



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.

ABOUT THIS NOTICE

Riverview Retirement Community ("Riverview") is strongly committed to protecting your health information. This Notice of Privacy Practices ("Notice") is provided pursuant to the Health Insurance Portability and Accountability Act of 1996 and describes how we may use and disclose your protected health information. "Protected health information" is information about you that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

We must follow the privacy practices that are described in this Notice while it is in effect. If you have any questions about this Notice, please contact the Corporate Compliance/Privacy Officer at (509) 482-8471.

HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION

The following categories describe the different ways that we may use and disclose your protected health information. These examples are not meant to be exhaustive, but to illustrate the types of uses and disclosures that may be made by Riverview. However, Riverview may never have a reason to make some of these disclosures.

1. For Treatment

We may use and disclose your protected health information to provide, coordinate, or manage your health care treatment and any related services. Information obtained by the physician(s), nursing, social, administrative staff or other providers of service will be recorded in your chart and/or computerized record. This information is used to plan your treatment and services as well as to document progress, events, plans of care, observations and evaluation of care and treatment, information for consultants, diagnostic services or for the providers on transfer to another Health Facility.

2. For Payment

We may use and disclose your protected health information so that the treatment and health care services you receive may be billed to you, your insurance company, a government program, or third party payors. At least some health information may be provided to the payee that identifies your demographic information, the diagnosis and additional health information to support the billing.

3. For Health Care Operations

We may use or disclose your protected health information for health care operation purposes. These uses and disclosures are necessary to make sure that all of our residents receive quality care and for operation and management purposes. For example, we may use your protected health information to review the quality of the treatment and services you receive and to evaluate the performance of our team members in caring for you. We also may disclose information to doctors,

nurses, technicians, medical/nursing students, and other personnel for educational and learning purposes.

4. Fundraising Activities

We may use or disclose your demographic information and dates of services provided to you, as necessary, in order to contact you for fundraising activities supported by Riverview. You have the right to opt out of receiving fundraising communications. If you do not want to receive these materials, please submit a written request.

5. Resident Directory

Unless you object, we may use and disclose in our resident directory your name, your location in the community, may be disclosed to people that ask for you by name. Members of the clergy will be told your religious affiliation. You have the opportunity to agree or object to the use or disclosure of all or part of your protected health information. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment.

6. Resident Location

Resident location will be provided (unless there is an opposing designation in writing) to those individuals who request to visit or identify you are at the facility, legally authorized representatives authorized to obtain the information, responsible party, emergency contact, and in case of conservatorship application, the attorney representing the client.

7. Others Involved in Your Healthcare

Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your protected health information that directly relates to that person's involvement in your healthcare. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose protected health information to notify a family member, personal representative or any other person that is responsible for your care of your general condition, status, and location. Finally, we may use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your healthcare.

8. Required by Law

We may use or disclose your protected health information to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required by law, of any such uses or disclosures.

9. Public Health

We may disclose your protected health information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury or disability. We may disclose your protected health information, if directed by the public health authority, to a foreign government agency that is collaborating with the public health authority.

10. Business Associates

We may disclose your protected health information to our business associates that perform functions on our behalf or provide services if the information is necessary for such functions or services. To protect your health information, however, we require the business associate to appropriately safeguard your information.

11. Communicable Diseases

We may disclose your protected health information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

12. Health Oversight

We may disclose your protected health information to a health oversight agency for activities authorized by law, such as audits, investigations and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefits programs, other government regulatory programs and civil rights laws.

13. Abuse or Neglect

We may disclose your protected health information to a public health authority that is authorized by law to receive reports of abuse or neglect. In addition, we may disclose your protected health information if we believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

14. Food and Drug Administration

We may disclose your protected health information to a person or company required by the Food and Drug Administration to report adverse events, product defects or problems, biologic product deviations, track products to enable product recalls, to make repairs or replacements, or to conduct post marketing surveillance, as required by law.

15. Legal Proceedings

We may disclose your protected health information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent of such disclosure is expressly authorized), and in certain conditions in response to a subpoena, discovery request or other lawful process.

16. Law Enforcement

We may disclose your protected health information, so long as applicable legal requirements are met, for law enforcement purposes.

17. Coroners, Funeral Directors and Organ Donation

We may disclose your protected health information to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose your protected health information to a funeral director, as authorized by law, in order to permit the funeral director to carry out their duties. We may disclose such information in reasonable anticipation of death. Protected health information may be used and disclosed for organ, eye or tissue donation purposes.

18. Serious Threat to Health or Safety

Consistent with applicable federal and state laws, we may disclose your protected health information to prevent or lessen a serious threat to your health and safety or to the health and safety of another person or the public.

19. For Data Breach Notification Purposes

We may use or disclose your protected health information to provide legally required notices of unauthorized access to or disclosure of your health information.

