

**Northport Health Services of Florida, LLC d/b/a  
West Melbourne Health and Rehabilitation Center  
2125 West New Haven Avenue  
Melbourne, FL 32904-3803  
Phone Number: (321) 725-7360**

**PRIVACY NOTICE**

**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.**

*THIS PRIVACY NOTICE COVERS YOUR NURSING HOME FACILITY AND THE HEALTH CARE PROVIDERS LISTED ON THE LAST PAGE WHO MAY PROVIDE SERVICES TO YOU IN THE NURSING HOME FACILITY.*

**THE EFFECTIVE DATE OF THIS PRIVACY NOTICE IS APRIL 10, 2017.**

This Nursing Home Facility is required under the federal health care privacy rules (the "Privacy Rules") to protect the privacy of your health information, which includes information about your health history, symptoms, test results, diagnoses, treatment, and claims and payment history (collectively, "Health Information"). We are also required to provide you with this Privacy Notice regarding our legal duties, policies and procedures to protect and maintain the privacy of your Health Information. This Privacy Notice will be posted in a prominent location in the nursing home and will be posted on our website.

We are required to follow the terms of this Privacy Notice unless (and until) it is revised. We reserve the right to change the terms of this Privacy Notice and to make the new notice provisions effective for all Health Information that we maintain and use, as well as for any Health Information that we may receive in the future. Should the terms of this Privacy Notice materially change, we will make a revised copy of the notice available to you and post the revised notice prominently in the nursing home and on our website.

**PERMITTED USES AND DISCLOSURES OF YOUR HEALTH INFORMATION.**

1. **General Uses and Disclosures.** Under the Privacy Rules, we are permitted to use and disclose your Health Information for the following purposes and in support of the following, without obtaining your permission or Authorization, unless more stringent state or federal laws apply:
  - ▶ **Treatment.** We are permitted to use and disclose your Health Information in the provision and coordination of your health care. For example, we may disclose your Health Information to your physician and to other health care personnel who have a need for such information for your care and treatment.
  - ▶ **Payment.** We are permitted to use and disclose your Health Information for the purposes of determining coverage, billing, reimbursement, and payment. This information may be released to Medicare, an insurance company, or other authorized entity or person involved in the payment of your medical bills and may include copies or portions of your medical record which are necessary for payment of your bill. For example, a bill sent to your insurance company may include information that identifies you, your diagnosis, and the procedures and supplies used in your treatment. You are permitted and have the right to

restrict disclosures to your health plan related to services for which you pay in full “out of pocket”.

- ▶ **Health Care Operations.** We are permitted to use and disclose your Health Information for certain administrative, legal, and quality improvement activities that are necessary for us to run our nursing home and to support our functions of treatment and payment, including, but not limited to: quality assurance, auditing activity, credentialing activity, and for educational purposes. For example, we can use your Health Information to internally assess our quality of care provided to residents.
- ▶ **Health Care Providers Working in the Nursing Home.** Your nursing home and the various health care providers who render services to you in the nursing home are part of an "organized health care arrangement". (These health care providers are listed on the last page.) The nursing home and these providers have agreed, as permitted by the Privacy Rules, to share your Health Information among themselves as necessary to carry out treatment, payment or health care operations of the nursing home. This enables us to better address your health care needs.
- ▶ **Uses and Disclosures Required by Law.** We may use and disclose your Health Information when required to do so by law, including, but not limited to, disclosures to the Department of Health and Human Services, reporting abuse, neglect and domestic violence, in response to judicial and administrative proceedings, in responding to a law enforcement request for information, or in order to alert law enforcement to criminal conduct on our premises.
- ▶ **Public Health Activities.** We may disclose your Health Information for public health reporting, including, but not limited to: reporting communicable diseases and vital statistics; reporting product recalls and adverse events; or notifying person(s) who may have been exposed to a disease or are at risk of contracting or spreading a disease or condition.
- ▶ **Abuse and Neglect.** We may disclose your Health Information to a local, state, or federal government authority if we have a reasonable belief that abuse, neglect or domestic violence has occurred.
- ▶ **Regulatory Agencies.** We may disclose your Health Information to a health care oversight agency for activities authorized by law, including, but not limited to, licensure investigations and inspections. These activities are necessary for the government and certain private health oversight agencies to monitor the health care system, government programs, and compliance with civil rights.
- ▶ **Judicial and Administrative Proceedings.** We may disclose your Health Information in judicial and administrative proceedings, as well as in response to an order of a court, administrative tribunal, or in response to a subpoena, summons, warrant, discovery request, or similar legal request.
- ▶ **Law Enforcement Purposes.** We may disclose your Health Information to law enforcement officials when required to do so by law.
- ▶ **Coroners, Medical Examiners, Funeral Directors.** We may disclose your Health Information to a coroner or medical examiner. This may be necessary, for example, to

