

Noland Health Services, Inc.
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Organized Healthcare Arrangement

JOINT NOTICE OF HEALTH INFORMATION PRIVACY PRACTICES

PRIVACY NOTICE

**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.**

REVISED JULY 30, 2013.

Noland Health Services, Inc.'s long term acute care hospitals and senior living facilities (herein after referred to as "Facilities", "us" or "we")¹ are part of an organized health care arrangement ("OHCA") that is made up of those persons or entities that are listed at the end of this Notice. This Privacy Notice is a joint notice that covers the functions of the OHCA and any health care professional working with the Facilities.

We are required under the federal health care privacy rules (the "Privacy Rules"), to protect the privacy of your health information, which includes information about your health history, symptoms, test results, diagnoses, treatment, and claims and payment history (collectively, "Health Information"). We are also required to provide you with this Privacy Notice regarding our legal duties, policies and procedures to protect and maintain the privacy of your Health Information. We are required to follow the terms of this Privacy Notice unless (and until) it is revised. We reserve the right to change the terms of this Privacy Notice and to make the new notice provisions effective for the Health Information that we maintain and use, as well as for any Health Information that we may receive in the future. Should the terms of this Privacy Notice change, we will make a revised copy of the notice available to you. Revised Privacy Notices will be available at our Facilities for individuals to take with them and we will post a copy of revised Privacy Notices in a prominent location in our Facilities. This Privacy Notice will also be posted and made available electronically on our web site.

PERMITTED USES AND DISCLOSURES OF YOUR HEALTH INFORMATION.

- General Uses and Disclosures.** Under the applicable law, we are permitted to use and disclose your Health Information for the following purposes, without obtaining your permission or Authorization:

¹ The physicians participating in your care at a facility within Noland Health Services, Inc. are typically not employees or agents of Noland Health Services, Inc. and are not acting for or on behalf of Noland Health Services, Inc. They are independent Physicians who are engaged in the private practice of medicine and have been granted privileges to the Facilities for the care of their patients/residents. All medical decisions regarding your care and treatment at a Noland Health Services' facility are made by such physicians and not by Noland Health Services, Inc.

- ▶ **Treatment.** We are permitted to use and disclose your Health Information in the provision and coordination of your health care. For example, we may disclose your Health Information to your primary health care provider, consulting providers, and to other health care personnel who have a need for such information for your care and treatment.
- ▶ **Payment.** We may use and disclose your Health Information so that the treatment and services you receive may be billed to and payment may be collected from you, an insurance company or other third party including determining the applicability of any health insurance coverage. This information may be released to an insurance company, third party payor, or other authorized entity or person involved in the payment of your medical bills and may include copies or portions of your medical record which are necessary for payment of your bill. For example, a bill sent to your insurance company may include information that identifies you, your diagnosis, and the procedures and supplies used in your treatment.
- ▶ **Health Care Operations.** Noland Health Services, Inc., an OHCA, and the different healthcare providers of the OHCA may share your Health Information with other members of the OHCA for health care operation purposes described in this notice. We are permitted to use and disclose your Health Information for our health care operations, including, but not limited to: quality assurance, auditing, licensing or credentialing activities, and for educational purposes. For example, we can use your Health Information to internally assess the quality of care we provide.
- ▶ **Care Coordination, Refill Reminders, Alternative Therapies.** We may provide you with refill reminders about a drug or biologic that is currently being prescribed for you, only if any financial remuneration received by us in exchange for making the communication is reasonably related to our cost of making the communication. Except where we receive financial remuneration in exchange for making the communication, we may communicate with you for the following treatment and health care operations purposes: (a) for case management or care coordination, or to direct or recommend alternative treatments, therapies, health care providers, or settings of care; (b) to describe a health-related product or service (or payment for such product or service) that is provided by, or included in a plan of benefits, including communications about a health care provider network or health plan network; replacement of, or enhancements to, a health plan; and or (c) for case management or care coordination, contacting of individuals with information about treatment alternatives, and related functions to the extent these activities do not fall within the definition of treatment.
- ▶ **Uses and Disclosures Related to the OHCA Functions.** The health care providers and entities participating in the OHCA and listed in this Notice will share your Health Information with each other, as necessary to carry out treatment, payment and health care operations relating to the OHCA.
- ▶ **Uses and Disclosures Required by Law.** We may use and disclose your Health Information when required to do so by law, including, but not limited to: reporting abuse and neglect; in response to judicial and administrative proceedings; in responding to a law enforcement request for information; or in order to alert law enforcement to criminal conduct on our premises or of a death that may be the result of criminal conduct.

