

JOINT NOTICE OF PRIVACY PRACTICES

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.

Who Will Follow This Notice?

Cedar Community and each of the following Cedar Community affiliates, together, designate themselves, as a single Affiliated Covered Entity (ACE) for purposes of compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA): **Cedar Lake Health and Rehabilitation Center, Cedar Community Pharmacy, Cedar Community Hospice, Cedar Community Home Health, Cedar Bay West, The Willows at Cedar Lake, Cedar Bay at Elkhart Lake, The Cottages at Cedar Run.** Each of these entities, sites, locations and care providers will follow the terms of this joint notice. In addition, these entities, sites, locations and care providers may share medical information with each other for treatment, payment or health care operations related to the ACE.

Cedar Community also participates in an Organized Health Care Arrangement (OHCA) with other covered entities. This notice is jointly used by and jointly describes the practices of all participants within the OHCA, including, without limitation:

- Any health care professional authorized to enter information into your chart.
- All departments or units of Cedar Community.
- Any member of a volunteer group we allow to help you while you are a resident of, or being treated at, a Cedar Community facility.
- All employees, staff, or other Cedar Community personnel.

Each of the above individuals or entities participating in the OHCA will follow the terms of this joint notice. In addition, these individuals or entities may share medical information with each other for treatment, payment or health care operations related to the OHCA.

A complete list of ACE and OHCA participants using this joint notice is available upon request. Provision of the joint notice to an individual by any one of the ACE or OHCA participants will satisfy requirements with respect to all other ACE or OHCA participants covered by the joint notice.

Our Legal Duty

Cedar Community is dedicated to maintaining the privacy of your medical information. In conducting our business, we will create records regarding you and the treatment and services we provide to you. We are required by HIPAA to maintain the confidentiality of any medical information that identifies you. We also are required by law to provide you with this joint notice of our legal duties and privacy practices concerning your identifiable health information. By law, we must follow the terms of the joint notice of privacy practices that we have in effect at the time.

The terms of this joint notice have been updated and apply to all records containing your identifiable medical information that are created or retained by Cedar Community. We reserve the right to revise or amend our joint notice of privacy practices. Any revision or amendment to this joint notice will be effective for all of your records we have created or maintained in the past, and for any of your records we may create or maintain in the future. We will post a copy of our current joint notice in our facilities in a prominent location as well as on our website, www.cedarcommunity.org. You may request a copy of our

most current joint notice at any time by contacting the Cedar Community Privacy Officer or designee at (262) 306-4265 or via e-mail at mboden@cedarcommunity.org.

Uses and Disclosures of Your Medical Information

We will not use or disclose your medical information without your authorization except as described in this joint notice. The following categories describe the different ways in which we may use and disclose your medical information:

Treatment. We may use your medical information to treat you. For example, we may disclose your medical information to a hospital at which you may be receiving treatment. We may also disclose pertinent medical information from your records to individuals outside of Cedar Community for your continued medical treatment, such as providing a consulting physician with health information so that your continued medical treatment will not be delayed or hampered.

Payment. We may use or disclose your medical information in order to bill or collect payment for the services and items you may receive from us. For example, we may contact your health insurer to certify that you are eligible for benefits (and, if so, to determine the scope of your benefits), and we may provide your insurer with details regarding your treatment to determine if your insurer will cover, or pay for, your treatment. We also may use and disclose your medical information to obtain payment from third parties who may be responsible for such costs, such as family members. Also, we may use your medical information to bill you directly for services and items.

Health Care Operations. We may use or disclose your medical information to conduct health care operations. For example, we may use and disclose your information to evaluate the quality of care you received from us, to conduct training of staff, or to conduct cost-management and business planning activities. We also may disclose your medical information to a health oversight agency performing activities authorized by law, such as investigations or audits. These agencies include governmental agencies that oversee the health care system, government benefit programs, and organizations subject to government regulation and civil rights laws. In addition, we may disclose your medical information to another health care provider subject to Federal privacy protection laws, as long as the provider has or had a relationship with you and the medical information is for that provider's health care operations.