determine a cause of death. We may also disclose your health information to funeral directors, as necessary, to carry out their duties.

- ▶ **Research.** Under certain circumstances, we may disclose your Health Information to researchers when their clinical research study has been approved and where certain safeguards are in place to ensure the privacy and protection of your Health Information.
- ▶ **To Avert Threats to Health and Safety.** We may use or disclose your Health Information if we believe, in good faith, that the use or disclosure is necessary to prevent or lessen a serious or imminent threat to the health or safety of a person or the public, or is necessary for law enforcement to identify or apprehend an individual.
- ▶ **Specialized Government Functions.** We may disclose your Health Information to authorized federal officials for national security reasons and the Department of State for medical suitability determinations. We may also disclose your Health Information to authorized federal officials for the provision of protective services to the President of the United States or to foreign heads of state or to conduct related investigations. If you are a member of the U.S. Armed Forces, we may disclose your Health Information as required by military command authorities.
- ▶ **Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose your Health Information to the correctional institution or law enforcement official, where such information is necessary for the institution to provide you with healthcare; to protect your health or safety, or the health or safety of others; or for the safety and security of the correctional institution.
- ▶ **Workers' Compensation.** We may disclose your Health Information to your employer to the extent necessary to comply with laws relating to workers' compensation or other similar programs that provide benefits for work-related injuries or illnesses without regard to fault.
- ▶ **Marketing.** We may use or disclose your Health Information to make a marketing communication that occurs in a face-to-face encounter with us or which concerns a promotional gift of nominal value provided by us. The sale of your Health Information for paid marketing will require your Authorization.
- ▶ **Fundraising.** We may use or disclose your Health Information to make a fundraising communication to you for the purpose of raising funds for our own benefit. With each fundraising communication, we will provide you with an opportunity to elect not to receive any further fundraising communications. We will also make reasonable efforts to ensure that if you opt out of such communications you are not sent future fundraising communications. We may also use, or disclose to a business associate or to an institutionally related foundation, the following Health Information for the purpose of raising funds for our own benefit: (a) demographic information relating to you, including your name, address, other contact information, age, gender, and date of birth; (b) the dates of healthcare provided to you; (c) the department or area of service that provided you treatment; (d) your treating physician; (e) outcome information; and (f) your health insurance status.
- ▶ **Organ and Tissue Donations.** If you are an organ donor, we may disclose your Health Information to organ procurement organizations or other entities engaged in the

procurement, banking, or transplantation of cadaveric organs, eyes, or tissue for the purpose of facilitating donation and transplantation.

- ▶ **Appointment Reminders.** We may use and disclose your Health Information to remind you of an appointment for treatment and medical care.
- ▶ **Refill Reminders, Care Coordination, Alternative Therapies.** We may provide you with refill reminders about a drug or biologic that is currently being prescribed for you, but only if any financial remuneration received by us in exchange for making the communication is reasonably related to our cost of making the communication. Except where we receive financial remuneration in exchange for making the communication, we may communicate with you for the following treatment and healthcare operations purposes: (a) for your treatment including case management or care coordination, or to direct or recommend alternative treatments, therapies, healthcare providers, or settings of care; (b) to describe a health-related product or service (or payment for such product or service) that is provided by, or included in a plan of benefits, including communications about a healthcare provider network or health plan network; replacement of or enhancements to, a health plan; and or (c) for case management or care coordination, contacting of individuals with information about treatment alternatives, and related functions to the extent these activities are not considered treatment.
- ▶ **Disclosures to Business Associates.** Other individuals and companies provide management assistance to us. Under the Privacy Rules, these individuals and companies are called Business Associates. We may disclose your Health Information to Business Associates who provide services to us pursuant to a written agreement that contain terms regarding the protection of your Health Information. Our Business Associates are required to protect the confidentiality of your Health Information.
- ▶ **Other Uses and Disclosures.** In addition to the items outlined above, we may use and disclose your Health Information (without your written permission) for other purposes permitted by the Privacy Rules.

