requested services. The business associates are required by law to appropriately safeguard your health information.

**Required by Law.** We may use and disclose your health information as required by law. For example, we may be required to report gunshot wounds, suspected abuse or neglect, or similar injuries and events.

**Communications with You.** We may use and disclose your health information to contact you about treatment, care, an appointment, or payment. For example, we may use the phone numbers (including mobile) and email addresses we have on file to send you phone calls, email, text messages, or other communications related to your care. These messages may be sent using automated dialing and/or pre-recorded messages. We may leave voice messages at the telephone number you provide to us or respond to you at an email address you provided. In some cases, we may send you a newsletter. You have the right to opt out of receiving these messages. To opt out of these messages, see our Privacy Page. If you send us unencrypted emails or texts, you understand there are security risks in doing so and you accept those risks.

**Individuals Involved in Your Care or Payment for Your Care.** Unless you object, we may disclose your protected health information to a family member, other relative, a close personal friend or other person you identify if it is directly relevant to the person's involvement in your care or payment related to your care. We may also disclose your information in connection with trying to locate or notify family members or others involved in your care concerning your location, general condition or death. You will be given an opportunity to object to these disclosures unless we can infer from the circumstances that you do not object or are unavailable to object and we determine it is in your best interest to make the disclosure. After your death, we may disclose to a family member, other relative or close personal friend who was involved in your care or payment for your health care prior to your death, health information that is relevant to such person's involvement unless doing so is inconsistent with any prior expressed preference that you made known to us.

**Disaster Relief.** Unless you object, we may use or disclose your health information to a public or private entity authorized by law to assist in disaster relief efforts in order to coordinate notifying or assisting in notifying your family, personal representative or any person involved in your health care of your location, general condition or death.

**Psychotherapy Notes.** Under most circumstances, without your written authorization, we may not disclose the notes a mental health professional took during a counseling session. However, we may disclose such notes to the professional who wrote the notes in order to treat you, to defend us in a legal action you brought against us, for state and federal oversight of the mental health professional who wrote the notes, to provide training for our mental health students, trainees, and practitioners, for the purposes of medical examiners and coroners, to avert a serious threat to health or safety, or as otherwise authorized by law.

**Public Health Activities:** As required or authorized by law, we may disclose your health information to certain governmental agencies and others for public health activities. For example, we may disclose your health information to prevent or control disease, injury or disability; to report vital events such as births and deaths; for public health investigations; to report child abuse or neglect; to report information on FDA-regulated products or activities; where permitted by law, to notify a person who may have been exposed to a communicable disease or is at risk of contracting or spreading a disease or condition; to report information to your employer as required under laws addressing work-related illnesses or injuries or workplace medical surveillance; and, if you are a student or prospective student and agree, to a school to prove you received required immunizations.

**Health Oversight.** We may disclose your health information to a health oversight agency for oversight activities that are authorized by law. For example, these health oversight activities include audits, investigations, licensure of health care professionals or disciplinary actions against health care professionals, assisting in investigations and audits, eligibility for government programs and similar activities.

**Lawsuits and Similar Proceedings.** We may use and disclose your health information in the course of a judicial or administrative proceeding in response to an appropriate subpoena, court order or other lawful process.

**Law Enforcement Purposes.** Subject to certain restrictions, we may disclose your health information for law enforcement purposes where required to do so by law. Such purposes include responses to legal proceedings; information requests for identification and location purposes; information requests about crime victims; deaths suspected from criminal conduct; crimes occurring at the Practice or in one of our facilities; and medical emergencies (not on the premises of the Practice) believed to result from criminal conduct.

**Coroners, Medical Examiners and Funeral Directors.** We may disclose your health information to a coroner or medical examiner for the purposes of identifying a deceased person, determining a cause of death or other duties as authorized by law. We may disclose your health information to funeral directors so that they may carry out their duties.

**Organ and Tissue Donation.** If you are an organ or tissue donor, we may release your health information to organ or tissue donation agencies as necessary to facilitate organ or tissue donation or transplantation.

**Serious Threat to Health or Safety.** We may use or disclose your health information when necessary to prevent or lessen a serious imminent threat to your health and safety or the health and safety of the public or another person. Such disclosures will be made only to persons reasonably able to prevent or lessen the threat or as necessary for law enforcement authorities to identify or apprehend an individual.

