

Notice of Privacy Practices

Information, Rights and Responsibilities

Soberman's Estate is committed to protecting the confidentiality of your Protected Health Information and is required by law to do so. This Notice describes how medical information about you may be used and disclosed by Soberman's Estate. Your Protected Health Information (PHI) is information about you, including demographic information, that may identify you and relates to your past, present or future physical or mental health or condition and related health care services. Your PHI is protected by state and/or federal law and regulations.

Uses and Disclosures

- **Treatment:** We may use your PHI to provide you with medical services and supplies. We may disclose your PHI to those who need the information to treat you, such as doctors, physician assistants, nurses, medical providers, technicians, therapists, psychologists, psychiatrists, emergency service and medical transportation providers, medical equipment providers, and others involved in your care.
- **Disaster Relief:** We may disclose your PHI to disaster relief organizations that seek your PHI to coordinate your care or help locate a family member or friend in a disaster. We will provide you with an opportunity to agree or object to such a disclosure whenever practical to do so.
- **Payment:** We may use and disclose your PHI so that we may be paid for the services and supplies we provide to you. Examples of payment-related activities are; reviewing services provided to you to determine medical necessity, undertaking utilization review objectives, making a determination of eligibility or coverage for insurance benefits or processing claims with your insurance company. If it becomes necessary to use collection processes due to lack of payment for services, we will only disclose the minimum amount of PHI necessary for purposes of collection.
- **For Health Care Operations:** We may use and disclose your PHI in connection with the operation of our program, including, but not limited to, quality assessment activities, employee review activities, licensing and conducting or arranging for other business activities. For example, we may share your PHI with third parties that perform various business activities (e.g. billing and typing services) provided we have a written contract with the business that requires it to safeguard the privacy of your PHI.
- **Required by Law:** Federal, state, and local laws sometimes require us to disclose clients' PHI. For instance, we are required to report child abuse/neglect and must provide certain information to law enforcement officials in domestic violence cases. We are required to give information to State Workers Compensation Program for work-related injuries. In addition, we must make disclosures to the Department of Health Services for the purpose of investigating or determining our compliance with the regulations.
- **Mandated Reporting:** We may use your protected health information in order to comply with rules and regulations mandating Soberman's Estate staff to report to law enforcement or government agencies. Examples of situations where reporting may be necessary include abuse and neglect and Duty to Warn requirements. Duty to Warn occurs when someone indicates a specific act of violence towards themselves or another individual.
- **Public Health:** We may disclose PHI for public health activities to a public health authority authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury, or disability, or if directed by a public health authority, to a government agency that is collaborating with that public health authority. In certain circumstances outlined in the privacy regulations, we may disclose your PHI to a person who is subject to the jurisdiction of the Food and Drug Administration with respect to the reporting of certain occurrences involving food, drugs or other products distributed by such person. We may be required to disclose PHI regarding the fact that you have contracted a certain communicable disease to a public health authority authorized by law to collect or receive such information.
- **Information with Additional Protection:** Certain types of PHI have additional protection under state or federal law. For instance, medical information about communicable diseases, HIV/AIDS, drug and alcohol abuse treatment, genetic testing, and evaluation and treatment for a serious mental illness is treated differently than other types of medical information. For such information, in most circumstances Soberman's Estate is required to get your permission before disclosure.
- **Medical Emergencies:** We may use or disclose your PHI in a medical emergency to medical personnel only and as legally permissible.
- **Court Order/Law Enforcement:** We may disclose PHI to law enforcement officials in response to a search warrant or a grand jury subpoena. We may disclose PHI to assist law enforcement officials in identifying or locating a person, to prosecute a crime of violence, to report deaths that may have resulted from criminal conduct, to report criminal conduct at Soberman's Estate, and to prevent a serious threat to you or another person's health or safety.
- **Coroners and Medical Examiners:** We may disclose PHI to a coroner or medical examiner for the purpose of identifying a deceased person, determining a cause of death, or other duties as authorized by law.
- **Military, Veterans, National Security, and Other Government Purposes:** If you are an active military member or veteran, we may disclose your PHI as required by military command authorities. We may disclose your PHI to authorized federal officials for national security and intelligence reasons and to the Department of State for medical suitability determinations.
- **Judicial Proceedings:** Soberman's Estate may disclose PHI in a lawsuit if Soberman's Estate is ordered to do so by a court or if Soberman's Estate receives a subpoena or a search warrant. You will receive advance notice about this disclosure in most

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situations so that you will have a chance to object to sharing your PHI. Providers may disclose information to their own legal counsel, or anyone working on behalf of their legal counsel, in providing representation to the provider.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do and we will follow your instructions.

