

GOLDEN AGE, INC.

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 read it carefully!

Effective July 24, 2017

This notice is provided to you by Golden Age, Inc. (the “Facility”) to describe how we, our Business Associates and their subcontractors may use and/or disclose your Protected Health Information (“PHI”) to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. This notice will also inform you of your rights regarding your Protected Health Information, including but not limited to gaining access to your health information, placing restrictions on the use of your health information and learning with whom we have shared your health information.

If you have any questions about this Notice, your rights or our use of your health information, please contact the Facility’s Privacy Officer, Judy McGinnis, at 2901 Highway 82 East, Greenwood, Mississippi 38930, by email at jmcginnis@goldenageinc.com or by phone at (662) 453-6323.

Protected Health Information (“PHI”) is information about the Resident, including demographic information, which may identify the Resident and which relates to past, present or future physical or mental health conditions related to health care as well as billing and payment for services. ***PHI specifically includes the Resident’s genetic information as defined by the Genetic Information Nondiscrimination Act of 2008.***

Federal law requires the Facility to maintain the privacy of your protected health information, to provide you with notice of its legal duties and privacy practices with respect to protected health information and to notify affected individuals following a breach of unsecured protected health information.

We may change the terms of this Notice at any time and the new Notice will be effective for all PHI we maintain at the time of the revision. You are entitled to receive a copy of any revised version at any time.

We keep medical information regarding the Resident to help provide care and because the law requires us to. The law also regulates how we may and may not use the Resident’s medical information.

HOW WE MAY USE OR DISCLOSE THE RESIDENT'S HEALTH INFORMATION: We may use electronic record systems to manage the Resident's care. These electronic systems have safeguards to protect the Resident's information. We also have privacy policies and train our employees to limit the use of the Resident's information to those who need it to do their jobs. Following are ways the Facility may use the Resident's medical information:

- **To provide care and treatment.** We will use and disclose the Resident's PHI as allowed to provide, coordinate and manage the Resident's health care and related services. Doctors, hospitals, nurse practitioners and other people who are not employed by the Facility may share information they have about the resident with our employees to enable the Facility to provide proper care for the Resident. Likewise, the Facility may share the Resident's PHI with other healthcare providers such as doctors, hospitals, clinics, pharmacies, labs and therapists to assure the other healthcare provider has the necessary information to diagnose and treat the Resident. The Resident's medical information may also be shared upon discharge from the Facility when needed to plan for the Resident's care after leaving the Facility.
- **For billing and payment.** We may use and share the Resident's information so that the Facility and others who have provided care and services to the Resident can bill and collect payment for those services. For example, if the Resident's care is being paid for by a third party such as a private insurer, Medicare or Medicaid, we may share the Resident's medical information with that third party so the third party will pay for the care the Resident received, to get approval before doing a procedure or to make sure the third party has paid the correct amount for the services. Billing information may also be shared with a collection agency if it is necessary to retain such an agency to collect an unpaid bill.
- **For business reasons and for health care operations.** We may use and share the Resident's information for business reasons and to operate the Facility's health care operations. When we do this, we may, when possible, remove information that identifies the Resident. Some of the business reasons for which we may use or share the Resident's information include: to follow laws and regulations applicable to the Facility; to train and educate our staff; for credentialing, licensure, certification and accreditation; to improve the services we provide; to prepare budgets and business planning; to perform audits; to maintain our computer systems; to evaluate the Facility's staff; to decide any additional services we should offer; to find out how satisfied our residents and their families are; and to bill and collect payment for services. Anyone we share the Resident's information with in order to perform any of these tasks on our behalf must also protect the use of the Resident's medical information. The Facility enters into written agreements with such people or organizations to assure the Resident's information is protected by them and their subcontractors.

