



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.

The Facility is providing this Notice of Privacy Practices because the privacy of your health information is very important to you and to the Facility, and in compliance with federal regulations.

By “your health information” the Facility means the information that the Facility maintains that specifically identifies you and your health status.

SCOPE OF NOTICE

This Notice describes how the Facility uses your health information within the Facility and discloses it outside the Facility, and why.

The Notice covers:

- Your rights as a resident regarding privacy of your health information. You have the right to:
 - Get a copy of your paper or electronic medical record
 - Correct your paper or electronic medical record
 - Request confidential communication
 - Ask the Facility to limit the information the Facility shares
 - Get a list of those with whom the Facility has shared your information
 - Get a copy of this privacy notice
 - Choose someone to act for you
 - File a complaint if you believe your privacy rights have been violated
- Your choices as a resident regarding privacy of your health information. You have some choices in the way that the Facility uses and shares information as the Facility:
 - Tells family and friends about your condition
 - Provides disaster relief
 - Includes you in a hospital directory
 - Provides mental health care
 - Markets the Facility’s services and sell your information
 - Raises funds
- Our uses and disclosures of your health information. The Facility may use and share your information as the Facility:
 - Treats you
 - Runs the Facility’s organization
 - Bills for your services

- Helps with public health and safety issues
- Does research
- Complies with the law
- Responds to organ and tissue donation requests
- Works with a medical examiner or funeral director
- Addresses workers' compensation, law enforcement, and other government requests
- Responds to lawsuits and legal actions

Though the Facility is not a Substance Use Disorder Part 2 provider, to the extent that the Facility has your substance use disorder patient records, subject to 42 CFR part 2, the Facility will not share that information for investigations or legal proceedings against you without (1) your written consent or (2) a court order and a subpoena.

- The Facility's duties in protecting your health information.
- Changes to terms, effective date, and acknowledgement.

YOUR RIGHTS AS A RESIDENT TO PRIVACY OF YOUR HEALTH INFORMATION

When it comes to your health information, you have certain rights. This section explains your rights and some of the Facility's responsibilities to help you.

- **Get an electronic or paper copy of your medical record**
 - You can ask to see or get an electronic or paper copy of your medical record and other health information the Facility has about you. Ask the Facility how to do this.
 - The Facility will provide a copy or a summary of your health information, usually within 30 days of your request. The Facility may charge a reasonable, cost-based fee.
- **Ask the Facility to correct your medical record**
 - You can ask the Facility to correct health information about you that you think is incorrect or incomplete. Ask the Facility how to do this.
 - The Facility may say "no" to your request, but the Facility will tell you why in writing within 60 days.
- **Request confidential communications**
 - You can ask the Facility to contact you in a specific way (for example, home, office, or cell phone) or to send mail to a different address.
 - The Facility will say "yes" to all reasonable requests.
- **Ask the Facility to limit what the Facility uses or shares**
 - You can ask the Facility not to use or share certain health information for treatment, payment, or the Facility's operations. The Facility is not required to agree to your request, and the Facility may say "no," for example, if it could affect your care. If the Facility agrees to your request, the Facility may still share this information in the event that you need emergency treatment.
 - If you pay for a service or health care item out-of-pocket in full, you can ask the Facility not to share that information for the purpose of payment or the Facility's operations with your health insurer. The Facility will say "yes" unless a law requires the Facility to share that information.

- **Get a list of those with whom the Facility has shared information**
 - You can ask for a list (accounting) of the times the Facility has shared your health information for six years prior to the date you ask, who the Facility shared it with, and why.
 - The Facility will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked the Facility to make). The Facility will provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

- **Get a copy of this privacy notice**
 - You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. The Facility will provide you with a paper copy promptly.

- **Choose someone to act for you**
 - If someone has authority to act as your personal representative, such as if someone has your medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
 - The Facility will make sure the person has this authority and can act for you before the Facility takes any action.

- **File a complaint if you feel your rights are violated**
 - You can complain if you feel the Facility has violated your rights by contacting the Administrator of the Facility.
 - You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting <https://www.hhs.gov/hipaa/filing-a-complaint/index.html>.
 - You may also file your complaint by contacting the Facility Administrator or by writing or calling the Facility's Corporate Privacy Officer at:
 - Nexion Health, Inc.
 - 6937 Warfield Ave.
 - Sykesville, MD 21784
 - Attn: Corporate Privacy Officer
 - 1-866-552-4800
 - The Facility will not retaliate against you for filing a complaint.

YOUR CHOICES AS A RESIDENT TO PRIVACY OF YOUR HEALTH INFORMATION

For certain health information, you can tell the Facility your choices about what the Facility shares. If you have a clear preference for how the Facility shares your information in the situations described below, talk to the Facility. Tell the Facility what you want the Facility to do, and the Facility will follow your instructions. But unless you ask the Facility not to, the Facility may use or disclose your health information in the situations described below.

