

# PRIVACY

PRS respects the privacy of your protected health information and we are committed to keeping it confidential.

## Notice of Privacy Practices

Protected health information, often referred to as PHI, is information that may identify you and relates to your past, present, or future physical or mental health, the provision of healthcare to you, or the payment for that care. Understanding how your protected health information is used helps you to ensure its accuracy and better understand who, what, when, where, and why others may access it to make informed decisions.

*Please review this notice carefully.*

### We are required by law to:

- maintain the privacy of your protected health information
- provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain for you
- abide by the terms of this notice
- notify you if we are unable to agree to a requested restriction
- accommodate reasonable requests you may have to communicate protected health information by alternative means or at alternative locations.

### How we may use and disclose your medical information

The following categories describe the ways that we use and disclose medical information about you. Not every use or disclosure in a category will be listed. However, all of the ways we use and disclose medical information about you will fall into one of the categories below. We always apply a rigorous review process for pre-qualifying our third-party partners.

For Treatment: We may use medical information about you to provide medical treatment. We may disclose medical information about you to doctors, nurses, therapists, or other personnel who are involved in your care. Different departments may share information about you to coordinate your care and provide you medication, lab work, and x-rays.

For Payment: We may use and disclose your medical information so that the treatment and services you receive may be billed to you, an insurance company, or third-party payer such as Medicare. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether the health plan will cover the treatment.

For Healthcare Facility Operations: We may use and disclose medical information about you to evaluate and/or improve day-to-day healthcare operations. This is necessary to ensure that all residents and patients receive quality care.

For Reporting Healthcare Quality: We may disclose medical information about you to [Consonus Healthcare](#) through their Co-Pilot program, which helps us benchmark our healthcare outcomes against similar providers.

### Other Allowable Uses of Your Medical Information:

- For **public health risks**, we may disclose medical information about you including the following:
  - Prevention or control of disease, injury, or disability.
  - Reporting deaths.
  - Reporting reactions to medications or problems with medical products.
  - Notifying you of recalls or defective products.
  - Notifying you that you may have been exposed to a disease or may be at risk for spreading a disease.
  - Notifying the appropriate government authority if we believe you have been the victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.
- For **health oversight activities**, such as licensing, auditing or inspection agencies authorized by law.
- In connection with **lawsuits** or other legal proceedings in response to a court order, warrant, summons, or subpoena.
- For **research studies** in certain circumstances, we may use and disclose medical information about you for research purposes.
- To **coroners, medical examiners, and funeral directors**. This may be necessary to identify a deceased resident/patient or determine the cause of death.
- For **organ and tissue donations**. If you have identified yourself as an organ and tissue donor, we may disclose medical information to organizations that handle organ and tissue procurement or transplantation.
- For **workers' compensation** purposes. We may use or disclose medical information about you for worker's compensation or similar programs as authorized or required by law.
- When **required by law**, such as a request from law enforcement to help identify or locate a suspect, fugitive, witness, or missing person. Another example would be information about a death suspected to be the result of criminal conduct.
- **Inmates/Law Enforcement Custody**. If you are under the custody of a law enforcement officer or a correctional institution, we may disclose your PHI to the institution or officer for certain purposes including the health and safety of you and others.
- **Military and veterans**. If you are a member of the armed forces, we may disclose medical information about you as required by military authorities.
- During a **disaster**. In an emergency, we may disclose information to disaster relief authorities so that your family can be notified of your location and condition.
- For **national security and intelligence activities**. We may disclose medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.
- To support **fundraising efforts**, we may use certain limited contact information and may provide contact information to a foundation affiliated with our organization. You may, however, opt out of fundraising communications at any time.
- With relevant **business associates**. Some services in our organization are provided through contracts with business associates. Examples include but are not limited to laboratory tests, our medical records software provider, research agencies gathering and analyzing service reviews, pharmacies, certain rehabilitation services, and attorney services. When such services are contracted, we may disclose your medical information so that they can perform the job we've asked them to do. Federal law and our Business Association Agreement require the business associate to appropriately safeguard your information.

- For certain **marketing** purposes. We may use your medical information to inform you about treatment alternatives and health-related benefits and services that may be of interest to you.

**Unless you tell us otherwise, we will:**

- List your name, location, and phone extension in a community **Resident Directory**. The directory won't include specific medical information about you. We may release information in our listing to people who ask for you by name. We may provide information, including your religious affiliation, to any member of the clergy.
- Place your name next to or on your home's **door**.
- Use photos and limited information about you in **newsletters** and on **social media sites**.
- Disclose **medical information about you to friends or family members** who are involved in your medical care, who help pay for your care, or to whom you have assigned medical power of attorney.

**Your Authorization Required for Other Uses of Health Information**

Other uses of your medical information not covered by this notice or the laws that apply to us will be made only with your permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission at any time. If you revoke your permission, we will no longer use or disclose the 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 that we provided to you.

