

## 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.

### I. OUR LEGAL DUTY

Four Seasons is required by law to maintain the privacy of your health information. We are also required to provide you or your representative with this notice about our privacy practice, our legal duties and your rights concerning your health information. We must abide by the terms of this notice while it is in effect. We reserve the right to change the terms of this notice and to make the new notice provisions effective for all health information that we maintain. If we change this notice, we will make a copy of the revised notice available to you or your appointed representative at our website, [www.FourSeasonsCFL.org](http://www.FourSeasonsCFL.org)

### II. USES AND DISCLOSURES OF HEALTH INFORMATION

Four Seasons may use or disclose your health information for purposes of treating you, obtaining payment for your care and conducting health care operations. Four Seasons has established policies to guard against unnecessary uses or disclosures of your health information.

- A. To Provide Treatment: Four Seasons may use your health information to coordinate care within Four Seasons and with others involved in your care, such as your attending physician, members of the Four Seasons interdisciplinary team and other health care professionals who have agreed to assist Four Seasons in coordinating your care. For example, physicians involved in your care will need information about your symptoms in order to prescribe appropriate medications. Four Seasons may also disclose your health care information to individuals outside of Four Seasons who are involved in your care including family members, clergy whom you have designated, pharmacists, suppliers of medical equipment or other health care professionals that Four Seasons works with order to coordinate your care.
- B. To Obtain Payment: Four Seasons may disclose your health information to collect payment from third parties for the care you may receive from Four Seasons. For example, Four Seasons may be required by your health insurer to provide information regarding your health care status so that the insurer will reimburse you or Four Seasons. Four Seasons may also need to obtain prior approval from your insurer and may need to explain to the insurer your need for care and the services that will be provided to you.
- C. To Conduct Health Care Operations: Four Seasons may use and disclose health care information for its own operations in order to facilitate the function of Four Seasons and, as necessary, to provide quality care to all Four Seasons' patients. Health care operations include, without limitation, such activities as:
  - Quality assessment and improvement activities (e.g., combining your health information with other Four Seasons' patients to evaluate ways to improve

services);

- Activities designed to improve health or reduce health care costs;
- Protocol development, case management and care coordination;
- Contacting health care providers and patients with information about treatment alternatives and other related functions that do not include treatment;
- Professional review and performance evaluation (e.g., to evaluate staff performance);
- Training programs including those in which students, trainees or practitioners in health care learn under supervision;
- Training of non-health care professionals;
- Accreditation, certification, licensing or credentialing activities;
- Review and auditing, including compliance reviews, medical reviews, legal services and compliance programs;
- Business planning and development including cost management and planning-related analyses and formulary development; and
- Business management and general administrative activities of Four Seasons.

- D. Inpatient Facilities: If you are a patient of a Four Seasons inpatient facility, Four Seasons may include certain information about you in a directory, including your name, your general health status, your religious affiliation and where you are in the Four Seasons facility. Four Seasons may only disclose this information to people who ask for you by name. Please inform us if you do not want your information to be included in the directory.
- E. For Fundraising Activities: Four Seasons may use information about you to contact you or your family to raise money for Four Seasons. Four Seasons will only use the following information for fundraising purposes: your name, address, phone number, age, gender, and date of birth; the dates you received care at Four Seasons; the department providing your care; the name(s) of your treating physician(s); information related to the outcome of your care; and your health insurance status. Four Seasons may also release this information to a related Four Seasons foundation for fundraising purposes. You have the right to opt out of receiving fundraising communications. If you do not want Four Seasons to contact you or your family, call us at 828-692-6178 and indicate that you do not wish to be contacted.
- F. Family, Friends and Others Involved in Your Care or Payment: Unless you object, we may disclose your health information to a family member, friend or any other person you involve in your care or payment for your health care. We will disclose only the information that is relevant to the person's involvement in your care or payment.
- G. Business Associates: Four Seasons may disclose your health information to its business associates that perform functions on its behalf or provide it with services if the information is necessary for such functions or services. Four Seasons' business associates are required, under contract with Four Seasons, to protect the privacy of

your information and are not allowed to use or disclose any information other than as specified in its contract with Four Seasons.