- **To contact the Resident or Resident’s family about appointments, insurance, billing and other matters.** We may contact the Resident or the Resident’s family by mail, phone, text or email to provide a reminder for an appointment; register the Resident for a procedure; provide test results; inquire about insurance, billing or payment; follow up on the Resident’s care and to ask how well the Facility cared for the Resident. We may leave voice messages at the number provided for such communications. We may also use and disclose medical information to tell you about treatment alternatives or health-related benefits and services that may be of interest to you.
- **For fundraising.** The Facility may use your name, address, phone number, the dates and places the Resident received services at the Facility and the names of the Resident’s doctors to contact you for fundraising purposes. You have the right to ask not to be contacted for such fundraising purposes. If we contact you, we will tell you how to prevent future contacts if you so desire.
- **For the Facility Directory.** If you are a Resident of the Facility, your name, where you are in the Facility, your general condition (such as “fair” or “stable”) and the Resident’s religion may be included in a Resident directory. This helps family and friends involved in your care and clergy visit you and learn of your condition. Except for the Resident’s religion, this information is shared with such persons who ask for you by name. Unless you tell us not to, the Resident’s religion may be shared with a member of the clergy, such as a minister, priest or rabbi, even if you aren’t asked for by name. You have the right to ask us to take your name from such directory, in which case we will not share the Resident’s information even if they are asked for by name.
- **To inform family members or friends involved in your care or paying for your care.** The Facility may share the Resident’s information with family members and friends, in most cases the Resident’s Representative, who are involved in the Resident’s care or who are paying for the Resident’s care. When possible, the Facility will allow the Resident or the Resident’s Resident Representative to tell us who is involved in the Resident’s care. However, in emergency situations or other situations in which it is not possible for the Resident or Resident Representative to provide such information, the Facility will use its best judgment and share only information that others need to know in order to see that the Resident gets the care that he or she needs. Unless you tell us not to, we may also share information about the Resident with a public or private agency during a disaster so the agency can help contact the Resident’s family or friends to tell them where the Resident is and how the Resident is doing.
- **For research.** Under certain circumstances, we may use and disclose the Resident’s medical information for research to improve public health and develop new knowledge. For example, a research project may involve comparing the health and recovery of patients receiving one medicine for an illness to those who received a different

medicine for the same illness. We only use and share your information for research as allowed by federal and state law. Each research project is approved through a special process that balances the research needs with the patient's need for privacy. In most cases, if the research involves your care or the sharing of medical information that can identify you, we will first explain to you how the information will be used and ask for your consent to use your information. The Facility may access the Resident's medical information before the approval process to design the research project and provide the information needed for approval. Health information used to prepare a research project will not leave the Facility.

- **As required by law.** We will disclose the Resident's health information when required to do so by federal, state or local law. The use or disclosure will be made in compliance with the relevant law and will be limited to the relevant requirements of the law. You will be notified, if required by law, of any such use or disclosure. Disclosure required by law might include responding to a court order, subpoena, warrant, summons or similar process; to identify or find a suspect, fugitive, material witness or missing person; situations in which the Resident is suspected to be a victim in a crime; disclosure because of a death we believe may have been caused by a crime; disclosure because of suspected criminal conduct at the Facility; disclosure in an emergency to report a crime, the location of the crime or victims or to identify, describe or give the location of the person believed to have committed the crime; situations in which the Resident is in the custody of the police or other law enforcement officials; and situations in which the law requires us to report abuse, suspected abuse, neglect, suspected neglect, injuries to Residents, or domestic violence.
- **For public health.** We may use and disclose the Resident's information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Such disclosures will only be made to someone who may be able to prevent the threat such as public health authorities or other authorities with authority to collect such information. Such disclosures may be made for the purpose of preventing or controlling disease, injury or disability; reporting child, elder or dependent adult abuse or neglect; reporting domestic violence; reporting to the Food and Drug Administration problems with products and reactions to medications; and reporting disease or infection exposure. When we report suspected elder or dependent adult abuse or neglect or domestic violence, we will inform the Resident and/or Resident Representative promptly unless, in our best professional judgment, we believe such notification would place the resident at risk of serious harm or would require informing the party we believe is responsible for the abuse, neglect or harm. We may also share the Resident's information with coroners, medical examiners and funeral directors so they can carry out their duties and federal officials for national security and intelligence activities