**Your Rights Regarding Your Health Information**

You have the following rights regarding your health information:

Right to Request Restrictions: You have the right to request restrictions on our use or disclosure of your personal health information for treatment, payment, or health care operations. We are not, however, required to agree to all requested restrictions, unless the requested restriction involves information to be sent to a health plan for payment or health care operations purposes and the disclosure relates to products or service that were paid for solely out-of-pocket and such disclosure is not otherwise required by law. You also have the right to restrict the health information we disclose about you to a family member, friend, or other person who is involved in your care or the payment for your care.

Right of Access to Health Information: You have the right to request, either orally or in writing, to inspect and obtain a copy of your medical or billing records or other information that may be used to make decision about your care ("your designated record set"), subject to some exceptions. You may also direct us to send a copy directly to a third-party designated by you. To the extent we maintain your designated record set electronically, you also have the right to request an electronic copy of such information. If we are unable to satisfy your request, we may instead provide you with a summary or printed copy of the information you requested. We may deny your request to inspect or receive copies in certain limited circumstances. We will also tell you in writing the reason for the denial and your right, if any, to request a review of the decision and how to do so. We will act on your request in a timely manner as required by applicable state laws within the maximum time period prescribed by federal law, currently 30 days, subject to one 30 day extension. If we are unable to respond within the initial 30 days,

we will notify you within the first 30 days of the reason for the delay and the anticipated date of our response. We may charge a reasonable fee, consistent with applicable law, for our costs in copying and mailing the requested information.

Right to Request Amendment: You have the right to request us to amend any health information maintained for as long as the information is kept by or for us. Your request must be made in writing and must state the reason for the requested amendment. If we deny your request for amendment, we will give you a written denial including the reasons for the denial and the right to submit a written statement disagreeing with the denial.

Right to an Accounting of Disclosures: You have the right to request an “accounting” of our disclosures of your health information. In general, this list will not include certain disclosures, such as routine disclosures made for payment, treatment or health care operations purposes or those made pursuant to a written authorization. However, if we maintain an electronic health record for you, you may be entitled to receive an accounting of routine disclosures of your health information. Your request should indicate the period of time in which you are interested (for example, “from July 1, 2015 to August 1, 2015”). We will be unable to provide you with information that has been destroyed in accordance with our record retention guidelines. (In general, we retain records for 10 years after the last date of service.) To request an accounting of disclosures, you must submit a request in writing.

Opt Out of Fundraising: You have the right to opt out of receiving any fundraising solicitation from PRS or our affiliated and managed communities or any related foundations.

Right to a Paper Copy of this Notice: You have the right to obtain a paper copy of this notice. You may request a copy of this notice at any time.

Right to Request Confidential Communications: You have the right to request that we communicate with you concerning personal health matters in a certain manner or at a certain location. For example, you may request that we make records available for pick-up, or mail them to you at an alternative address, such as a P.O. Box, or you can request that we contact you only at a certain phone number. We will accommodate reasonable requests for such confidential communications. If there are no special instructions, for personal health matters, we will communicate directly with you or your listed responsible party(ies).

Right to Be Informed of a Breach: You have the right to be informed of any unauthorized disclosure of your health information when such disclosure is deemed to be a “breach” under applicable law. An unauthorized disclosure may not be a “breach” if we determine, in accordance with standards set forth in applicable law, rules, and interpretative legal guidance, that such disclosure has a low likelihood of resulting in use of such information by unauthorized persons.

How to Exercise Your Rights: In order to exercise any of your rights described above, you must submit your request in writing to our Corporate Compliance and Privacy Officer (see below for contact information).

## **Breach Notification**

In the event of any breach of unsecured protected health information, we shall fully comply with the Health Information Technology for Economic and Clinical Health (HITECH) Act Breach Notification Rule

and any related state regulations, which will include notifying you of any impact the breach may have had on you and/or your family member(s) and actions we undertook to minimize any impact the breach could have on you.

### **Changes to the Notice**

We reserve the right to change this notice. We reserve the right to make the revised 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 a visible location in each affiliated or managed community and on the PRS website ([www.retirement.org](http://www.retirement.org)). The notice will specify the effective date in the footer of every page.

### **For More Information or to Report a Problem**

If you have questions, would like to report a concern, or wish to request additional information, please contact

Corporate Compliance and Privacy Officer  
1 W. Main St., Ste. 303  
Medford, OR 97501  
541-646-3454

You may also report a problem or concern through our Corporate Compliance Helpline at [www.ethicspoint.com](http://www.ethicspoint.com) or 1-800-571-4738 at any time.

If you believe your privacy rights have been violated, you can file a complaint with any of our affiliated or managed communities, our Corporate Compliance and Privacy Officer, or the Secretary of Health and Human Services.

*There will be no retaliation for filing a complaint.*

**This notice is effective November 9, 2016.**