### III. OTHER USES AND DISCLOSURES ALLOWED UNDER FEDERAL PRIVACY RULES WITHOUT PATIENT CONSENT OR AUTHORIZATION

- A. When Legally Required: Four Seasons will disclose your health information when it is required to do so by any Federal, State or local law.
- B. For Public Health Activities: Four Seasons may disclose your health information when authorized by law to do so for public activities and purposes, such as to:
- Prevent or control disease, injury or disability, report disease, injury, vital events such as death and the conduct of public health surveillance, investigations and interventions.
  - To report adverse events, product defects, to track products or enable product recalls, repairs and replacements and to conduct post-marketing surveillance and compliance with requirements of the Food and Drug Administration.
  - To notify a person who has been exposed to a communicable disease or who may be at risk of contracting or spreading a disease.
  - To an employer about an individual who is a member of the workforce as legally required.
- C. To Report Abuse, Neglect or Domestic Violence: Four Seasons may disclose your health information to government authorities if we believe you are the victim of abuse, neglect or domestic violence. Four Seasons will make this disclosure only when specifically required or authorized by law or when the patient agrees to the disclosure.

To Conduct Health Oversight Activities: Four Seasons may disclose your health information to a health oversight agency for activities including audits, civil administrative or criminal investigations, inspections, licensure or disciplinary action. Four Seasons may not, however, disclose your health information if you are the subject of an investigation and your health information is not directly related to your receipt of health care or public benefits. Four Seasons may disclose your health information to the North Carolina Department of Health Service Regulation to validate Four Seasons' compliance with North Carolina law. You have the right to object to a disclosure of your health information to the North Carolina Department of Health Service Regulation for this purpose. Such objections shall be made in writing on your Consent for Hospice Care upon admission or to the Four Seasons Privacy Officer at the address listed in Section VI below.

- D. In Connection With Judicial and Administrative Proceedings: Four Seasons may disclose your health information in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal as expressly authorized by such order or, in response to a subpoena, discovery request or

other lawful process, but only when Four Seasons makes reasonable efforts to either notify you about the request or to obtain an order protecting your health information.

- E. For Law Enforcement Purposes: Four Seasons may disclose your health information to a law enforcement official for law enforcement purposes as follows:
- As required by law for reporting certain types of wounds or other physical injuries pursuant to the court order, warrant, subpoena or summons, or similar process;
  - For the purpose of identifying or locating a suspect, fugitive, material witness or missing person;
  - Under certain limited circumstances, when you are the victim of a crime;
  - To a law enforcement official if Four Seasons has a suspicion that your death was the result of criminal conduct including criminal conduct at Four Seasons; or
  - In an emergency in order to report a crime.
- F. To Coroners and Medical Examiners: Four Seasons may disclose your health information to coroners and medical examiners for purposes of determining your cause of death or for other duties, as authorized by law.
- G. To Funeral Directors: Four Seasons may disclose your health information to funeral directors consistent with applicable law and, if necessary, to carry out their duties with respect to your funeral arrangements. If necessary to carry out their duties, Four Seasons may disclose your health information prior to and in reasonable anticipation of your death.
- H. For Organ, Eye or Tissue Donation: Four Seasons may use or disclose your health information to organ procurement organizations or other entities engaged in the procurement, banking or transplantation of organs, eyes or tissue for the purpose of facilitating the donation and transplantation.
- I. For Research Purposes: Four Seasons may, under very select circumstances, use your health information for research. Before Four Seasons discloses any of your health information for such research purposes, the project will be subject to an extensive approval process. Four Seasons will ask your permission before any researcher will be granted access to your individually identifiable health information.
- J. In the Event of a Serious Threat to Health or Safety: Four Seasons may, consistent with applicable law and ethical standards of conduct, disclose your health information if Four Seasons, in good faith, believes that such disclosure is necessary to prevent or lessen a serious and imminent threat to your health or safety or to the health and safety of the public.
- K. For Specified Government Functions: In certain circumstances, the Federal regulations authorize Four Seasons to use or disclose your health information

to facilitate specified government functions relating to military personnel and veterans, national security and intelligence activities, protective services for the President and others, medical suitability determinations, and inmates and law enforcement custody.

- L. For Worker's Compensation: Four Seasons may release your health information for Worker's Compensation or similar programs.

#### IV. **AUTHORIZATION TO USE OR DISCLOSE HEALTH INFORMATION**

Other than as stated above, Four Seasons will not disclose your health information without your written authorization. If you or your representative authorizes Four Seasons to use or disclose your health information, you may revoke that authorization in writing at any time, except to the extent that Four Seasons has already acted upon your authorization. Four Seasons will obtain your authorization prior to: (a) disclosing your Psychotherapy Notes, if applicable; (b) using your health information for most marketing communications, except face-to-face communications, whenever Four Seasons is paid by a third party for making such communications; or (c) disclosing your health information in a manner which constitutes the sale of such information under the Health Information Portability and Accountability Act of 1996 (HIPAA) and its implementing regulations.