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

- Share information with your family, close friends, or others involved in your care, upon receipt of your signed authorization. You may choose to rescind your authorization at any time by contacting the Clinical Director.

In these cases, we will never share your information unless you give us written permission:

- Marketing purposes
- Research purposes
- Sale of your information

Our Responsibilities

- We are required by law to maintain the privacy and security of your PHI.
- We will notify you in the event that we discover a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you have given us written consent, you may change your mind at any time. Let us know in writing, if you do change your mind.

Your Rights

- **Right to Access Your PHI:** You have the right to look at your own PHI and to get a copy of that information. The law requires us to keep the original record, but you may receive a copy. This includes your medical record, your billing record, and other records we use to make decisions about your care. To request your PHI, submit a written request to the Medical Records Department. We will provide you a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
- **Right to an Electronic Copy of Electronic Medical Records:** If your PHI is maintained in an electronic format (known as an electronic medical record or an electronic health record), you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity.
- **Notification of a Breach:** You have the right to be notified in the event that we (or one of our Business Associates) discover a breach of any of your unsecured PHI.
- **Right to Request Amendment of Certain PHI You Believe is Erroneous or Incomplete:** If you examine your PHI and believe that some of the information is wrong or incomplete, you may ask us to amend your record. To make a request to amend your PHI, submit a written request to the Program Manager.
- **Right to Get a List of Certain Disclosures of Your PHI:** You have the right to request a list of many of the disclosures we make of your PHI. If you would like to receive such a list, submit a written request to the Medical Records Department. We will provide the first list to you free, but we may charge you for any additional lists you request during the same year. We will tell you in advance what these additional requested lists will cost.
- **Right to Request Restrictions on How Soberman's Estate will Use or Disclose Your PHI for Treatment, Payment, or Health Care Operations:** You have the right to request us not to make uses or disclosures of your PHI to treat you, to seek payment for care, or to operate Soberman's Estate. We are not required to agree to your request, but if we do agree, we will comply with that agreement. If you want to request a restriction, submit your request in writing to the Privacy Officer and describe your request in detail. We will respond in writing within 60 days.
- **Out-of-Pocket Payments:** If you pay for a service or health care item out-of-pocket in full, you have the right to request in writing that your PHI with respect to that item or service not be disclosed to a health plan for purposes of payment or health care operations, and we will honor that request.
- **Right to Request Confidential Communications:** You have the right to request that we communicate with you in a way that you feel is more confidential. For example, you can ask us not to call your home, but to communicate only by mail. To do this, submit your request in writing to the Program Manager. You can also ask to speak with your health care providers in private outside the presence of other clients- just ask them!
- **Right to a Paper Copy:** If you have received this Notice electronically, you have the right to a paper copy at any time. You may download a paper copy of this Notice from our website, at www.sobermansestate.com or you may obtain a paper copy of the notice from the Program Manager.

Changes to this Notice: We may change the terms of this notice and our practices concerning how we use or disclose PHI. If we change these practices, we will publish a revised Notice of Privacy Practices and make it available to you. You can also get a copy of our current Notice of Privacy Practices at any time from our website, www.sobermansestate.com.

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Concerns or complaints: Please tell us about any problems or concerns you have with your privacy rights or how Soberman's Estate uses or discloses your PHI. If you have a concern, please contact Soberman's Estate Privacy Officer. If for some reason Soberman's Estate cannot resolve your concern, you may also file a complaint with the U.S. Department of Health and Human Services by sending your complaint in writing to: U.S. Department of Health & Human Services Office of Civil Rights 200 Independence Avenue, S.W., Washington, D.C. 20201 877-696-6775. We will not penalize you or retaliate against you in any way for filing a complaint with the federal government.

Effective Date: March 1, 2019