20. Required Uses and Disclosures

Under the law, we must disclose your protected health information when required by the Secretary of the U.S. Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500 et. Seq.

**SPECIAL PROTECTIONS FOR HIV, ALCOHOL AND SUBSTANCE ABUSE,
MENTAL HEALTH AND GENETIC INFORMATION**

Certain federal and state laws may require special privacy protections that restrict the use and disclosure of certain health information, including HIV-related information, alcohol and substance abuse information, mental health information, and genetic information. Some parts of this Notice may not apply to these types of information.

**USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION
BASED UPON YOUR WRITTEN AUTHORIZATION**

The following uses and disclosures will be made only with your written authorization:

1. Most uses and disclosures of psychotherapy notes;
2. Uses and disclosures of protected health information for marketing purposes; and
3. Disclosures that constitute a sale of protected health information.

Other uses and disclosures of your protected health information not described in this notice will be made only with your written authorization, unless otherwise permitted or required by law. You may revoke this authorization, at any time, in writing, except to the extent that Riverview has taken an action in reliance on the use or disclosure indicated in the authorization. Additionally, if a use or disclosure of protected health information described above in this Notice is prohibited or materially limited by other laws that apply to use, it is our intent to meet the requirement of the more stringent law.

YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

The following is a statement of your rights with respect to your protected health information and a brief description of how you may exercise these rights.

1. Right to be Notified if there is a Breach of Your Protected Health Information

You have the right to be notified upon a breach of any of your unsecured protected health information.

2. Right to Inspect and Copy

You may inspect and obtain a copy of your protected health information that is contained in your medical and billing records and any other records that Riverview uses for making decisions about

you. To inspect and copy your medical information, you must submit a written request to the Compliance/Privacy Officer. If you request a copy of your information, we may charge you a reasonable fee for the costs of copying, mailing or other costs incurred by us in complying with your request. Under federal law, you may not inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding; and protected health information that is subject to law that prohibits access to protected health information. Depending on the circumstances, we may deny your request to inspect and/or copy your protected health information. A decision to deny access may be reviewable. Please contact the Compliance/Privacy Officer if you have questions about access to your medical record.

3. Right to Request Restrictions

You may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice. To request a restriction on who may have access to your protected health information, you must submit a written request to the Compliance/Privacy Officer. Your request must state the specific restriction requested and to whom you want the restriction to apply.

4. Right to Request Confidential Communication

You have the right to request to receive confidential communications from us by alternative means or at an alternative location. We will accommodate reasonable requests. You must request this by submitting a written request to the Compliance/Privacy Officer.

5. Right to Request Amendment

You may request an amendment of your protected health information contained in your medical and billing records and any other records that Riverview uses for making decisions about you, for as long as we maintain the protected health information. You must request for an amendment by submitting a written request to the Compliance/Privacy Officer, and provide the reason(s) that support your request. In certain cases, we may deny your request for an amendment. If we deny your request for an amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.

6. Right to an Accounting of Disclosures

You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information. This right applies to disclosures for purposes other than treatment, payment or healthcare operations as described in this Notice. It excludes disclosures we may have made to you, for a resident directory, to family members or friends involved in your care, or for notification purposes. The right to receive this information is subject to certain exceptions, restrictions and limitations. Additionally, limitations are different for electronic health record. You must request for an accounting of disclosures by submitting a written request to the Compliance/Privacy Officer, and provide the reason(s) that support your request.

7. Right to Obtain a Paper Copy of this Notice

You have the right to receive a paper copy of this Notice even if you have agreed to receive this notice electronically. You may ask us to give you a copy of this notice at any time. TO obtain a

paper copy of this Notice, you can contact the Compliance/Privacy Officer. You may also obtain a copy of this Notice at www.riverviewretirement.org.

COMPLAINTS OR QUESTIONS

If you believe your privacy rights have been violated, you may complain to us or to the Secretary of the U.S. Department of Health and Human Services. If you have a question about this Notice or wish to file a complaint with us, please contact the Administrator or the Compliance/Privacy Officer at the address listed below. All complaints must be in writing. Riverview will not retaliate against you for filing a complaint.

CHANGES TO THIS NOTICE

We reserve the right to change this Notice at any time. The new Notice will be effective for all health information we already have about you as well as any information we receive in the future. A current Notice is also posted at www.riverviewretirement.org. You can also obtain a revised Notice by contacting the Administrator or the Compliance/Privacy Officer at the address listed below.

Riverview Retirement Community
Attn: Compliance and Privacy Officer
1801 E Upriver Drive
Spokane, WA 99207
Tel: 509-482-8471
Fax: 509-482-8415
Email: tsamuel@riverviewretirement.org

This Notice is effective as of 8/1/2020