- ▶ **Public Health Activities.** We may disclose your Health Information for public health reporting purposes, including, but not limited to: reporting communicable diseases and vital statistics; product recalls and adverse events; or notifying person(s) who may have been exposed to a disease or are at risk of contracting or spreading a disease or condition.
- ▶ **Abuse and Neglect.** We may disclose your Health Information to a local, state, or federal government authority, including social services or a protective services agency authorized by law to receive such reports, if we have a reasonable belief of abuse or neglect.
- ▶ **Regulatory Agencies.** We may disclose your Health Information to a health care oversight agency for activities authorized by law, including, but not limited to, licensure, investigations and inspections. These activities are necessary for the government and certain private health oversight agencies to monitor the health care system, government programs, and compliance with civil rights.
- ▶ **Judicial and Administrative Proceedings.** We may disclose your Health Information in judicial and administrative proceedings, as well as in response to an order of a court, administrative tribunal, or in response to a subpoena, summons, warrant, discovery request, or similar legal request.
- ▶ **Law Enforcement Purposes.** We may disclose your Health Information to law enforcement officials when required to do so by law.
- ▶ **Coroners, Medical Examiners, Funeral Directors.** We may disclose your Health Information to a coroner or medical examiner. This may be necessary, for example, to determine a cause of death. We may also disclose your health information to funeral directors, as necessary, to carry out their duties.
- ▶ **Organ Donation.** We may disclose your Health Information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of cadaveric organs, eyes, or tissues.
- ▶ **Research.** Under certain circumstances, we may disclose your Health Information to researchers when their clinical research study has been approved and where certain safeguards are in place to ensure the privacy and protection of your Health Information.
- ▶ **Threats to Health and Safety.** We may use or disclose your Health Information if we believe, in good faith, that the use or disclosure is necessary to prevent or lessen a serious or imminent threat to the health or safety of a person or the public, or is necessary for law enforcement to identify or apprehend an individual.
- ▶ **Specialized Government Functions.** If you are a member of the U.S. Armed Forces, we may disclose your Health Information as required by military command authorities. We may also disclose your Health Information to authorized federal officials for national security reasons and the Department of State for medical suitability determinations.
- ▶ **Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release your Health Information to the correctional institution or law enforcement official, where such information is necessary for the

institution to provide you with health care; to protect your health or safety, or the health or safety of others; or for the safety and security of the correctional institution.

- ▶ **Workers' Compensation.** We may disclose your Health Information to your employer to the extent necessary to comply with Alabama laws relating to workers' compensation or other similar programs.
- ▶ **Fundraising.** We may use or disclose your Health Information to make a fundraising communication to you, for the purpose of raising funds for our own benefit. With each fundraising communication, we will provide you with an opportunity to elect not to receive any further fundraising communication. We will also make reasonable efforts to ensure that if you opt out of such communications you are not sent future fundraising communications. We may also use, or disclose to a business associate or to an institutionally related foundation, the following protected health information for the purpose of raising funds for our own benefit (i) demographic information relating to you, including your name, address, other contact information, age, gender, and date of birth; (ii) the dates of health care provided to you; (iii) the department of service information; (iv) your treating physician; (v) outcome information; and (vi) your health insurance status.
- ▶ **Marketing.** We may use or disclose your Health Information to make a marketing communication to you that occurs in a face-to-face encounter with us or which concerns a promotional gift of nominal value provided by us.
- ▶ **Business Associates.** We may disclose your Health Information to business associates who provide services to us. Our business associates are required to protect the confidentiality of your Health Information.
- ▶ **Other Uses and Disclosures.** In addition to the reasons outlined above, we may use and disclose your Health Information for other purposes permitted by the Privacy Rules.

2. **Uses and Disclosures Which Require Patient Opportunity to Verbally Agree or Object.** Under the Privacy Rules, we are permitted to use and disclose your Health Information: (i) for the creation of facility directories, (ii) to disaster relief agencies, and (iii) to family members, close personal friends or any other person identified by you, if the information is directly relevant to that person's involvement in your care or treatment. Except in emergency situations, you will be notified in advance and have the opportunity to verbally agree or object to this use and disclosure of your Health Information.

3. **Uses and Disclosures Which Require Written Authorization.** As required by applicable law, all other uses and disclosures of your Health Information (not described above) will be made only with your written permission, which is called an Authorization. For example:

- ▶ **Psychotherapy Notes.** We must obtain your Authorization for any use or disclosure of psychotherapy notes, except: to carry out the following treatment, payment, or health care operations: (a) use by the originator of the psychotherapy notes for treatment; (b) use or disclosure by us for our own training programs in which students, trainees, or practitioners in mental health learn under supervision to practice or improve their skills in group, joint, family, or individual counseling; or (c) use or disclosure by us to defend ourselves in a legal action or other proceeding brought by you.