Appointment Reminders and Other Information that May be of Interest to You. We may use or disclose your medical information to contact you and remind you of appointments, visits and/or deliveries. We also may use or disclose your medical information to contact you about treatment options or alternatives that may be of interest to you. For example, we may call you to remind you of expired prescriptions or to inform you about the availability of alternative drugs or other products that may benefit your health.

Facility Listings. If you are a resident or patient at a Cedar Community facility, unless you request otherwise, your name and room number will be included on our Facility Listing and may be released to anyone who asks for you by name.

Release of Information to Family/Friends. Unless you specifically ask us not to in writing, we may release your medical information to a family member or friend who is involved in your treatment or is helping you pay for your health care.

Fundraising. In support of our charitable mission, we may use certain medical information about you (e.g. demographic information, dates of health care provided, department of service information,

treating physician, outcome information and health insurance status) to contact you about supporting our fundraising efforts. You may choose to “opt out” of receiving these fundraising communications by calling (262) 338-4625 or e-mailing our Philanthropy Dept. at jzaskowski@cedarcommunity.org.

Business Associates. We may disclose your medical information to our business associates that perform functions on our behalf or provide us with services if the information is necessary for them to provide such functions or services. We require our business associates to agree in writing to protect the privacy of your information and to use or disclose your medical information only as specified in that written agreement.

Other Uses and Disclosures Allowed without Consent or Authorization. We will disclose your medical information when required to do so by any Federal, State or local law, or when authorized by Federal, State or local law for the following kinds of public health and public benefit activities:

- As required by law.
- For public health, including to report disease and vital statistics, child abuse, or adult abuse, neglect or domestic violence.
- To avert a serious and imminent threat to health or safety.
- For health care oversight, such as activities of state insurance commissioners, licensing and peer review authorities, and fraud prevention agencies.
- For research (under certain circumstances and after a special approval process).
- In response to court and administrative orders and other lawful process.
- To law enforcement officials with regard to crime victims and criminal activities.
- To coroners, medical examiners, funeral directors, and organ procurement organizations.
- To the military, to Federal officials for lawful intelligence, counterintelligence, and national security activities.
- To correctional institutions and law enforcement regarding persons in lawful custody.
- As authorized by state worker's compensation laws.

Uses and Disclosures Requiring Your Authorization. Uses or disclosures of your medical information not described in this joint notice will only be made with your authorization (or the authorization of your legal representative). Any authorization may be revoked at any time by written request, except to the extent it has already been acted upon.

Your authorization (or the authorization of your legal representative) is specifically required before we: (i) use or disclose your Psychotherapy Notes; (ii) use your medical information to make a marketing communication to you for which we receive financial remuneration from a third party, unless such communication is face-to-face or in other limited circumstances; or (iii) disclose your medical information in any manner which constitutes the sale of such information under HIPAA.

Some types of medical information are particularly sensitive, and the law, with limited exceptions, may require that we obtain your authorization to use or disclose that information. Sensitive information may include information dealing with genetics, HIV/AIDS, mental health, developmental disabilities, and alcohol and substance abuse. If required by law, we will ask that you sign an authorization before we use or disclose such information.

Your Rights

You have the following rights under HIPAA with respect to the medical information we create or maintain about you:

Confidential Communications. You have the right to request that our organization communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than work. All requests for confidential communications must be made by contacting the Cedar Community Privacy Officer or designee at (262) 306-4265 or via e-mail at mboden@cedarcommunity.org. Such request shall specify the requested method of contact or the location where you wish to be contacted. We will accommodate reasonable requests. You do not need to give a reason for your request.

