



## **Notice of Privacy Practices**

**This Notice Describes How Medical Information About You May Be Used And Disclosed And How You May Receive Access To This Information.**

**Please Review It Carefully.**

### **I. Our Commitment to You**

National HealthCare Corporation, its subsidiaries, affiliates, and managed operations (hereafter "NHC") are committed to maintaining the privacy of your protected health information. During your treatment with us, physicians, nurses, and other personnel may collect information about your health history and your current health status. This Notice explains how that information, called "protected health information" may be used and disclosed to others. The terms of this Notice apply to protected health information produced or obtained by NHC. References in this notice to "us" or "we" mean NHC.

### **II. Our Legal Duties**

The HIPAA Privacy Law requires us to provide this Notice to you regarding our privacy practices, our legal duties to protect your private information and your rights concerning protected health information about you. We are required to follow the privacy practices described in this Notice whenever we use or disclose your protected health information (PHI). Other companies or persons that perform services on our behalf, called Business Associates, must also protect the privacy of your information. Business Associates are not allowed to release your information to anyone else unless specifically permitted by law. There may be other state and federal laws, which provide additional protections related to communicable disease, mental health, substance or alcohol abuse, or other health conditions.

### **III. Your Protected Health Information May Be Used and Disclosed**

The HIPAA Privacy Law permits NHC to make uses and disclosures of your protected health information for purposes of treatment, payment, and health care operations.

- **Treatment:** We will use and may share protected health information about you for your health care and treatments. For example, a nurse or medical assistant will obtain treatment information about you and record it in a medical record. Alternatively, a physician may use information about you for a consultation with, or a referral to, another physician to diagnose your illness and determine which treatment option, such as surgery or medication, will best address your health needs. Your protected health information will be provided to hospital and transport personnel to the extent necessary to provide for continuity of care. We will also provide your physician or a subsequent health care provider with the necessary and applicable protected health information to assist in your treatment after discharge. Finally, NHC may contract with local schools to serve as clinical practice sites and students enrolled in such programs, under supervision of the instructor, will be given access as a direct care giver.
- **Payment:** We may use and disclose protected health information about you to obtain payment for the care and services that we have provided to you. For example, we may need to provide your health plan provider with information about you, your diagnosis, and the treatment provided to you at NHC so that your health insurer(s) will pay us, or reimburse you, for the treatment. We may also contact your health insurance to obtain prior approval for a potential treatment. As applicable, your protected health information may be released to state Medicaid agencies if you are applying for financial assistance. Your protected health information will be provided to state agencies which are responsible for approving/certifying appropriateness of admission. Certain mandated assessment data will be electronically transmitted to the federal government which is used to set payment rates for Medicare and some Medicaid patients. Should your account not be paid in a timely manner, and it

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becomes necessary to turn your account over to a collection agency, we will release the amount of protected health information necessary to collect the account and search for assets.

- **Health Care Operations:** We may use and share protected health information about you for NHC's health care operations, which include, but are not limited to, planning, training, management, accreditation, licensing/credentialing, auditing, medical review, or quality assessment and improvement activities for the treatments that we deliver. For example, we may use your protected health information to evaluate the skills of our physicians, nurses, and other health care providers in caring for you. We also may use your information to review quality and health outcomes.
- **Directory:** As allowed by law, unless you notify us that you object, we will use your name, location in the facility/center, and religious affiliation for directory purposes as applicable. This information may be provided to members of the clergy and, except for religious affiliation, to other people who ask for you by name. Additionally, we may post your name and/or your picture beside the door to your room. Where applicable, we also may publish names and birth dates (month and day) in newsletters and/or on activity calendars. You have the right to request that your PHI not be used for any one or all of the above purposes by completing a "Request for Restrictions on Uses and Disclosures of Protected Health Information". You may request this form from any facility/center partner/employee.
- **Appointment Reminders: As applicable,** we may use and disclose PHI to contact you for appointment reminders and to communicate necessary information about your appointment.
- **Health-Related Benefits, Services and Treatment Alternatives:** NHC does not sell or use patient lists for marketing purposes; however, we may contact you about new or alternative treatments or other health care services. For example, we may offer to mail to you newsletters, coupons, or announcements.
- **Fundraising Communications:** We may contact you as part of a fundraising effort. For example, we may use your information to contact you in an effort to raise money for charitable organizations. We would only release demographic information (such as your name, address, phone number, age, gender, date of birth), the dates you received services, department of service information, treating physician, outcome information, and health insurance status. If you do not want us to contact you for fundraising efforts, you have the right to opt out of receiving such communications by notifying NHC in writing.
- **People Assisting in Your Care:** In certain limited situations, NHC may disclose essential protected health information, including your location and general condition, to people such as family members, relatives, or close friends who are helping care for you or helping you pay your health care bills. We will disclose information to them only if these people need to know the information to help you. For example, we may provide limited information about scheduled appointments so that they can assist with transportation. If you are unable to make health-related decisions or it is an emergency, NHC will determine if it would be in your best interest to disclose pertinent protected health information about you to the people assisting in your care. You can request in writing that we not discuss your protected health information with specific family members. A form will be provided upon your request.
- **Research:** We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information.
- **As Required by Law:** We must disclose protected health information about you if federal, state, or local law requires us to do so.
- **Serious Threat to Health or Safety:** Consistent with applicable laws, we may disclose your PHI if disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We also may disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