#### V. **YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION**

You have the following rights regarding your health information maintained by Four Seasons:

- A. Right to Request Restrictions: You have the right to request restrictions on certain uses and disclosures of your health information. For example, you may request a limit on Four Seasons' disclosure of your health information to someone who is involved in your care or the payment of your care. All requests for restrictions must be made in writing using the appropriate Four Seasons form. Except in limited circumstances, Four Seasons is not required to agree to your request. Except as otherwise required by law, Four Seasons must agree to a restriction request if: (i) the disclosure is to a health plan for purposes of carrying out payment or health care operations (and not for purposes of carrying out treatment); and (ii) the health information pertains solely to a health care item or service for which you, or another person other than the health plan on your behalf, has paid Four Seasons in full. This restriction will apply only to those health care records created on the date that you received the item or service for which you, or another person other than the health plan on your behalf, paid Four Seasons in full, and which document the item or service provided by Four Seasons on such date.
- B. Right to Request Confidential Communications: You have the right to request that Four Seasons communicate with you in a certain way. For example, you may ask that Four Seasons only conduct communications pertaining to your health information with you privately and with no other family members present. All

requests for confidential communications must be made in writing using the appropriate Four Seasons form. Four Seasons will not request that you provide any reason(s) for your request and will attempt to honor your reasonable requests for confidential communications.

- C. Right to Inspect and Copy Your Health Information: You have the right to inspect and copy your health information, including billing records. All requests to inspect and copy health information must be made in writing using the appropriate Four Seasons form. If you request a copy of your health information, Four Seasons may charge a reasonable fee for copying and assembling costs associated with your request. In limited circumstances, Four Seasons may deny your request to inspect and copy your health information; however, you may request a review of the denial by a licensed health care professional who Four Seasons has designated as a reviewing official and who did not participate in the original decision to deny the request.
- D. Right to Request Amendment of Your Health Information: If you believe that your health information records are incorrect or incomplete, you have the right to request that Four Seasons amend the records. That request may be made as long as the information is maintained by Four Seasons. A request for an amendment of records must be made in writing using the appropriate Four Seasons form, and must contain a reason to support the requested amendment. The request may be denied if your health information records were not created by Four Seasons, if the records you are requesting are not part of Four Seasons' records, if the health information you wish to amend is not part of the health information you or your representative are permitted to inspect and copy, or if, in the opinion of Four Seasons, the records containing your health information are accurate and complete.
- E. Right to Request an Accounting of Disclosures: You have the right to request an accounting of disclosures of your health information made by Four Seasons for any reason other than for treatment, payment or health operations. The request for an accounting must be made in writing on the appropriate Four Seasons form. The request should specify the time period for the accounting starting on April 14, 2003. Accounting requests may not be made for periods of time in excess of six years. Four Seasons will provide the first accounting you request during any 12-month period without charge. Subsequent accounting requests may be subject to a reasonable cost-based fee.
- F. Right to a Paper Copy of this Notice: You have the right to a separate paper copy of this notice at any time even if you have received this notice previously. A copy of the current version of the Four Seasons Notice of Privacy Practices is also available at our website, [www.FourSeasonsCFL.org](http://www.FourSeasonsCFL.org)
- G. Right to Receive Breach Notification: You have the right to receive notice of a breach of your unsecured health information. This notification may be delayed or

not provided if so required by a law enforcement official. You may request that this notice be provided by electronic mail. If you are deceased and there is a breach of your health information, the notice will be provided to your next of kin or personal representative if we know the identify and address of such individual(s).

## VI. QUESTIONS OR COMPLAINTS

For all issues or questions regarding patient privacy and your rights under the Federal Privacy Standards, including requests for or complaints about your rights, you may contact:

Privacy Officer		Chris Comeaux, President/CEO
Four Seasons		Four Seasons
571 South Allen Road	OR	571 South Allen Road
Flat Rock, NC 28731		Flat Rock, NC 28731
828-692-6178		828-692-6178

You, or your representative, have the right to express complaints to the Privacy Officer or President/CEO of Four Seasons and to the Secretary of Health and Human Services if you, or your representative, believe that your privacy rights have been violated. Any complaints to Four Seasons should be made in writing to the Privacy Officer or President/CEO. We encourage you to express any concerns you may have regarding the privacy of your information. You will not be retaliated against in any way for filing a complaint.

If complaints regarding your privacy rights are not resolved satisfactorily, you may notify:

Secretary of Health and Human Services  
200 Independence Ave. SW  
Washington DC 20201  
Toll-free 1-877-696-6775

## VII. EFFECTIVE DATE

This notice is effective 9/23/2013.