**Victims of Abuse, Neglect or Domestic Violence.** We may disclose your health information to an authorized governmental authority, such as a social services agency or a protective services agency, if we reasonably believe you are a victim of abuse, neglect or domestic violence.

**Research.** We may use or disclose your health information for approved medical research. For example, a research project may involve comparing the health and recovery of all residents who received one medication to those who received another, for the same condition. All research projects are subject to a special approval process, which evaluates a proposed research project and the manner in which it will use health information. However, we may disclose your health information to persons who are preparing to conduct a research project to help them find residents with specific needs, provided that the information is not removed from the facility.

**Workers' Compensation.** We may disclose your health information as permitted or required by laws related to workers' compensation or similar programs providing benefits for work-related injuries or illness.

**Military Personnel.** If you are a member of the armed forces, we may use and disclose your health information as required by military command authorities or to determine eligibility for benefits from the Department of Veteran Affairs. We may also use and disclose health information about foreign military personnel to the appropriate foreign military authority.

**National Security and Intelligence Activities.** Under appropriate conditions, we may disclose your health information to authorized federal officials if required for special investigations or to protect the President, other authorized persons or foreign heads of state. We may also disclose your health information to authorized federal officials for intelligence, counter-intelligence or other national security activities authorized by law.

**Inmates.** If you are an inmate or under the custody of a law enforcement official, we may disclose health information to the correctional institution or law enforcement official. This disclosure would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

**Community Directory** We may include your name and your location in the Community Directory while you are a resident. We will share this directory information through our electronic bulletin board and/or with people who ask for you by name. We can also share your religious affiliation with clergy affiliated with your faith, regardless of whether they ask for you by name. To opt out of being included in the facility directory, please notify the staff member registering you or providing your care. The opt out only applies to that encounter and you will have to make a new request to opt-out if you would like to be removed from the directory during your next stay.

**Marketing Communications About Health-Related Benefits and Services.** In our face-to-face communications with you, we may use and disclose your health information without your authorization to tell you about health-related benefits or services that may be of interest to you. We may also use or disclose your health information to make other marketing communications to you but only if you have authorized us to do so.

**Demographic Information for Fundraising Purposes.** We may use or disclose limited health information about you for the purposes of fundraising for our own benefit. In case you do not want to receive fundraising communications, we will include, in any fundraising materials we send to you, a description of how you may opt out of receiving any further fundraising communications. We will respect any decision you make to opt out of such communications.

**State and Other Federal Laws.** We will comply with all applicable state and federal laws. For example, under state law, there are restrictive limits placed on the disclosure of information pertaining to mental health services, substance abuse, HIV status and AIDS.

### **Authorizations for Other Uses and Disclosures**

As described above, we will use and disclose your health information for treatment, payment and health care operational purposes and when permitted or required by law. Your advance written authorization is required for other uses and disclosures of your health information not covered by this Notice or covered by the laws that apply to us as well as for a sale of your health information. We will

not sell your health information without your authorization. If you provide us with such an authorization, you may revoke the authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose your health information for the reasons covered in the written authorization. However, you should understand that we are unable to take back any disclosures we have already made with your authorization and we are required by law to retain records of the care that we provide to you.

## **Your Individual Rights**

You have the rights listed below with regard to the health information we maintain about you.

**Right to Request Restrictions.** You have the right to ask us to restrict or limit the uses or disclosures we make of your health information for treatment, payment or health care operations or to a family member or other person who is involved in your care. We will make reasonable efforts to comply with your request, but we do not have to agree to your requested restriction, except if the disclosure is to a health plan for payment or health care operations (not treatment) and the health information relates solely to health care for which the health care provider involved received payment in full from you or someone (other than a health plan) acting on your behalf. To request restrictions, you must send a written request to our Privacy Officer at the address below which describes the information and tell us whether you want to limit use or disclosure of the information or both and tell us who should not receive the restricted information. If we do agree to a restriction, we will comply with your request unless the restricted information is needed to provide you with emergency treatment.

