

Non-Discrimination & Accessibility Notice

THE PINES ALF, INC complies with applicable Federal and State civil rights laws and does not discriminate on the basis of race, color, national origin, sex, age, disability or other protected classes. THE PINES ALF, INC does not exclude people or treat them differently because of race, color, national origin, sex, age, disability, creed, ancestry, gender identity or expression, marital status, lawful source of income, familial status, learning disability or physical or mental disability.

THE PINES ALF, INC provides free:

- Aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters; and
 - Written information in other formats (large print, audio, accessible electronic formats, Braille, other formats)
- Language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Activities Director of THE PINES ALF, INC.

If you believe that THE PINES ALF, INC has failed to provide these services or discriminated in another way on the basis of race, color, national origin, sex, age, disability, creed, ancestry, gender identity or expression, marital status, lawful source of income, familial status, learning disability or physical or mental disability, you can file a grievance with: The Administrator 3001 Middle Urbana Road, Springfield, Ohio 45502, Phone 937-399-7009. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Administrator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-868-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Spanish

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-868-1019 (TTY: 1-800-537-7697).

Chinese

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-537-7697x (TTY : 1-800-537-7697)

German

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-868-1019 (TTY: 1-800-537-7697).

Arabic

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-868-1019 (رقم هاتف الصم والبكم: 1-800-537-7697).

Pennsylvania Dutch

Wann du [Deitsch (Pennsylvania German / Dutch)] schwetzscht, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprouch. Ruf selli Nummer uff: Call 1-xxx-xxxxxxx (TTY: 1-800-537-7697).

Russian

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-868-1019 (телетайп: 1-800-537-7697).

French

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-868-1019 (ATS : 1-800-537-7697).

Vietnamese

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-868-1019 (TTY: 1-800-537-7697).

Cushite

XIYEEFFANNA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-800-868-1019 (TTY: 1-800-537-7697).

Korean

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-868-1019 (TTY: 1-800-537-7697)번으로 전화해 주십시오.

Italian

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-868-1019(TTY: 1-800-537-7697).

Japanese

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-800-868-1019（TTY:1-800-537-7697）まで、お電話にてご連絡ください。

Dutch

AANDACHT: Als u nederlands spreekt, kunt u gratis gebruikmaken van de taalkundige diensten. Bel 1- 800-868-1019 (TTY: 1-800-537-7697).

Ukrainian

УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1-800-868-1019 (телетайп: 1-800-537-7697).

Romanian

ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la 1-800-868-1019 (TTY: 1-800-537-7697).

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.

We have summarized our responsibilities and your rights on this first page. For a complete description of our privacy practices, please refer to the pages that follow.

OUR RESPONSIBILITIES

Our facility is required to:

- | | |
|---|--|
| <ul style="list-style-type: none">▪ Maintain the privacy and security of your health information▪ Provide you with this notice of our legal duties and privacy practices▪ Abide by the terms of this notice | <ul style="list-style-type: none">▪ Not use or disclose your information without your authorization, except as described in this notice▪ Notify you following a breach of your health information |
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YOUR RIGHTS

You have the right to:

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|---|--|
| <ul style="list-style-type: none">▪ View or obtain a copy of your paper or electronic medical record▪ Request a correction to information in your medical record▪ Request that we not use or disclose your health information in certain ways▪ Request confidential communications | <ul style="list-style-type: none">▪ Receive a list of disclosures we have made of your health information▪ Request a paper copy of this notice▪ Choose a personal representative to act on your behalf▪ File a complaint if you believe that your privacy rights have been violated |
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OUR USES AND DISCLOSURES

We may use and disclose information in your medical record to:

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|---|--|
| <ul style="list-style-type: none">▪ Treat you▪ Run our organization▪ Bill for your services▪ Help with public health and safety issues▪ Do research▪ Comply with the law | <ul style="list-style-type: none">▪ Respond to organ and tissue donation requests;▪ Work with a medical examiner or funeral director▪ Address workers' compensation, law enforcement, or other government requests▪ Respond to lawsuits and legal actions |
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You have the opportunity to prohibit or restrict how we use or disclose your information to:

- | | |
|--|---|
| <ul style="list-style-type: none">▪ Tell family and friends about your condition▪ Include you in a facility directory | <ul style="list-style-type: none">▪ Provide disaster relief▪ Market our services and sell your information |
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If you have questions and would like additional information, you may contact our Privacy Officer at 440-834-0260.

UNDERSTANDING YOUR HEALTH RECORD/INFORMATION

Each time you stay at a nursing facility, a record of your care is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and care plan. This information, often referred to as your health or medical record, serves as a basis for planning your care and treatment, means of communication among health professionals who contribute to your care, and source of information for public oversight and quality assurance purposes.

OUR RESPONSIBILITIES

- We are required by law to maintain the privacy and security of your health information, to provide you with this notice as to our legal duties and privacy practices, and to abide by the terms of this notice.
- We will not use or disclose your information without your authorization, except as described in this notice. If you authorize a disclosure, you may revoke that authorization at any time, except to the extent that action has already been taken. Requests to revoke an authorization must be made in writing.
- We will notify you in the event a breach occurs that may compromise the privacy or security of your health information.

We reserve the right to change our privacy practices and to make the new provisions effective for all protected health information we maintain. Should our privacy practices change, a revised Notice of Privacy Practices will be posted in our facility, as well as on our website, and will be made available upon request.