2. **Uses and Disclosures Which Require an Opportunity to Verbally Agree or Object.** Under the Privacy Rules, we are permitted to use your Health Information for the creation of facility directories, and to disclose your Health Information to disaster relief agencies, and to family members, close personal friends or any other person identified by you, if the information is directly relevant to that person's involvement in your care or treatment. Except in emergency situations, you will be notified in advance and have the opportunity to verbally agree or object to this use and disclosure of your Health Information. We will ask that you identify one personal representative with whom we should discuss your care and treatment.

3. **Uses and Disclosures Which Require Your Written Authorization.** As required by the Privacy Rules, all other uses and disclosures of your Health Information (not described above) will be made only with your written permission, which is called an Authorization. For example:

- ▶ **Psychotherapy Notes.** If we maintain psychotherapy notes, we must obtain your Authorization for any use or disclosure of such psychotherapy notes, except to carry out the following treatment, payment, or healthcare operations: (a) use by the originator of the psychotherapy notes for treatment; (b) use or disclosure by us for our own training programs in which students, trainees, or practitioners in mental health learn under supervision to practice or improve their skills in group, joint, family, or individual

counseling; or (c) use or disclosure by us to defend ourselves in a legal action or other proceeding brought by you.

- ▶ **Certain Marketing Purposes.** If we receive financial remuneration in exchange for making a marketing communication we must obtain your Authorization for any use or disclosure of Health Information other than a face-to-face communication made by us to you, or for a promotional gift of nominal value provided by us.
- ▶ **Sale of Health Information.** We must obtain your Authorization for any sale of your Health Information and such Authorization will state that the disclosure will result in our receiving remuneration.

4. **Revoking Your Authorization.** You may revoke your Authorization in writing at any time. The revocation of your Authorization will be effective immediately, except to the extent that: we have relied upon it previously for the use and disclosure of your Health Information; if the Authorization was obtained as a condition of obtaining insurance coverage where other law provides the insurer with the right to contest a claim under the policy or the policy itself; or where your Health Information was obtained as part of a research study and is necessary to maintain the integrity of the study.

### **PATIENT RIGHTS.**

You have the following rights concerning your Health Information:

1. **Right to Inspect and Copy Your Health Information.** Upon written request, you have the right to inspect and copy your own Health Information contained in a designated record set, maintained by or for us. You may also request that we transmit a copy of such Health Information to a designated third-party, provided the designation is clear, specific, and contained in a writing signed by you. Under most circumstances, a request will be responded to within 30 days. A "designated record set" contains medical and billing records and any other records that we use for making decisions about you. However, we are not required to provide you access to all the Health Information that we maintain. For example, this right of access does not extend to psychotherapy notes or information compiled in reasonable anticipation of, or for use in, a civil, criminal or administrative proceeding. We will notify you in writing of the reasons for our denial and provide you with information regarding your rights to have our denial reviewed. Instead of copies, we can provide you with a summary of your Health Information if you agree to the form and costs of such summary. If you request a copy or summary of explanation of your Health Information, we may charge you a reasonable fee for copying costs, postage, and any other associated costs in preparing the summary or explanation. Instead of paper copies, you may request that we provide the information in electronic form. We may charge you a reasonable cost-based fee for an electronic copy, which shall not exceed our labor and supply costs in responding to the request.
2. **Right to Request Restrictions on the Use and Disclosure of Your Health Information.** You have the right to request restrictions on the use and disclosure of your Health Information for treatment, payment and health care operations, as well as disclosures to persons involved in your care or payment for your care, such as family members or close friends. We will consider, but do not have to agree to, such requests. However, we must agree to restrict a disclosure of Health Information about you to a health plan if: (a) the disclosure is for the purpose of carrying out payment or healthcare operations and is not otherwise required by law; and (b) the Health Information pertains solely to a healthcare item or service for which you, or someone other than the health plan on your behalf, has paid in full.