Requesting Restrictions. You have the right to request a restriction in our use or disclosure of your medical information for treatment, payment, or health care operations. Additionally, you have the right to request that we limit our disclosure of your medical information to individuals involved in your care or the payment for your care, such as family members and friends. All requests for restrictions must be made by contacting the Cedar Community Privacy Officer or designee at (262) 306-4265 or via e-mail at mboden@cedarcommunity.org. We are not required to agree to your request; however, if we do agree, we are bound by our agreement except when otherwise required by law or in emergencies. Except as otherwise required by law, we must agree to a restriction request if: (i) the disclosure is to a health plan for purposes of carrying out payment or health care operations (and not for purposes of carrying out treatment); and (ii) the medical information pertains solely to a health care item or service for which we have been paid out of pocket in full by you or someone else on your behalf (not the health plan). If you self-pay and request a restriction, it will apply only to those medical records created on the date that you received the item or service for which you, or another person (other than the health plan) on your behalf, paid in full, and which documents the item or service provided on such date.

Inspection and Copies. If you are a resident of Cedar Lake Health and Rehabilitation Center or Cedar Crossings, you have the right to inspect your medical information within 24 hours of any request to do so. After inspecting your medical information, you also have the right to receive copies of such information within two business days of requesting such copies. To receive copies of your Cedar Lake Health and Rehabilitation Center or Cedar Crossings record, or to request records from any other Cedar Community facility, you will need to contact the Cedar Community Privacy Officer or designee at (262) 306-4265 or via e-mail at mboden@cedarcommunity.org to arrange for the proper form to be sent to you. We will provide copies of your medical information in the format you request unless we cannot practicably do so. Our organization may charge a reasonable fee for the costs of copying, mailing, labor, and supplies associated with your request. We may deny your request to inspect and/or copy in certain limited circumstances. If we deny your request, you may request that we provide you a review of our denial. Reviews will be conducted by a licensed health care professional who we have designated as a reviewing official, and who did not participate in the original decision to deny the request.

Amendment. You have the right to request that we amend your medical information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for Cedar Community. All requests for amendments must be made by contacting the Cedar Community Privacy Officer or designee at (262) 306-4265 or via e-mail at mboden@cedarcommunity.org. You must provide us with a reason that supports your request for amendment. We will deny your request if you fail to submit your request (and the reason supporting your request) in writing. Also, we may deny your request if you ask us to amend information that is: (a) accurate and complete; (b) not part of the identifiable medical information kept by or for us; (c) not part of the identifiable medical information which you would be permitted to inspect and copy; or

(d) not created by us, unless the individual or entity that created the information is not available to amend the information.

Accounting of Disclosures. You have the right to request an "accounting of disclosures." An "accounting of disclosures" is a list of certain disclosures of your medical information we have made. All requests for an accounting of disclosures must be made by contacting the Cedar Community Privacy Officer or designee at (262) 306-4265 or via e-mail at mboden@cedarcommunity.org. All requests for an "accounting of disclosures" must state a time period which may not be longer than six years. The first list you request within a 12-month period is free of charge, but we may charge you for additional lists within the same 12-month period. We will notify you of the costs involved with additional requests, and you may withdraw your request before you incur any costs.

Right to a Paper Copy of This Joint Notice. You have the right to receive a paper copy of our joint notice of privacy practices. You may ask us to give you a copy of this joint notice at any time, regardless of whether you have already accepted an electronic copy of this joint notice. To obtain a paper copy of this notice, contact the Cedar Community Privacy Officer or designee at (262) 306-4265 or via e-mail at mboden@cedarcommunity.org.

Breach Notification. You have the right to be notified of any breach of your unsecured medical information. Notification of a breach may be delayed or not provided if so required by a law enforcement official. You may request that such joint notice be provided to you by electronic mail. If you are deceased and there is a breach of your health information, the joint notice will be provided to your next of kin or personal representative if we know the identify and address of such individual(s).

Questions or Complaints

If you have any questions or feel that your rights as stated in this joint notice have been violated, please contact the Cedar Community Privacy Officer at (262) 306-4265. All complaints must be in writing and submitted to the Cedar Community Privacy Officer at 5595 County Road Z, West Bend, WI. You may also file a complaint with the Secretary of Health and Human Services. You will not be retaliated against for filing a complaint.

Effective Date

This joint notice is effective November 14, 2016

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Rev. 6/06,
9/1/13
11/14/16
11/1/17
8/29/19
2/24/23