NOTICE OF PRIVACY PRACTICES

NOTICE OF PRIVACY PRACTICES ("Notice") DESCRIBES HOW NEIGHBORLY SENIOR CARE NETWORK WILL USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU AND LET YOU KNOW YOUR PRIVACIES RIGHTS. THIS NOTICE APPLIES TO ALL OF OUR FACILITIES AND ALL OF OUR MEDICAL RECORDS ABOUT YOU. THIS NOTICE WILL TELL YOU WHAT INFORMATION WE MAY BE REQUIRED TO DISCLOSE AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

Section C: How We May Use and Disclose Your Medical Information

The following categories describe different ways that we use and disclose medical information.

Treatment: We use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, case managers, social workers, or other personnel involved in providing health care and related services to you. For example, a social worker or case manager who is helping you may need to know if you have diabetes in order to provide you with proper services. In addition, the social worker or case manager may need to tell the dietician if you have diabetes so that appropriate meals can be arranged for you. We may use and disclose your medical information with different departments of a hospital or nursing home in order to coordinate the different things you need, such as lab work and x-rays.

Payment: We use and disclose medical information about you so that the treatment and services you receive from this Corporation may be billed to, and payment may be collected from, federal and state health care programs (including Medicaid), you, an insurance company or a third party, as applicable. For example, we may give a federal or state health care program information about health care or related services that you receive so that the program can pay us. Federal or state health care programs will pay us or reimburse you for the services. We also may tell federal or state health care programs about a treatment you are going to receive in order to obtain prior approval or to determine whether the treatment will be covered.

Health Care Operations: We use and disclose medical information about you for the operation of our practice and to develop our quality care practices. For example, we may use medical information to review our treatment and services and to evaluate the performance of our medical staff.

Research: With your written consent, we may use your medical information to participate in research.

Section D: Special Situations

Organ and Tissue Donation: If you are an organ donor, we may release medical information about you to facilitate organ harvest, procurement, or transplantation.

Military and Veterans: If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about you to military forces to facilitate organ or tissue donation and transplantation.

Workers’ Compensation: We may release medical information about you to workers’ compensation carriers.

Public Health: We may release information about you to persons who may be at risk of disease or injury.

Research: With your written consent, we may use your medical information to participate in research.

Health Oversight Activities: We may disclose medical information to government agencies for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the quality of health care system, government programs, and compliance with civil rights laws.
• **Lawsuits and Disputes.** If you are involved in a lawsuit or dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone who is not related to you in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

• **Law Enforcement.** We may release medical information if asked to do so by a law enforcement official:
  - In response to a court order, subpoena, warrant, summons or similar process.
  - To identify or locate a suspect, fugitive, material witness, or missing person.
  - About a crime if, under certain limited circumstances, we are unable to obtain the person's agreement.
  - About a death we believe may be the result of criminal conduct.
  - About criminal conduct at our facility or at the hospital; and
  - In emergency circumstances, to report a crime the location of the crime, the victim, or to report the identity, description or location of the person who committed the crime.

• **Coroners, Medical Examiners and Funeral Directors.** We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or to determine the cause of death. We may also release medical information about patients to funeral directors as necessary to carry out their duties.

• **National Security and Intelligence Activities.** We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

• **Protective Services for the President and Other Officials.** We may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

• **Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you in the correctional institution or law enforcement official. This release would be necessary for the institution to provide you with health care, to protect your health and safety or the health and safety of others, or for the safety and security of the correctional institution.

**Section E: Your Rights Regarding Medical Information**

**About You.** You have the following rights regarding medical information we maintain about you:

- **Right to Inspect and Copy.** You have the right to inspect and copy some of the medical information that may be used to make decisions about your care. Usually, this includes medical or billing records, but does not include psychotherapy notes. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.

- **Denial.** We may deny your request to inspect and copy medical information in certain circumstances. If you are denied access to medical information, in some cases, you may request that the denial be reviewed. Another licensed health care professional chosen by the Corporation will review your request and the denial. The person conducting the review will not be the person who denied your request. You will be notified of the review decision.

- **Right to Amend.** If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by the Corporation. You must provide a reason that supports your request.

- **Denial.** We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:
  - Was not created by us, unless the person or entity that created the information is no longer available to make the amendment.
  - Is not part of the medical information kept by or for this Corporation;
  - Is not part of the information which you would be permitted to inspect and copy; or
  - Is accurate and complete.

- **Right to an Accounting of Disclosures.** You have the right to request an "accounting of disclosure." This is a list of the disclosures we made of medical information about you. Your request must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper, electronically). The first list you request within a 12 month period will be free. For additional lists, we may charge you for the costs of providing the list. This fee will not apply to requests by individuals involved in the care or payment for your care (for example, a family member or friend). You also could request us not to use or disclose information about a surgery you had.

In your request, you must tell us what information you want to limit, whether you want to limit our use, disclosure, or both, and to whom you want the limits to apply (for example, disclose only to your spouse).

- **We are not required to agree to your request.** If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

- **Right to Request Confidential Communications.** You have the right to request that the corporation communicate with you about your medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

- **Right to a Paper Copy of This Notice.** You have the right to a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time. Even if you have agreed to receive a Notice electronically, you are still entitled to a paper copy of this Notice. You may obtain a copy of this Notice at our website: www.neighborly.org.

To exercise the above rights, please contact the following individual to obtain a copy of the relevant form you will need to complete to make your request:

**Title:** Privacy Officer
**Phone Number:** 727-573-9444

**Section F: Changes To This Notice**

We reserve the right to change this Notice. We reserve the right to make the revised or changed Notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current Notice in our offices. The Notice will contain on the first page, in the top right hand corner, the effective date. In addition, each time you register at or are admitted to the hospital for treatment or health care services from NEIGHBORLY CARE NETWORK, we will offer you a copy of the current Notice in effect.

**Section G: Complaints**

If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the U.S. Department of Health and Human Services. To file a complaint with us, you must write or call us and ask for the first page of the current Notice. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

**Section II: Other Uses of Medical Information**

Other uses and disclosures of medical information not covered by this Notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care we provided to you.

**Section I: Organized Health Care Arrangement**

Our Corporation, other federal and state affiliated agencies and other independent health care professionals (including your physician), may agree, as permitted by law, to share your health information among themselves for purposes of treatment, payment or health care operations. This enables us to better address your health care needs.

**Section J: Marketing**

We may contact you as part of our marketing efforts. We are required to obtain your written authorization to use your health information for marketing purposes. Marketing does not include face-to-face encounters or communications involving promotional gifts of nominal value. Marketing also does not include communications to you about treatment options or our own health-related products or services. The selling of lists of names to patients to third parties, and the disclosure of your health information to a third party for the third party's marketing activities is prohibited without your authorization.

**Section K: Fundraising**

We may contact you as part of our fundraising efforts. The only information about you that will be distributed for any fundraising effort is your demographic information (e.g., name, address, telephone number, etc.) and the dates you received treatment.