

PRIVACY NOTICE – UNITED METHODIST HOMES

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.

1. **General Information**

- This Privacy Notice describes how the United Methodist Homes (“UMH”) may use and disclose your protected health information to carry out treatment, payment or healthcare operations and for other purposes that are permitted or required by law. This notice also describes your rights to access and control your protected health information. “Protected health information” is information about you that may identify you and that relates to your past, present or future physical or mental health condition and related health care services.
- UMH is required to follow the terms of this notice but we may change the terms of the notice at any time. Upon your request, UMH will provide you with any revised notice, which you can obtain by contacting the Compliance Officer at UMH as stated below.

2. **Uses and Disclosures of Protected Health Information**

- **Treatment**: UMH may use or disclose your protected health information, as needed, to provide, coordinate or manage your health care and any related services. For example, we may disclose your protected health information to health care professionals who become involved in your care such as physicians, hospice personnel, a pharmacist in order to fill a prescription or a radiologist to fulfill a physician’s order.
- **Payment**: UMH may use or disclose your protected health information, as needed, to obtain payment for your health care services. For example, UMH anticipates that your protected health information may be provided to third-party payers, such as Medicare, Medicaid or insurance companies, for billing purposes.
- **Healthcare Operations**: UMH may use or disclose your protected health information in order to support the business activities of UMH. These activities include, but are not limited to, health care consulting, auditing, and business planning activities
- **Marketing**: In most circumstances, UMH is required by law to receive your written authorization before using or disclosing your health information for marketing purposes including if we receive financial remuneration for using or disclosing. However, UMH may provide you with promotional gifts of nominal value. UMH will not, under any circumstances, sell resident lists or your health information to a third party without your written authorization. You have a right to opt-out of receiving these communications by contacting our Compliance Officer below.
- **Newsletters and Other Communications**: UMH may use your name and address to send you a newsletter or other information about healthcare treatment options or other related benefits and services that may be of interest or benefit you.
- **Fundraising**: UMH may use your demographic information, dates you received treatment, facility you reside, treating physician, outcome information and health insurance for fund raising activities. If you do not want to receive fundraising materials, please contact our Compliance Officer as noted below.
- **Appointment Reminders**: UMH may use or disclose your protected health information to remind you of an appointment. You may request that UMH provide such reminders only in a certain way or only at a certain place, and UMH will endeavor to accommodate all reasonable requests.
- **Business Associates**: Whenever UMH has an arrangement with a third party where UMH shares your protected health information, UMH will have a written agreement with that third-party “business associate” that contains terms that will protect the privacy of your protected health information.

- **Health Related Benefits and Services:** UMH may use and disclose health information to you to tell you about health-related benefits or services that may be of interest to you. In face-to-face communications, UMH may tell you about other products and services that may be of interest to you. If you wish not to receive information by mail, please contact the Compliance Officer as noted below.
- **Authorizations:** We are required to obtain your written authorization to use or disclose psychotherapy notes. Other disclosures and uses will be made only with your written authorization unless otherwise permitted by law as described below. You may revoke the authorization to release protected health information at any time except to the extent that UMH has relied on the use or disclosure indicated in the authorization.
- **Uses and Disclosures Unless You Object:**
 - Unless you object, we will use and disclose in our facility directory your name, location, general condition, and your religious affiliation, to members of the clergy or individuals who ask for you by name. You have the right to notify us that you do not want to be included within the facility directory.
 - Unless you object, UMH may disclose to a member of your family, a relative, a close friend, or any person you identify, your protected health information that directly relates to that person's involvement in your care or payment related to your care. If you are not able to agree or object to such disclosure, we may disclose such information as necessary if we determine that it is in your best interest based upon UMH's professional judgment.
- **Other Uses and Disclosures:**
 - UMH may use or disclose your protected health information to the extent that the use or disclosure is required by law.
 - UMH may use and disclose your health information in order to inform you of alternative treatments.
 - Your protected healthcare information may be disclosed to a public health organization or federal organization in the event of a communicable disease or to report a defective device or untoward event involving a biological product (food or medication), or when required by law.
 - Your protected health information may be disclosed for public health activities or to a public health authority that is permitted by law to collect or receive the information.
 - UMH may disclose protected health information to a public health authority authorized to receive reports of abuse or neglect or where UMH believes you have been a victim of abuse, neglect or domestic violence.
 - UMH may disclose your protected health information as required by the Food and Drug Administration.
 - UMH may disclose your protected health information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal, in certain conditions in response to a subpoena, discovery request or other lawful process.
 - UMH may disclose protected health information for law enforcement purposes, to a coroner or medical examiner for identification purposes, to determine cause of death, or for other duties of the coroner or medical examiner authorized by law.
 - UMH may disclose health information to funeral directors so that they may carry out their duties.
 - UMH may disclose your health information in disaster relief situations where disaster relief organizations seek your health information to coordinate your care, or notify family and friends of your location and condition. UMH will provide you with an opportunity to agree or object to such a disclosure whenever UMH can practicably do so.
 - Under most circumstances, without your written authorization UMH may not disclose the notes a mental health professional took during a counseling session. However, UMH may disclose such notes for treatment and payment purposes, for state and federal oversight of the mental health profession, for the purposes of medical examiners and coroners, to avert a serious threat to health or safety, or as otherwise authorized by law.