**Right to Request Confidential Communications.** You have the right to ask us to communicate with you about medical matters in a certain way or at a certain location. For example, you can request that we only contact you on your cell phone, at work or by mail. To request confidential communications, you must make a written request to our Privacy Officer and the request must specify how or where you wish to be contacted. You do not have to tell us the reason for your request. We will accommodate all reasonable requests.

**Right to Inspect and Copy.** In most cases, you have the right to look at or get a copy of your health information that we maintain in a designated record set for as long as we maintain the information. A “designated record set” contains medical and billing records and other records we use to make decisions about you. This right does not include the right to look at or get a copy of the following records: psychotherapy notes, information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, or information subject to a law that prohibits granting you access to it. Your request to inspect and obtain copies of your health records must be submitted in writing, signed and dated, to our Privacy Officer at the address below. We may charge a small fee for processing your request and providing you with copies. Under certain circumstances, we may deny your request to inspect or obtain a copy of your records. For example, if we believe accessing your records would harm you, we would deny your request. If we deny your request, we will provide a reason for our denial and tell you whether our reason for making such a denial is reviewable. If the reason is reviewable, you may appeal the denial.

**Right to Amend.** If you believe information in your records maintained by us is incorrect or important information is missing, you have the right to request that we correct the existing information or add the missing information for so long as the information is kept by or for the Practice. Your request for an amendment must be made in writing, signed, dated and delivered to our Privacy Officer at the address below. It must describe the records that you wish to amend and give the reason for your request. We may deny your request; if we do, we will explain our reasons for the denial and your options for appealing our decision.

**Right to an Accounting of Disclosures.** You have the right to request an accounting of certain disclosures we have made of your health information. This right is subject to certain exceptions. For example, it excludes disclosures made for treatment, payment or health care operations or disclosures to you or pursuant to a written authorization. It also excludes disclosures made to a facility directory, to persons involved in your care, for national security or intelligence purposes, to correctional institutions or law enforcement officials, and for other reasons. In addition, we may suspend your right to receive an accounting of disclosures if required to do so by a health oversight agency or law enforcement official for the period of time specified by such agency or official.

Your request for an accounting of disclosures must be submitted in writing, signed and dated, to our Privacy Officer at the address below. It must include the time period of the disclosures and should specify whether you want the list of disclosures provided on paper or electronically. The first list you request within a 12 month period will be free. For additional lists, we may charge you for the cost of producing the list.

**Right to a Paper Copy of this Notice.** You have the right to obtain a paper copy of this Notice at any time, even if you have agreed to receive this Notice electronically. You may receive a copy of this Notice at any of our facilities or by calling our Privacy Officer at the phone number below. You may also view this Notice on our website [www.brightspire.org](http://www.brightspire.org).

**Our Breach Notification Obligation.** We are legally required to notify you if there is a breach of your unsecured protected health information. We are required to notify you by first class mail (sent to the last address you have given us) or by email (if you have authorized in writing that you prefer email communications) of such breaches. In addition to notifying you, we will also report the breach to the Secretary of the U.S. Department of Health and Human Services and, where required by law, to media outlets.

## Changes to this Notice

We reserve the right to change the terms of our Notice of Privacy Practices at any time and to make the new Notice provisions effective for all health information that we maintain. The effective date is on the first page of the Notice. The new notice will be available upon request, at each office location, and on our website at [www.brightspire.org](http://www.brightspire.org).

## Complaints

If you are concerned that we have violated your privacy rights, or if you disagree with a decision we have made about your records, you may file a written complaint with our Privacy Officer at the address listed below or with the Secretary of the United States Department of Health and Human Services.

**You will not be penalized in any way or retaliated against for filing a complaint.**

## Contact Person

If you have any questions, requests, or complaints, please contact:

**Director of Compliance**

**Brightspire**

**2109 Sandy Ridge Road**

**Colfax, NC 27235**

**(336) - 886-6553 x5116**

[compliance@brightspire.org](mailto:compliance@brightspire.org)

**U.S. Department of Health and Human Services**

**Office of Civil Rights**

**200 Independence Avenue, S.W.**

**Washington, DC 20201**

**Toll-free 1-877-696-6775**

[www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/)

**Effective Date:** 06/01/2019 **Revised:** 01/20/2023; 2/7/2023

**This Notice of Privacy Practices applies to the following organizations:**

Brightspire and all its affiliated communities and other entities.