- **For health oversight.** We may disclose the Resident’s medical information to a health oversight agency for activities authorized by law, such as surveys, audits, investigations and inspections. Oversight agencies seeking this information include governmental agencies that oversee the health care system, government benefits programs, licensure proceedings, other government regulatory programs and civil rights laws.
- **Judicial and Administrative Proceedings.** The Facility may be required by law to disclose the Resident’s medical information in the course of an administrative or judicial proceeding to the extent expressly authorized by a court or administrative order. We may also disclose information about the Resident in response to a subpoena, discovery request or other lawful process if reasonable efforts have been made to notify you of the request and provide you with a chance to object to disclosure in the appropriate forum, if possible.
- **Organ and tissue donation.** If the Resident is an organ or tissue donor, we may disclose the Resident’s medical information to organizations involved in procuring, banking or transplanting organs and tissue.
- **Military Veterans.** If the Resident is or was a member of the armed forces, we may release medical information as required by military command authorities. We may also release information for the purpose of determination of eligibility for veterans’ benefits. We may disclose such information to a foreign military authority if the Resident is or was a member of that foreign military service for the same purposes.
- **Workers’ Compensation.** We may disclose the Resident’s medical information as authorized to comply with workers’ compensation laws and other similar legally-established programs. We may make periodic reports to your employer about your condition to the extent your care is covered by workers’ compensation laws. We are may also be required by law to report cases of occupational injury or occupational illness to the employer or workers’ compensation insurer.
- **Inmates or individuals in custody.** If the Resident is an inmate of a correctional institution or under the custody of a law enforcement official, the Facility may release medical information to the correctional institution or law enforcement official. This disclosure would be if necessary: (1) for the institution to provide the Resident with health care; (2) to protect the Resident’s health and safety or the health and safety of others; or (3) to protect the safety and security of the correctional institution.
- **Breach notification.** In the case of a breach of unsecured protected health information of the Resident, we will notify you as required by law. If you have provided us with a current email address, we may use email to communicate with you related to the breach. In some cases, our business associate may provide the notification. We may also provide notification by other appropriate methods. We may also use the Resident’s

medical information to provide legally required notices of unauthorized access to or disclosure of the Resident's health information to appropriate government officials as required by law.

- **Change of ownership.** In the event the Facility is sold or merged with another organization or operation of the Facility is assumed by another organization for any reason, the Resident's health information will be transferred to the new owner/operator; although, you may request that copies of the Resident's health information to be transferred to another Facility.
- **Business Associates.** We may disclose the Resident's health information to our business associates that perform functions on our behalf or provide us with services if the information is necessary for such function or services. All of our business associates are obligated by contract and by law to protect the privacy of the Resident's health information and are not allowed to use or disclose any information other than as specified in this Notice.

PERMITTED AND REQUIRED USES AND DISCLOSURES THAT REQUIRE THE FACILITY TO PROVIDE YOU WITH AN OPPORTUNITY TO OBJECT TO THE USE OR DISCLOSURE

As discussed above, there are certain situations in which the Facility is allowed or required to use or disclose the Resident's health information, but in which the Facility must give the Resident or Resident Representative an opportunity to object to such use or disclosure. Those include:

- **Facility Directories.** The Resident has the right to object to the Facility's inclusion of all or part of his or her health information in a Facility directory for purposes of providing general information to family members and friends who inquire about the Resident. The Resident has the right to advise the Facility not to provide such information to one or more persons. Religious information will never be provided to anyone other than clergy, and the Resident may likewise instruct the Facility not to provide such information even to clergy.
- **Individuals involved in the Resident's care or payment for the Resident's care.** Unless the Resident objects, the Facility may disclose to a family member or close friend or any other person the Resident identifies information directly related to that person's involvement in the Resident's care. If the Resident is unable to agree or object to such disclosure, we may disclose such information as necessary if we determine it is in the Resident's best interest based on our professional judgment.
- **Disaster Relief.** We may provide protected health information to disaster relief organizations that seek such information to coordinate the Resident's care or to notify

family members and friends of the Resident's location or condition in or after a disaster. The Resident will be given an opportunity to object to such disclosure whenever we can practically do so.

- **Disclosure of protected health information in response to legal process, subpoena or discovery in a legal proceeding.** When practical for us to do so, we will notify the Resident or Resident Representative when a Resident's protected health information is sought by a third party through legal process such as a subpoena or discovery requests. If we are informed the Resident or Resident Representative has taken timely steps to object to such disclosure and are provided written evidence of such objection filed in the appropriate forum, we will refrain from disclosing such information until otherwise ordered by the Court or other tribunal to disclose said information notwithstanding the Resident's objection.
- **For fundraising purposes.** You will be given an opportunity to inform us you do not wish for your health information to be used for fundraising purposes.