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- **Public Health Risks:** As authorized by law, we may disclose protected health information about you to public health or legal authorities whose official responsibilities generally include the following:
    - To prevent or control disease, injury or disability;
    - To report births and deaths;
    - To report child abuse or neglect;
    - To report reactions to medications or problems with products;
    - To notify people of recalls of products they may be using;
    - To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and
    - To notify the appropriate government authority if we believe a patient has 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.
  - **Organ and Tissue Donation:** Consistent with applicable law, we may release your protected health information to organ procurement organizations or others engaged in the transplantation of organs to enable a possible transplant.
  - **Specialized Government Functions:** If you are a member of the military or a veteran, we will disclose protected health information about you as required by command authorities; or if you give us your written permission. We may also disclose your protected health information for other specialized government functions such as national security or intelligence activities.
  - **Workers Compensation:** If you are seeking compensation due to a work-related injury, we may release protected health information about you to the extent necessary to comply with laws relating to Workers Compensation claims.
  - **Employers:** We may release protected health information to your employer if we provide health treatment to you at the request of your employer, and the health care services are provided either to conduct an evaluation relating to medical surveillance of the workplace or to evaluate whether you have a work-related illness or injury. In such circumstances, we will provide you with written notice of such information disclosure. Any other disclosures to your employer will be made only if you sign a specific authorization for the release of that information.
  - **Health Oversight Activities:** We must disclose protected health information to a health oversight agency for activities that are required by federal, state or local law. Oversight activities include investigations, inspections, industry licensures, and government audits. These activities are necessary to enable government agencies to monitor various health care systems, government programs, and industry compliance with civil rights laws.
  - **Lawsuits and Disputes:** If you are involved in a lawsuit, dispute, or other judicial proceeding, we may disclose protected health information about you in response to a court order or subpoena, or other lawful process, consistent with applicable law or regulations, such as any requirements that efforts have been made by the requesting party to tell you about the request or to obtain an order protecting the information requested.
  - **Law Enforcement:** We may disclose your protected health information to a law enforcement official if required or allowed by law. We may also disclose information about you to law enforcement that is not a part of your health record for lawful reason including:
    - To identify or locate a suspect, fugitive, material witness, victim of a crime, or missing person
    - About a death we believe may be the result of criminal conduct
    - About criminal conduct at our location
    - In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

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- **Correctional Facilities:** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose protected health information about you to the correctional institution or law enforcement official only as required by law or with your written permission. We may release your protected health information for your health and safety, for the health and safety of others, or for the safety and security of the correctional institution.
  - **Coroners, Medical Examiners, and Funeral Directors:** We may release your PHI 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 your PHI to a funeral director, as necessary, to carry out his/her duties.
  - **Required by HIPAA Law:** The Secretary of the Department of Health and Human Services (HHS) may investigate privacy violations. If your protected health information is requested as part of an investigation, we must share your information with HHS.

#### IV. Situations In Which Your Protected Health Information May Be Disclosed with Your Written Consent

For any purpose other than the ones described above, we may only use or share your protected health information when you give us your written authorization to do so. For example, you will need to sign an authorization form before we can send your protected health information to your life insurance company. You may revoke an authorization at any time.

- **Marketing:** We must also obtain your written authorization before using your protected health information to send you any marketing materials. The only exceptions to this requirement are that:
  - We can provide you with marketing materials in a face-to-face encounter or a promotional gift of very small value, if we so choose.
  - We may communicate with you about products or services relating to your treatment, to coordinate or manage your care, or provide you with information about different treatments, providers or care settings.
- **Highly Confidential Information:** Federal and state law requires special privacy protections for certain “Highly Confidential Information” about you, including any part of your protected health information that is about:
  - Child abuse and/or neglect
  - Domestic abuse of an adult with a disability
  - Mental illness or developmental disability treatment or services
  - Alcohol or drug dependency diagnosis, treatment, or referral
  - HIV/AIDS testing, diagnosis, or treatment
  - Sexually transmitted disease(s)
  - Sexual assault
  - Genetic testing
  - In Vitro Fertilization (IVF)
  - Information maintained in psychotherapy notes

Before we share your Highly Confidential Information for a purpose other than those permitted by law, we must obtain your written permission.

