

**REGENCY INTEGRATED HEALTH SERVICES, LLC**  
**On behalf of itself and all Managed Facilities and entities on Exhibit A**

**NOTICE OF PRIVACY PRACTICES**

**Effective Date: April 15, 2016**

**Revised: May 2021**

**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.**

**Understanding Your Medical Health Record Information**

Each time you visit a hospital, physician, nursing home, or other health care provider, the health care provider makes a record of your visit. Typically, this record contains your health history, current symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your medical record serves as a:

- Basis for planning your care and treatment.
- Means of communication among the many health professionals who contribute to your care.
- Legal document describing the care you received.
- Means by which you or a third-party payer can verify that you actually received the services billed for.
- A tool in medical education.
- A source of information for public health officials charged with improving the health of the regions they serve.
- A tool to assess the appropriateness and quality of care you received.
- A tool to improve the quality of healthcare and achieve better patient outcomes.

Understanding what is in your health records and how your health information is used helps you to:

- Ensure its accuracy and completeness.
- Understand who, what, where, why and how others may access your health information.
- Make informed decision about authorizing disclosure to others.
- Better understand the health information rights detailed below.

**Your Rights Under the Federal Privacy Standards**

Although your health records are the physical property of the health care provider who completed them, you have certain rights with regard to the information contained therein. You have the right to:

- Request restrictions on uses and disclosures of your health information for treatment, payment, and health care operations. Health care operations consist of activities that are necessary to carry out the operations of the health care provider, such as quality assurance and peer review. The right to request restrictions does not extend to uses or disclosures permitted or required under 45 CFR 164.502(a)(2)(i) (disclosures to you), 45 CFR 164.510(a) (for facility directories, but note that you have the right to object to such uses), or 45 CFR 164.512 (uses and disclosures not requiring a consent or an authorization). The latter uses and disclosures include, for example, those required by law, like mandatory communicable disease reporting. In those cases, you do not have a right to request restrictions. Even in those cases in which you do have the right to request restrictions, we do not have to agree to the restrictions, other than with respect to fundraising activities, as set forth below, and with respect to disclosures to your

insurance company or health plan for treatment services you have paid for in full, unless prohibited by law. If we do, however, we will adhere to such restrictions unless you request otherwise or we give you advance notice.

- You may also ask us to communicate with you by alternate means and, if the method of communication is reasonable, we must grant the alternate communication request.
- Receive and keep a copy of this Notice of Privacy Practices. Although we have posted a copy in prominent locations throughout the facility and on our website, if you access those copies, you nonetheless have a right to a hard copy on request. The law requires us to ask you to acknowledge receipt of your copy.
- Inspect and copy your health information upon request. Again, this right is not absolute. In certain situations, such as if access would cause harm, we can deny access. You do not have a right of access to the following:
  - Psychotherapy notes. Such notes comprise those that are recorded in any medium by a health care provider who is a mental health professional documenting or analyzing a conversation during a private counseling session or a group, joint, or family counseling session and that are separated from the rest of your medical record.
  - Information compiled in reasonable anticipation of or for use in civil, criminal, or administrative actions or proceedings.
  - Any of your health information that is subject to the Clinical Laboratory Improvement Amendments of 1988 (CLIA), 42 U.S.C. 263a, to the extent that the provision of access would be prohibited by law.
  - Information that was obtained from someone other than a health care provider under a promise of confidentiality and when the access requested would be reasonably likely to reveal the source of the information.
- In other situations, we may deny you access but, if we do, we must provide you with a review of the decision denying access. These reviewable grounds for denial include:
  - When a licensed healthcare professional has determined, in the exercise of professional judgment, that the access is reasonably likely to endanger the life or physical safety of you or another person.
  - When the protected health information makes reference to another person (other than a health care provider) and a licensed healthcare provider has determined, in the exercise of professional judgment, that the access is reasonably likely to cause substantial harm to such other person.
  - The request is made by your personal representative and a licensed healthcare professional has determined, in the exercise of professional judgment, that the provision of access to such personal representative is reasonably likely to cause substantial harm to you or another person.

For these reviewable grounds, another licensed professional must review the decision of the provider denying access within 15 days. If we deny you access, we will explain why and what your rights are, including how to seek review.

If we grant access, we will tell you what, if anything, you have to do to get access. **We reserve the right to charge a reasonable, cost-based fee for making copies.**

- Request amendment/correction of your health information. We do not have to grant the request if:
  - We did not create the record. If, as in the case of a consultation report from another provider, we did not create the record, we cannot know whether it is accurate or not.

Thus, in such cases, you must seek amendment/correction from the party creating the record. If they amend or correct the record, we will put the corrected record in our records.

- The records are not available to you as discussed immediately above.
- The record is accurate and complete.

If we deny your request for amendment/correction, we will notify you why, how you can attach a statement of disagreement to your records (which we may rebut), and how you can complain to our Privacy Officer or to the US Department of Health and Human Services. If we grant the request, we will make the correction and distribute the correction to those who need it and those you identify to us that you want to receive the corrected information.

- Obtain an accounting of non-routine uses and disclosures other than those for treatment, payment, and health care operations (unless such disclosures are made through an electronic medical record), or of protected health information about you. We do not need to provide an accounting for:
  - For disclosures to you.
  - For disclosures authorized by you.
  - For disclosures of limited data sets (partially de-identified data used for research, public health, or health care operations). (Minimum Data Set)
  - For the facility directory (for example – names on the doors) or to persons involved in your care or for other notification purposes as provided in 42 CFR 164.510 (uses and disclosures requiring an opportunity for the individual to agree or to object, including notifications to family members, personal representatives, or other persons responsible for your care, of your location, general condition, or death).
  - That occurred before April 14, 2003 (deadline of compliance for HIPAA), or for periods of time in excess of six years, unless the disclosure was for treatment, payment or health care operations through an electronic health record, in which case the period is no longer than three years.