WHEN THE FACILITY MAY NOT USE OR DISCLOSE THE RESIDENT'S PROTECTED HEALTH INFORMATION

- **Without your written authorization.** Except for the permitted uses and disclosures set forth above, the Facility will not use or share the Resident's protected health information unless the Resident or authorized representative agrees to such use or disclosure in writing. Any such authorization by the Resident or authorized representative may be revoked in writing at any time. If the Facility receives such a written revocation of authorization, it will no longer use or disclose the protected health information for reasons covered by the written authorization. You should understand that the Facility is unable to take back any disclosures already made with your authorization prior to your revocation.
- **Marketing.** Without your written authorization, we are expressly prohibited from using or disclosing your protected health information for marketing purposes.
- **Selling your information.** We may not sell your health information without your written authorization.
- **Genetic information.** We will not use or disclose any of your protected health information that contains genetic information that will be used for underwriting purposes.
- **Psychotherapy notes.** We may not generally use or disclose the Resident's psychotherapy notes without written authorization.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

- ***Right to review and get a copy of your medical information.*** You have the right to look at and get a copy of your medical information, including billing records, in paper or electronic format. Your request to do so must be made in writing by forwarding your request to the Privacy Officer identified in this Notice. We will act on your request no later than 30 days following receipt of your request. If we need more time, we will inform of that need and provide a reason why we need the additional time. The Facility may charge a fee to cover copying, mailing and other costs and supplies as allowed by law. You may not inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation of, or used in, a civil, criminal or administrative action or proceeding; protected health information restricted by law; information that is related to medical research in which you have agreed to participate; information the disclosure of which may result in harm or injury to you or another person; or information that was obtained under a promise of confidentiality. In certain cases, we may deny your request and in those cases we will give you the reason for our denial in writing. If we deny your request to access your psychotherapy notes, you will have the right to have them transferred to another mental health professional. Under certain circumstances you may have a right to have our decision not to allow you to inspect or obtain a copy of certain health information reviewed. Please contact the Privacy Officer identified in this notice to ask questions about such situations.
- ***Right to ask for a change in your medical information.*** If you think our information about you is not correct or complete, you may ask us to correct your record by writing to the Privacy Officer identified in this notice. Your written request must say why you are asking for the correction. We will respond within 60 days of our receipt of your request. If we need additional time to respond, we will notify you of that need and provide a reason why the extension is needed. If we agree, we will tell you and correct or amend your record. The Facility is unable to remove anything from your record, but can only add new information to correct or complete the existing information. With your help, we will notify others who have the incorrect or incomplete medical information. If your request is denied, we will tell you why in writing. You will have a right to submit a written statement up to 250 words that tells us why you believe your information is incorrect or missing and we will add your written statement to your record and include it whenever we share the part of your record the written statement applies to. If we prepare a rebuttal to your written statement, we will provide you with a copy and may also include our rebuttal when your information is shared.

- **Right to a list or accounting of when your medical information was shared.** You have a right to ask for a list of when your health information was shared without your written consent. The Facility does not have to account for disclosures provided with your written authorization; for your treatment, payment or for the Facility's business operations; for notification and communication with family; related to specialized government functions or for purposes of research or public health which exclude direct patient identifiers or which are incidental to a use or disclosure otherwise permitted or authorized by law; to a health oversight agency or law enforcement official to the extent the Facility has received notice from that agency or official that providing the accounting would be reasonably likely to impede its activities; or disclosures made before April 14, 2003. You must request the accounting of disclosures in writing to the Privacy Officer identified in this notice. Your request must state the time period for which you want the list. That time period may not be longer than 6 years back from the date of your request. The first list you ask for within a 12 month period will be free, but you may be charged a fee if you request another accounting of disclosures in that same 12-month period. We will respond to your request within 60 days of our receipt of the request. If we need more than 60 days, we will inform you of the need for an extension and provide a reason why the extension is needed.
- **Right to notice in case of a breach.** You have a right to be notified if there is any breach of your unsecured protected health information. If such a breach occurs, we will notify you of such breach in accordance with applicable federal law. We will also follow applicable laws in notifying governmental entities of the breach if required.
- **Right to request restrictions or limitations on the use and sharing of your medical information.** You have the right to request a restriction or limitation on the health information that we use for treatment, payment or health care operations. You also have the right to ask that we limit the health information we disclose to someone involved in your care or payment for your care, such as a family member or friend. For example, you may request that we not share information about a particular diagnosis or procedure with your spouse, family member or friend. To request such a restriction, you should make the request in writing to the Privacy Officer identified in this notice. Your request should specifically identify the information you wish to have restricted and the person(s) to which the restriction should apply. In certain circumstances, we may not agree to your request except for those cases in which you ask us not to disclose protected health information to a health plan when you have paid for the particular service in full out-of-pocket and are not looking to the health plan to pay for the particular service, as set forth in the next section. Otherwise, if we agree to your request, we will comply with the request unless the disclosure is necessary to provide you with emergency treatment.