- ▶ **Certain Marketing Purposes.** If we receive financial remuneration in exchange for making a marketing communication we must obtain your Authorization for any use or disclosure of protected health information other than a face-to-face communication made by us to you; or for a promotional gift of nominal value provided by us.
 - ▶ **Sale of Protected Health Information.** We must obtain your Authorization for any disclosure of protected health information which is a sale of protected health information, as defined by 45 CFR § 164.501, and such Authorization will state that the disclosure will result in our receiving remuneration.
4. **Revoking Your Authorization.** You may revoke your Authorization in writing at any time. The revocation of your Authorization will be effective immediately, except to the extent that: we have relied upon it previously for the use and disclosure of your Health Information; if the Authorization was obtained as a condition of obtaining insurance coverage where other law provides the insurer with the right to contest a claim under the policy or the policy itself; or where your Health Information was obtained as part of a research study and is necessary to maintain the integrity of the study.

PATIENT RIGHTS.

You have the following rights concerning your Health Information:

1. **The right to receive written notification of a breach of your unsecured PHI.** You have the right to receive written notification of a breach of your unsecured Health Information if it has been accessed, used, acquired, or disclosed or is reasonably believed by us to have been accessed, used, acquired, or disclosed in a manner not permitted by the Privacy Rules as a result of such breach, and the breach compromises the security or privacy of your Health Information. Unless specified in writing by you to receive this breach notification by electronic mail, we will provide this notification by first-class mail or, if necessary, by such other substituted forms of communication allowable under the law.
2. **Right to Inspect and/or Copy Your Health Information From The Facilities.** Upon written request, you have the right to inspect and copy your own Health Information contained in a designated record set, maintained by or for the Facilities. A “designated record set” contains medical and billing records and any other records that we use for making decisions about you. However, we are not required to provide you access to all the Health Information that we maintain. For example, this right of access does not extend to psychotherapy notes, or information compiled in reasonable anticipation of, or for use in, a civil, criminal or administrative proceeding. Where permitted by the Privacy Rules, you may request that we review certain denials to inspect and copy your Health Information. If you request a paper copy or summary explanation of your Health Information, we may charge you a reasonable fee for copying costs, postage, and any other costs associated with preparing the summary or explanation. Instead of paper copies, if your Health Information is maintained in an electronic health record, you may request that we provide the information in electronic form to either you or to a designated third-party if such designation is clear, conspicuous, and specific. We may charge you a reasonable cost-based fee for the electronic copy, which shall not exceed our labor costs in responding to the request. Instead of copies, we may provide you with a summary of your Health Information if you agree to the form and cost of such summary. We may, in some cases, deny your request to inspect and copy your Health Information and will notify you in writing of the reasons for our denial and provide you with information regarding your rights to have our denial reviewed. In order to obtain copies of your Health Information maintained by other covered

functions of the OHCA other than the Facilities, you should direct your written request directly to the particular covered function.

3. **Right to Request Restrictions on the Use and Disclosure of Your Health Information From The Facilities.** You have the right to request restrictions on the use and disclosure of your Health Information for treatment, payment and health care operations, as well as disclosures to persons involved in your care or payment for your care, such as family members or close friends. We will consider, but do not have to agree to, such requests. However, we must agree to restrict a disclosure of protected health information about you to a health plan if (1) the disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law; and (2) the protected health information pertains solely to a health care item or service for which you, or someone other than the health plan on your behalf has paid in full. In order to request restrictions on the use and disclosure of your Health Information maintained by other covered functions of the OHCA other than the Facilities, you should direct your written request directly to the particular covered function.
4. **Right to Request an Amendment of Your Health Information From The Facilities.** You have the right to request an amendment of your Health Information. We may deny your request if we determine that you have asked us to amend information that: was not created by us, unless the person or entity that created the information is no longer available; is not Health Information maintained by or for us; is Health Information that you are not permitted to inspect or copy; or we determine that the information is accurate and complete. If we disagree with your requested amendment, we will provide you with a written explanation of the reasons for the denial, an opportunity to submit a statement of disagreement, and a description of how you may file a complaint. In order to request an amendment of your Health Information maintained by other covered functions of the OHCA other than the Facility, you should direct your written request directly to each particular covered function.
5. **Right to an Accounting of Disclosures of Your Health Information From The Facilities.** You have the right to receive an accounting of disclosures of your Health Information made by us. With respect to Health Information contained in paper form, our accounting will not include: disclosures related to treatment, payment or health care operations; disclosures to you; disclosures based upon your Authorization, disclosures to individuals involved in your care, incidental disclosures, disclosures to correctional institutions or law enforcement officials; disclosures for facility directories; disclosures that are part of a Limited Data Set, or disclosures that occurred prior to April 14, 2003 or as otherwise allowed by the Privacy Rules. With respect to Health Information contained in an electronic health record, unless otherwise specified by law, the accounting will contain disclosures made for purposes other than to you upon your request, based upon your authorization, to individuals involved in your care, or as allowed by law. You may request an accounting of applicable disclosures made by us within six (6) years prior to the date of your request for Health Information stored in paper form and made within three (3) years prior to the date of your request (but not for any disclosures made prior to implementation of our electronic health records system) for Health Information stored in an electronic health record. If you request an accounting more than once in a 12-month period, we may charge you the reasonable cost-based expenses incurred to comply with your additional request. In order to request an accounting of disclosures of your Health Information disclosed by other covered functions of the OHCA other than the Facilities, you should direct your written request directly to each particular covered function.
6. **Right to Alternative Communications From The Facilities.** You have the right to receive confidential communications of your Health Information by a different means or at a different

