

# HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA) NOTICE OF PRIVACY PRACTICES

**Effective Date: 6/1/2024**

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.

For purposes of this notice, "Facilities" refers to clinics offices and facilities operated by Autumn House West (collectively referred to herein as "we" or "our"). This notice covers the ways in which we may use and disclose health information about you. It also describes your rights and certain obligations we have regarding the use and disclosure of health information.

- We are subject to the compliance of the law as we are a health care provider and we maintain and transmit health information in electronic form in connection with transactions referred to as claims, encounters, eligibility, referrals, payments, electronic remittance, coordination of benefits, claim status, first report of injury, health claim attachments and any other transactions as the Secretary of the Department of Health and Human Services may prescribe by regulation.

- We are permitted to use and disclose protected health information as follows:
  - For the purpose of treatment, payment and health care operations.
  - To insurance companies, health plans, medical billing companies, and administrators for payment of services you receive.
  - To government agencies like Medicare and Medicaid or as required by law.
  - To your doctors and others involved in your care now or in the future.
  - To your employer, if the records are related to care or service paid for by your employer or for other purposes that are permitted under law.
  - To any person or entity responsible to pay all or part of your bill.
  - To a friend of family member who is involved in your care.
  - Medical chart review, training and auditing activities, and other activities in support of our business activities. We also may share your protected health information with third-party "business associates" that perform various activities (for example, billing services) for us. We will have a written contract with these entities to protect the privacy of your protected health information.

- In some situations, your written authorization is required to use or share your health information. For example, we will never sell your information or use your information for marketing purposes without your permission.

- We shall make all reasonable efforts not to use or disclose more than the minimum amount of protected health information necessary to accomplish the intended purpose of the use or disclosure.

- When making disclosures to public officials we will reasonably rely on the representations of such officials that the information requested is the minimum necessary for the stated purpose(s).

- We may use or disclose any de-identified protected health care information provided that the key or other devices designed to enable coded or otherwise de-identified information is not used or provided.

- We recognize all individually identifiable health information identifiers as created, received and used within our electronic computer systems and will make every reasonable effort to ensure they are secure in our environment. These identifiers are listed as:

Name, address (street, city, county, zip code), names of relatives, names of employers, birth date, telephone numbers, fax numbers, social security number, medical record number, account number, health plan beneficiary number, certificate or license number, E-mail address, IP address, vehicle or other device serial number, Web URL, finger or voice prints, photographic images, and any others added by the Secretary in future regulations.

- The death of a patient does not terminate his rights to protection of health information. We shall apply all reasonable efforts to protect the individually identifiable health information of a deceased individual in the same manner we protect the living. We are required to protect your medical information in accordance with the Federal HIPAA Privacy for 50 years after your death.

- The Facilities will keep your medical information according to State law, Federal law and policy. Your medical information may be stored electronically and may be sent to or received from other healthcare providers and/or payers

electronically. This includes your diagnosis (what is wrong with you), treatments (what we are doing to make you better), and medicine or prescription information about your mental health, infectious diseases like HIV, substance abuse and addiction or abuse and other problems.

- In some cases, the Facilities are required by state law, federal law or by court order to report your medical information. This may include information about HIV, TB, Hepatitis and other diseases. See 42 CFR § 2.12(c)(6); 45 CFR § 164.512(b)(1)(ii); or 42 CFR § 2.15(b).

- In some cases, we may disclose health information about for public health activities to:
  - Prevent or control disease, injury or disability
  - Report births and deaths and participate in disease registries
  - Report reactions to medications or problems with products
  - Notify people of recalls for products they may be using
  - Notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition
  - Notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will make this disclosure only if you agree, or when required or authorized by law.

- In other cases, Facilities are permitted to disclose your medical information. This includes, but is not limited to the following: in the case of a court order requiring disclosure; in cases of medical emergency (45 C.F.R. § 164.506(c); 42 C.F.R. § 2.51); in reporting crimes that occur on program premises or against staff (45 C.F.R. § 164.502(j)(2), 164.512(f)(2); 42 C.F.R. § 2.12 (c)(5)); to entities having administrative control (45 C.F.R. § 164.502(a)(1), 164.506(a), (c); 42 C.F.R. § 2.12 (c)(3)); to qualified service organizations (45 C.F.R. § 160.103, 164.504(e), (c); 42 C.F.R. § 2.12 (c)(4)); and to outside auditors, evaluators, central registries, and researchers (45 C.F.R. § 164.501, 164.506, 164.512; (c); 42 C.F.R. § 2.53 (c)-(d); 42 C.F.R. § 2.52; 45 C.F.R. § 164.512(i)(1)(ii)).

- We may disclose health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We also may disclose medical information about patients to funeral directors, as necessary, to carry out their duties.

- We may disclose your health information to certain third parties with whom we contract to perform services on behalf of the Facilities. If so, we will have written assurances from the third party that your information will be protected.

#### YOUR RIGHTS

- You have various rights, including the following:
  - You have the right to inspect and obtain a copy of the health information that may be used to make decisions about your care. To inspect or obtain a written copy of health information that may be used to make decisions about you, you must submit a request in writing to the Facility.
  - If you feel that the health information we have about you is incorrect or incomplete, you may ask us to amend the information by submitting a written request to the Facility.
  - You have the right to request an “accounting of disclosures” by submitting a request in writing to the Facility, which is a list of the disclosures we made regarding your health information, except the following types of disclosures:
    - To carry out treatment, payment or health care operations.
    - To you or your personal representative.
    - For which you have given your written permission (authorization).
    - For a Facility directory or to your family, friends or others involved in your care.
    - For national security or intelligence purposes.
    - To correctional institutions or to law enforcement, as described in this notice.
    - As part of a limited data set (a collection of information that does not directly identify you).
  - You have the right to request a restriction or limitation on health information that we use or disclose about you for treatment, payment or health care operations. Such request shall be submitted in writing to the Facility. We are not required to agree to your request and we may say “no” if it would affect your care.
  - You have a right to request that we communicate with you about health care matters in a certain way or at a certain location. Such request must be made in writing to the Facility. We will say “yes” to all reasonable requests.
  - You have a right to a paper copy of this notice at any time.

#### COMPLAINTS & CONTACT INFORMATION

- If you believe your privacy rights have been violated you may file a complaint with the Facility or with the secretary of the Department of Health and Human Services. All complaints must be submitted in writing. You will not be penalized for filing a complaint.
- All inquiries under this notice must be set to:
  - [privacy@livecardinal.com](mailto:privacy@livecardinal.com) or contact  
Cardinal Senior Living  
Attn: Privacy Department  
1435 Coit Ave NE  
Grand Rapids, MI 49505
- The Facilities reserves the right to change this notice at any time.

**Nondiscrimination & Accessibility**

Cardinal Senior Living complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, disability, or sex.

Relevant language translations provided courtesy of the United States Department of Health and Human Services:  
<https://www.hhs.gov/civil-rights/for-providers/resources-covered-entities/index.html>