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## V. Your Rights Regarding Protected Health Information We Maintain About You

- **Right to Inspect and Copy:** You have the right to inspect and receive a copy of your PHI. A request to inspect or to receive a copy of your records may be made to your facility/center administrator or to the health information/ Medical Records Department. For PHI in a designated record set that is maintained in an electronic format, you can request an electronic copy of such information. PHI in paper format will also be converted to electronic format if requested and when it is feasible to do so. There may be a charge for copies of your PHI. We may deny your request in certain very limited circumstances. If you are denied access to protected health information, you may request that the denial be reviewed. Another licensed health care professional chosen by NHC will review your request and the denial. The person conducting the review will not be the person who denied your request. We will abide by the outcome of the review.
- **Right to Request Amendment:** If you believe that any protected health information, we have about you is incorrect or incomplete, you have the right to ask us to change the information, for as long as NHC maintains the information. To request an amendment to your protected health information, your request must be in writing, signed, and submitted to NHC. Your request must provide a reason which supports your request for amendment. We may deny your request if you ask us to amend information that (a) Was not created by us; (b) Is not part of the information kept by NHC; (c) Is not part of the information which you would be permitted to inspect and copy; or (d) Is accurate and complete. If we deny your request, we will provide a written explanation. You may respond with a statement of disagreement that will be maintained with your records. If we accept your request to amend the information, we will make reasonable efforts to inform others, including people you name, of the amendment and to include the changes in any future disclosures of that information.
- **Right to Request Restrictions on Use and Disclosure:** You have the right to request a restriction or limitation on certain uses and disclosures of your protected health information.

To request restrictions, you must make your request in writing to NHC. In your request, you must tell us:

- What information you wish to limit
- Whether you wish to limit our use, disclosure, or both
- To whom you want the limits to apply – for example, if you want to prohibit disclosures for insurance payment, health care operations, for disaster relief purposes, to persons involved in your care, or to your spouse.
  - When a request relates to a restriction of disclosure to a health plan, you are required to pay in full and out of pocket for all services related to the restricted information.

You or your personal representative must sign the written request.

*We are not required to agree to your request, but we will attempt to accommodate reasonable requests when appropriate. We retain the right to terminate an agreed-to restriction if we believe such termination is appropriate. In the event of a termination by us, we will notify you of such termination. You also have the right to terminate, in writing or orally, any agreed-to restriction.*

- **Right to an Accounting of Disclosures:** With some exceptions, you have the right to receive an accounting of certain disclosures of your PHI. Your accounting request must be in writing and signed by you or your personal representative and submitted to NHC. Your request must specify the time in which the disclosures were made. These disclosures may not go back further than six years from the date of the request. There will be no charge for this list.
- **Right to Request Alternate/Confidential Communications:** You have the right to request that we communicate with you about medical matters in a confidential manner or at a specific location. For example, you may ask that we only contact you via mail to a post office box. *You must submit your request in writing to NHC.* We will not ask you the reason for your request. Your request must specify how or where you wish to be contacted. We will accommodate all reasonable requests.

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- **Right to Receive a Copy of this Notice:** You have the right to a paper copy of this Notice of Privacy Practices even if you have agreed to receive the Notice electronically. You may ask us to give you a copy of this Notice at any time.
  - **Right to Cancel Authorization to Use or Disclose:** Other uses and disclosures of your protected health information not covered by this Notice or the laws that govern us will be made only with your written authorization. You have the right to revoke your authorization in writing at any time, and we will discontinue future uses and disclosures of your protected health information for the reasons covered by your authorization. We are unable to take back any disclosures that were already made with your authorization, and we are required to retain the records of the care that we provided to you.
  - **Right to be Notified of Breach of Unsecured Protected health information:** You have a right to be notified of a breach of unsecured PHI in the event your information is affected by the breach in a time and manner consistent with applicable law and/or regulation.

**For further information:** If you have questions, or would like additional information, you may contact your local NHC Administrator or NHC's Privacy Officer at 615-890-2020 or by mail at P.O. Box 1398 Murfreesboro, TN 37133-1398.

**To File a Complaint:** You may submit any complaints with respect to violations of your privacy rights to NHC. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services if you feel that your rights have been violated. Complaints can be mailed to U.S. Department of Health and Human Services, 200 Independence Avenue, SW, Washington, DC 20201. There will be no retaliation from NHC for making a complaint.

**Changes to this Notice:** We reserve the right to make changes to this notice at any time. If we make a material change to this Notice, we will post a revised Notice within a public area of our buildings and/or on our nhccare.com website.

**Contact Information:** Unless otherwise specified, to exercise any of the rights described in this Notice, for more information, or to file a complaint, please contact any NHC Administrator or NHC's Privacy Officer at 615-890-2020.

**Effective Date:** This Notice is effective as of 7/1/23.