location than currently provided. For example, you may request that we only contact you at home or by mail. In order to request confidential communications of your Health Information from other covered functions of the OHCA other than the Facilities, you should direct your written request directly to each particular covered function.

7. **Right to Receive a Paper Copy of this Privacy Notice.** You have the right to receive a paper copy of this Privacy Notice upon request, even if you have agreed to receive this Privacy Notice electronically.

If you want to exercise any of these rights, please contact our Privacy Officer. All requests must be submitted to us in writing on a designated form (which we will provide to you), and returned to the attention of our Privacy Officer at the address below.

CONTACT INFORMATION AND HOW TO REPORT A PRIVACY RIGHTS VIOLATION.

If you want to exercise any of these rights, have any questions, or feel that your privacy rights have been violated, please contact us. All requests must be submitted to us in writing and returned to the address below.

Noland Health Services, Inc.
Attn: Privacy Officer
600 Corporate Parkway, Suite 100
 Birmingham, Alabama 35242
 Telephone: (205) 783-8440
 Fax: (205) 783-8441

If you believe that your privacy rights have been violated or that we have violated our own privacy practices, you may file a complaint with our Privacy Officer. You may also file a complaint with the Office of Civil Rights, U.S. Department of Health and Human Services. Our Privacy Officer can provide you with the address.

The following health care providers may provide services to you as part of our organized health care arrangement and are covered by this Privacy Notice: Physicians; Dentists; Podiatrists; Optometrists; Allied Health Professionals; Physical, Occupational, Respiratory and Speech Therapists and Assistants; Rehabilitation Attendants; Dietary Consultants; Nurses; Home Care Nurses; Nursing Home Nurses; Medical Physicist; Psychologists and Social Workers; Recreational Therapists, Psycho-therapists, Psychiatric Nurses, Mental Health Associates; Hospice Workers; Pharmacists; Medical Equipment Suppliers; Diagnostic Providers; Physician Assistants; and Lab Technicians and Providers. These individuals may not be employees of the Facilities.

Noland Health Services, Inc. 600 Corporate Parkway, Suite 100, Birmingham, AL 35242	
Noland Hospital Anniston, LLC 400 East 10th Street, 4th Floor, Anniston, AL 36207	East Glen, LLC 53 Medical Park Drive East Birmingham, AL 35235
Noland Hospital Birmingham, LLC 50 Medical Park Drive East, 8th Floor Birmingham, AL 35235	Greenbriar at the Altamont, LLC 2831 Highland Avenue South Birmingham, AL 35205

Noland Hospital Dothan, LLC 1108 Ross Clark Circle, 4th Floor Dothan, AL 36301	Oaks on Parkwood, LLC 2651 Laurel Oak Drive Bessemer, AL 35022
Noland Hospital Montgomery, LLC 1725 Pine Street, 6th Floor North Wing Montgomery, AL 36106	Sylacauga Health and Rehab Services, LLC 1007 West Fort Williams Street Sylacauga, AL 35150
Noland Hospital Shelby, LLC 1000 First St. North, 3rd Floor Main Hospital Alabaster, AL 35007	Spring Terrace Assisted Living Facility 1104 West Fort Williams Street Sylacauga, AL 35150
Noland Hospital Tuscaloosa, LLC 809 University Boulevard East, 4th Floor Tuscaloosa, AL 35401	Village at Cook Springs, LLC 415 Cook Springs Road Pell City, AL 35125
	Village East 225 Kings Circle, Pell City, AL 35123
	Woodlands at Tannehill, 8071 Kimbrell Cutoff Road McCalla, AL 35111

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