3. **Right to Request an Amendment of Your Health Information.** You have the right to request an amendment of your Health Information. We may deny your request if we determine that you have asked us to amend information that: was not created by us, unless the person or entity that created the information is no longer available; is not Health Information maintained by or for us; is Health Information that you are not permitted to inspect or copy; or we determine that the information is accurate and complete. If we disagree with your requested amendment, we will provide you with a written explanation of the reasons for the denial, an opportunity to submit a statement of disagreement, and a description of how you may file a complaint.
4. **Right to an Accounting of Disclosures of Your Health Information.** You have the right to receive an accounting of disclosures of your Health Information made by us. With respect to Health Information contained in paper form, our accounting will not include: disclosures related to treatment, payment or healthcare operations; disclosures to you; disclosures based upon your Authorization; disclosures to individuals involved in your care; incidental disclosures; disclosures to correctional institutions or law enforcement officials; disclosures for facility directories; disclosures that are part of a Limited Data Set; or disclosures that occurred prior to April 14, 2003 or as otherwise allowed by the Privacy Rules. With respect to Health Information contained in an electronic health record, unless otherwise specified by law, the accounting will not contain disclosures made to you upon your request; based upon your Authorization; to individuals involved in your care; or as allowed by law. You may request an accounting of applicable disclosures made by us within six (6) years prior to the date of your request for Health Information stored in paper form and made within three (3) years prior to the date of your request (but not for any disclosures made prior to implementation of our electronic health records system) for Health Information stored in an electronic health record. If you request an accounting more than once in a 12-month period, we may charge you the reasonable cost-based expenses incurred to comply with your additional request.
5. **Right to Alternative Communications.** You have the right to receive confidential communications of your Health Information by a different means or at a different location than currently provided. We will accommodate reasonable requests made in writing.
6. **Right to Receive Written Notification of a Breach of Your Unsecured Health Information.** You have the right to receive written notification of a breach of your unsecured Health Information if it has been accessed, used, acquired, or disclosed in a manner not permitted by the Privacy Rules. We will provide this notification by first-class mail or, if necessary, by such other substituted forms of communication allowable by law or you may request in writing to receive a notification of a breach by electronic mail.
7. **Right to Receive a Paper Copy of this Notice of Privacy Practices.** You have the right to receive a paper copy of this Notice of Privacy Practices upon request.

*If you want to exercise any of these rights, please contact your Nursing Home Administrator or our Privacy Officer listed below. We ask that all requests be submitted to us in writing on a designated form (which we will provide to you), and returned to the attention of our Privacy Officer at the address below. In some cases, we may charge you a reasonable cost-based fee to carry out your request.*

**CONTACT INFORMATION AND HOW TO REPORT A PRIVACY RIGHTS VIOLATION.**

If you have questions and/or would like additional information regarding the uses and disclosures of your Health Information, you may contact our Privacy Officer at:

Address: 931 Fairfax Park  
Tuscaloosa, Alabama 35406  
**Attn: Privacy Officer**

Telephone: (205) 391-3600  
Customer Service: (866) NHS-CALL (647-2255)  
Facsimile: (205) 722-9486

If you believe that your privacy rights have been violated or that we have violated our own privacy practices, you may file a complaint with us. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services. Complaints submitted directly to us must be in writing and sent to the attention of our Privacy Officer. There will be no retaliation for filing a complaint.

*The following health care providers may provide services to you in the nursing home as part of our organized health care arrangement and are covered by this Privacy Notice: Physicians; Dentists; Podiatrists; Optometrists; Physical, Occupational, Respiratory and Speech Therapists and Assistants; Rehabilitation Attendants; Dietary Consultants; Nurses; Psychologists and Social Workers; Hospice Workers; Pharmacists; Medical Equipment Suppliers; Diagnostic Providers; Physician Assistants; and Lab Technicians and Providers and other health care providers. These individuals may not be employees of the nursing home.*