In these cases, you have both the right and choice to tell the Facility to:

- Share information with your family, close friends, or others involved in your care or payment for your care.
- Share information in a disaster relief situation.

- Include your information in a Facility directory. The Facility maintains a resident directory including, for each resident, name, location in the facility, health condition in general terms, and religious affiliation. The Facility may disclose this information to people who ask for you by name. The Facility will make known your religious affiliation only to clergy.
- Share information about treatment alternatives or other health-related benefits and services that may be of interest to you.

If you are not able to tell the Facility your preference, for example if you are unconscious, the Facility may go ahead and share your information if the Facility believes it is in your best interest. The Facility may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases the Facility never shares your information unless you give the Facility written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

In the case of fundraising:

- The Facility may contact you for fundraising efforts, but you can tell the Facility not to contact you again.

Though the Facility is not a Substance Use Disorder Part 2 provider, if the Facility has your substance use disorder patient records, subject to 42 CFR part 2, the Facility will give you clear and obvious notice in advance and a choice about whether to receive fundraising communications that use your Part 2 information.

THE FACILITY'S USES AND DISCLOSURES OF YOUR HEALTH INFORMATION

How does the Facility typically use or share your health information?

The Facility typically use or share your health information in the following ways:

- **Treat you**
 - The Facility can use your health information and share it with other professionals who are treating you.

Example: A doctor treating you for an injury asks another doctor about your overall health condition.
- **Run the Facility's organization**
 - The Facility can use and share your health information to run the facility, improve your care, and contact you when necessary.

Example: The Facility uses health information about you to manage your treatment and services, and to confirm appointments.
- **Bill for your services**
 - The Facility can use and share your health information to bill and get payment from health plans or other entities.

Example: The Facility gives information about you to your health insurance plan so it will pay for your services.

How else can the Facility use or share your health information?

The Facility is allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. The Facility has to meet many conditions in the law before the Facility can share your information for these purposes.

Though the Facility is not a Substance Use Disorder Part 2 provider, in all cases, including those listed below, if the Facility has substance use disorder patient records about you, subject to 42 CFR part 2, the Facility cannot use or share information in those records in civil, criminal, administrative, or legislative investigations or proceedings against you without (1) your consent or (2) a court order and a subpoena.

- **Help with public health and safety issues**

- The Facility can share health information about you for certain situations such as:
 - Preventing disease
 - Helping with product recalls
 - Reporting adverse reactions to medications
 - Reporting suspected abuse, neglect, or domestic violence
 - Preventing or reducing a serious threat to anyone’s health or safety

- **Do research**

- The Facility can use or share your information for health research.

- **Comply with the law**

- The Facility will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that the Facility is complying with federal privacy law.

- **Respond to organ and tissue donation requests**

- The Facility can share health information about you with organ procurement organizations.

- **Work with a medical examiner or funeral director**

- The Facility can share health information with a coroner, medical examiner, or funeral director when an individual dies.

- **Address workers’ compensation, law enforcement, and other government requests**

- The Facility can use or share health information about you:
 - For workers’ compensation claims
 - For law enforcement purposes or with a law enforcement official
 - With health oversight agencies for activities authorized by law
 - For special government functions such as military, national security, and presidential protective services

- **Respond to lawsuits and legal actions**

- The Facility can share health information about you in response to a court or administrative order, or in response to a subpoena.

THE FACILITY'S DUTIES IN PROTECTING YOUR HEALTH INFORMATION

- The Facility is required by law to maintain the privacy and security of your protected health information.
- The Facility will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- The Facility must follow the duties and privacy practices described in this notice and give you a copy of it.
- The Facility will not use or share your information other than as described in this notice unless you tell the Facility that it can in writing. If you tell the Facility it can, you may change your mind at any time. Let the Facility know in writing if you change your mind.
- For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

CHANGES TO THE TERMS OF THIS NOTICE

The Facility can change the terms of this notice, and the changes will apply to all information the Facility has about you. The new notice will be available upon request, in the Facility's Administrator's office, and on the Facility's web site.

EFFECTIVE DATE AND ACKNOWLEDGEMENT

- This notice is effective February 16, 2026.



**ACKNOWLEDGMENT OF RECEIPT OF NOTICE
PRIVACY PRACTICES**

Resident Name: _____

Medical Record Number: _____

I have received a copy of the Facility's Notice of Privacy Practices (included in the Admission Handbook).

Resident/Resident Representative Initials: _____ Date: _____

Facility Representative Initials: _____ Date: _____