- **Right to limit sharing of information with health plans.** If you paid for a particular service in full out-of-pocket (in other words, you requested that we not bill your health plan for the service), you have the right to ask that your protected health information related to that item or service not be shared or disclosed to your health plan for purposes of payment or health care operations. In such cases, we will honor your request. You should notify us of your desire to limit such information before the service is received since pre-authorization from your insurer might require sharing information with the insurer before the actual service is provided. We cannot prevent such information from being provided before a procedure if we have not received such instructions from you at that time.
- **Right to request confidential communications.** You have the right to request that you receive your health information in a specific way or at a specific location. For example, you may ask that we send information to a particular address or email account. We will comply with all reasonable requests sent in writing to the Privacy Officer identified in this notice. We will not ask you why you have requested that your communications be delivered in a specific way or to a specific location.
- **Right to get a paper copy of this notice.** You have a right to get a paper copy of this notice even if you have already agreed to receive it electronically. You may obtain a paper copy by contacting the Privacy Officer identified in this notice.
- **Right to file a complaint.** You have the right to file a complaint regarding the use or disclosure of your protected health information. If you believe your privacy rights have been violated, you may file a complaint with the Facility's Privacy Officer identified in this Notice. You may also file a complaint with the Office of Civil Rights at the following address:

Office of Civil Rights, Region IV
 U.S. Department of Health & Human Services
 Sam Nunn Atlanta Federal Center
 Suite 16T70
 61 Forsyth Street, S.W.
 Atlanta, GA 30303-8909

The form of the Complaint to submit to the Office of Civil Rights can be found at www.hhs.gov/ocr/privacy/hipaa/complaints/hipcomplaint.pdf.

You may not be retaliated against for filing a complaint.

CHANGES TO THIS NOTICE OF PRIVACY PRACTICES

The Facility reserves the right to amend its privacy practices and the terms of this Notice of Privacy Practices at any time in the future. Until such amendment is made, we are required to comply with this notice. After an amendment is made, the revised Notice of Privacy Practices will apply to all protected health information that we maintain, regardless of when it was created or received. We will keep a copy of the current notice posted at the Facility and you have a right to receive a copy of the most current policy upon request from the Privacy Officer.

IF YOU HAVE ANY QUESTIONS, WANT TO MAKE A REQUEST, OR WANT TO FILE A COMPLAINT, please contact our Privacy Officer, Judy McGinnis, at 2901 Highway 82 East, Greenwood, Mississippi 38930, by email at jmcginnis@goldenageinc.com or by phone at (662) 453-6323.

ACKNOWLEDEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I acknowledge that I have received a copy of the Notice of Privacy Practices from Golden Age, Inc. I understand that by signing this acknowledgement, I am only indicating that I have been provided with a copy of the Notice. By signing this acknowledgement, I am not indicating that I have agreed to any special uses or disclosures of my health information. I also understand that my refusal to sign this acknowledgement will not prevent the Facility from using or disclosing health information as permitted by the applicable laws and regulations.

Signature of Resident

Date

Print name of Resident

Signature of Resident Representative

Date

Print name of Resident Representative

For Facility Use Only

The Facility attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

- The individual refused to sign.
- Communication barriers prohibited obtaining acknowledgement.
- An emergency situation prevented us from obtaining acknowledgement.
- Other. (Please explain below if checked.)

Facility Representative Signature: _____