HOW WE WILL USE OR DISCLOSE YOUR HEALTH INFORMATION

- **Treatment:** We may use or disclose your information for your treatment, including sharing it with other health care providers who are treating you. For example, we may provide your physician with requested health information to assist him in treating you.
- **Payment:** We may use or disclose your information to bill and obtain payment, including for the payment activities of other health care providers or payers. For example, we may share information about you with your health plan to obtain payment for your care.
- **Health care operations:** We may use or disclose your health information for our regular health care operations, including to run our business, to improve the quality of our services, and to contact you. For example, we use information about you to manage your treatment and services. We may also disclose your health information for certain health care operations of other entities that have a relationship with you.
- **Business associates:** We sometimes contract with outside entities, such as accountants, lawyers, and consultants. We may disclose your health information to these business associates in connection with the services that they provide to us, but we require them to also safeguard your information.
- **Research:** We may use or disclose your information for health research when certain conditions have been met.
- **Transfer of information at death:** We may disclose health information to funeral directors, medical examiners, and coroners to carry out their duties consistent with applicable law.
- **Organ donation:** We may disclose health information to organ procurement organizations in accordance with law.
- **Workers' compensation:** We may disclose health information as authorized by and to comply with laws relating to workers' compensation or other similar programs established by law.
- **Public health activities:** We may disclose your health information to public health or legal authorities to assist with preventing or controlling disease, injury, or disability; to help with product recalls; to report adverse reactions to medications; to report suspected abuse, neglect, or domestic violence; or to prevent or reduce a serious threat to anyone's health or safety.
- **Compliance with law:** We may disclose your information as required by state, federal, or local laws.
- **Government requests:** We may disclose your health information to appropriate health oversight agencies for oversight activities that are authorized by law. We may also disclose health information for law enforcement purposes to a law enforcement official as permitted by law. We may also disclose your health

information for certain specialized government functions, including military, veterans, and presidential protection services.

- **Legal proceedings:** We may disclose your health information in response to a court or administrative order or in response to a valid subpoena.

In some instances, you have the opportunity to prohibit or ask that we restrict the use of your information. If you have a preference for how we share your information in the following situations, please let us know. Note that if you are unable to tell us your preference, we may disclose your information if we believe it is in your best interest or to avert a threat to health or safety:

- **Directory:** Unless you notify us that you object, we may use your name, location in the facility, general condition, and religious affiliation for directory purposes, provide this information to clergy and people who ask for you by name, and mark your name on a nameplate next to your door.
- **Family:** We may disclose to a family member, friend, or other person involved in your care health information relevant to that person's involvement in your care or payment for your care, including notifying them of your location and general condition. If appropriate, these communications may also be made after your death.
- **Disaster relief:** We may use or disclose your information to assist in a disaster relief situation

In other instances, we will never share your information unless you give us written permission. Specifically, we will not sell your health information, use your health information for marketing purposes, or use or disclose your psychotherapy notes, with some limited exceptions, without your written authorization.

YOUR HEALTH INFORMATION RIGHTS

Although your health record is the physical property of the nursing facility, the information in your health record belongs to you. You have the following rights:

- **Limit use or disclosure:** You may request that we not use or disclose your health information for a particular reason related to treatment, payment, or our operations. We ask that such requests be made in writing on a form provided by our facility. We will consider your request, but we are not required to abide by it, unless it is a request to prohibit disclosures to your health care plan relating to a service for which you have already paid in full out of pocket.
- **Confidential communications:** You may request that we contact and provide you with information by alternative means or at alternative locations. Such requests must be made in writing and submitted to Administrator. We will attempt to accommodate all reasonable requests.
- **Access to medical record:** You may request to view or obtain a paper or electronic copy of your medical record, which will be provided to you in the time frames established by law. You may make such requests orally or in writing; however, in order to better respond to your request, we ask that you make such requests in writing on our facility's standard form. We will charge you a reasonable, cost-based fee for paper or electronic copies.
- **Correct medical record:** If you believe that any health information in your record is incorrect or incomplete, you may request that we correct the existing information or add the missing information. Such requests must be made in writing, and must provide a reason to support the amendment. We ask that you use the form provided by our facility to make such requests. For a request form, please contact the Administrator. If we deny your request, we will tell you why it was denied.
- **Obtain accounting:** You may request a written accounting of all disclosures of your information we have made during a specific time period (not to exceed 6 years). We ask that such requests be made in writing on a form provided by our facility. For a request form, please contact Administrator. Please note that the accounting will not include treatment, payment, health care operations, or certain other disclosures. You will not be charged for your first accounting request in any 12-month period, but for any requests that you make thereafter, you will be charged a reasonable, cost-based fee.
- **Copy of notice:** You have the right to obtain a paper copy of this Notice of Privacy Practices upon request.
- **File a complaint:** If you believe your privacy rights have been violated, you may file a complaint by calling the Administrator or by submitting a written complaint. The complaint form may be obtained from the

Activities Director, and when completed should be returned to the Administrator. You may also file a complaint with the Secretary of the Department of Health and Human Services. There will be no retaliation for filing a complaint.

For more information on your health information rights, see <http://www.hhs.gov/hipaa/for-individuals/guidance-materials-for-consumers/index.html>.

Effective Date: 12/1/2019