- UMH may disclose your protected health information to researchers when a waiver has been issued by an institutional review board or a privacy board that has reviewed the research proposal and protocols for compliance with standards to ensure the privacy of your protected health information.

3. **Your Rights**

- You have the right to request restrictions on certain uses and disclosures of your protected health information. However, UMH is not required to agree to that request. UMH will notify you if UMH does not agree to a requested restriction. UMH may use or disclose your protected health information in an emergency treatment situation.
- You have the right to request a restriction or limitation on the medical information UMH uses or discloses about you for treatment, payment, or health care operations. If you paid out-of-pocket in full for a specific item or service, you have the right to request that medical information with respect to that item or service not be disclosed to a health plan for purposes of payment or health care operations, and UMH is required to honor that request. You also have the right to request a limit on the medical information UMH communicates about you to someone who is involved in your care or the payment for your care. Except as noted above, UMH is not required to agree to your request. If UMH does agree, UMH will comply with your request unless the restricted information is needed to provide you with emergency treatment.
To request restrictions, you must make your request in writing to the UMH Compliance Officer. In your request, you must tell UMH:
 - What information you want to limit
 - Whether you want to limit UMH's use, disclosure, or both and
 - To whom you want the limits to apply
- You have the right to receive a copy of all portions of your protected health information, except psychotherapy notes. If your health information is maintained in an electronic health record you also have the right to request that an electronic copy of your health information be sent to you or to another individual or entity. We have 30 days to respond. UMH may charge you a reasonable cost based fee limited to the labor costs associated with transmitting the electronic health record.
- You have the right to request that UMH communicate with you about medical matters in a certain way or at a certain location. To request confidential communications, you must make your request in writing to the UMH Compliance Officer. UMH will not ask you the reason for your request. UMH will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.
- You have the right to request an amendment to your protected health information.
- You have the right to know who has accessed your protected health information and for what purpose. In your accounting, UMH is not required to list certain disclosures, including:
 - Disclosures made for treatment, payment, and health care operations purposes or disclosures made incidental to treatment, payment, and health care operations, however, if the disclosures were made through an electronic health record, you have the right to request an accounting for such disclosures that were made during the previous 6 years
 - Disclosures made pursuant to your authorization
 - Disclosures made directly to you

To request an accounting of disclosures, you must submit your request in writing to UMH's Compliance Officer. 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 would like the accounting of disclosures (for example, on paper or electronically by e-mail). The first accounting of disclosures you request within any 12 month period will be free. For additional requests within the same period, UMH may charge you for the reasonable costs of providing the accounting of disclosures. UMH will notify you of the costs involved and you may choose to withdraw or modify your request at that time, before any costs are

incurred. Under limited circumstances mandated by federal and state law, UMH may temporarily deny your request for an accounting of disclosures.

- You have the right to obtain a paper copy of this Privacy Notice from UMH upon request, even if you have agreed to receive the notice electronically.
- UMH is required to notify you by first class mail or by e-mail (if you have indicated a preference to receive information by e-mail), of any breaches of Unsecured Protected Health Information as soon as possible, but in any event, no later than 60 days following the discovery of the breach. “Unsecured Protected Health Information” is information that is not secured through the use of a technology or methodology identified by the Secretary of the U.S. Department of Health and Human Services to render the protected health information unusable, unreadable, and undecipherable to unauthorized users. The notice is required to include the following information:
 - A brief description of the breach, including the date of the breach and the date of its discovery, if known
 - A description of the type of Unsecured Protected Health Information involved in the breach
 - Steps you should take to protect yourself from potential harm resulting from the breach
 - A brief description of actions UMH is taking to investigate the breach, mitigate losses, and protect against further breaches
 - Contact information, including a toll-free telephone number, e-mail address, Web site or postal address to permit you to ask questions or obtain additional information

In the event the breach involves 10 or more residents whose contact information is out of date UMH will post a notice of the breach on the home page of UMH’s website or in a major print or broadcast media. If the breach involves more than 500 residents in a state or jurisdiction, UMH will send notices to prominent media outlets and immediately notify the Secretary of Health and Human Services. UMH also is required to submit an annual report to the Secretary of a breach that involved less than 500 residents during the year and UMH will maintain a written log of breaches involving less than 500 residents.

- UMH is required by law to maintain the privacy of protected health information and to provide individuals with notice of UMH’s legal duties and privacy practices with respect to protected health information.
- UMH is required to abide by the terms of the notice currently in effect. UMH reserves the right to make changes to this notice and the notice will be effective for all protected health information that UMH maintains at that time. Upon your request, UMH will provide you with a copy of the revised notice.
- UMH will accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations

4. **Complaints**

You have the right to complain to UMH and the Department of Health and Human Services if you believe your rights to privacy have been violated. If you feel your privacy rights have been violated and have been unresolved by the facility administrator, please mail your complaint to UMH:

ATTN: Compliance Officer
United Methodist Homes
10 Acre Place
Binghamton, New York 13904

- All complaints will be investigated. The individual making the complaint will not be retaliated against for filing a complaint. For further information about this Privacy Notice, please contact the Compliance Line at 1-800-646-9066.