We must provide the accounting within 60 days. The accounting must include:

- Date of each disclosure.
- Name and address of the organization or person who received the protected health information.
- Brief description of the information disclosed.
- Brief statement of the purpose of the disclosure that reasonably informs you of the basis for the disclosure or, in lieu of such statement, a copy of the written authorization, or a copy of the written request for disclosure.

The first accounting in any 12 month period is free. Thereafter, we reserve the right to charge a reasonable, cost-based fee.

- Revoke your consent or authorization to use or disclose health information except to the extent that we have already taken action in reliance on the consent or authorization.
- To be notified of a privacy or data breach.



## **Our Responsibilities Under the Federal Privacy Standard**

In addition to providing you your rights, as detailed above, the federal privacy standard requires us to:

- Maintain the privacy of your health information, including implementing reasonable and appropriate physical, administrative, and technical safeguards to protect the information.
- Provide you with this notice as to our legal duties and privacy practices with respect to individually identifiable health information we collect and maintain about you.
- Abide by the terms of this notice.
- Train our personnel concerning privacy and confidentiality.
- Implement a sanction policy to discipline those who breach privacy/confidentiality of our policies with regard thereto.
- Mitigate (lessen the harm of) any breach of privacy/confidentiality.

**WE RESERVE THE RIGHT TO CHANGE OUR NOTICE OF PRIVACY PRACTICES AND TO MAKE THE NEW PROVISIONS EFFECTIVE FOR ALL INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION WE MAINTAIN. SHOULD WE CHANGE OUR NOTICE OF PRIVACY PRACTICES, WE WILL MAKE IT AVAILABLE ON OUR WEBSITE AT <http://www.regencyhealthcare.com> AND ALSO AT THE FACILITY.**

We will not use or disclose your health information without your consent or authorization, except as described in this notice or otherwise required by law. Certain uses of your health information, such as for certain marketing purposes, are prohibited without your express consent. Additionally, we cannot sell your health information without your approval.

### **How to Get More Information or to Report a Problem**

If you have questions and/or would like additional information, you may contact the facility's Administrator or the Corporate Compliance Officer at 361-576-0694.

### **Examples of Disclosures for Treatment, Payment, and Health Care Operations**

**Treatment:** We may use or disclose your health information for treatment purposes.

Example: A physician, nurse or other member of your healthcare team will record information in your record to diagnose your condition and determine the best course of treatment for you. The primary caregiver will give treatment orders and document what he or she expects other members of the healthcare team to do to treat you. Those other members will then document the actions they took and their observations. In that way, the primary caregiver will know how you are responding to treatment.

We will also provide your physician, other healthcare professionals, or a subsequent health care provider with copies of your records to assist them in treating you once we are no longer treating you.

**Payment:** We may use or disclose your health information, as needed, to obtain payment for services provided.

Example: We may send a bill to you or to a third-party payer, such as a health insurance company or health plan (including without limitation Medicare/Medicaid reimbursement). The information on or accompanying the bill may include information that identifies you, your diagnosis, treatment received, and supplies used.

If you however pay in full for your treatment, unless prohibited by law, you may request that we not disclose your medical information relating to that treatment to your insurance company or health plan and, if requested, we must honor your request.

**Health Care Operations:** We may use or disclose your health information for health care operations.

Example: Members of the facility medical staff, the risk or quality improvement manager, or members of the quality assurance team may use information in your health record to assess the care and outcomes in your case and the competence of the caregivers. We will use this information in an effort to continually improve the quality and effectiveness of the healthcare and services we provide.

### **Uses and Disclosures Other than for Treatment, Payment, or Health Care Operations**

**Business Associates:** We provide some services through contracts with business associates. Examples include certain diagnostic tests, a copy service to make copies of medical records, and the like. When we use these services, we may disclose your health information to the business associate so that they can perform the function(s) we have contracted with them to do. To protect your health information, however, we require the business associate to appropriately safeguard your information.

**Directory:** Unless you notify us that you object, we will use your name, location in the facility, and general condition for directory purposes (Example: Names on the Doors of Resident's Rooms, your location within the facility). This information may be provided to people who ask for you by your name.

**Notification:** We may use or disclose information, including your health information, to notify or assist in notifying one or more of your family members, your personal or legal representative, or another person responsible for your care, including your location, health status, residency status and general condition. However, any notification that includes personal or health related information will only be communicated or provided in the following manner and to the following persons:

- 1) To any of the above named persons, provided you have previously given written authorization to disclose to such person or persons any of the above information.
- 2) To your legal representative as that term is defined under applicable nursing home laws and regulations, including legal guardians, health care power of attorney agents and administrators/representatives of your estate.
- 3) All communications of such notifications containing your personal and/or health information, as provided above, will be safeguarded from disclosure to unauthorized individuals. This includes any and all modes and methods of communicating such notifications, whether by U.S. mail, express mail services, hand or in person deliveries, facsimile transmission, electronic mail or by telephone. If notifications are communicated in person or by hand delivery by facility employees, such documents will not be left in a manner that exposes such protected health or private information to potential access by unauthorized persons (e.g. leaving such information on the doorstep or porch of a family

member or legal representative, or with an unauthorized person, when the authorized recipient is not at home).

**Communication with Family:** Unless you object, health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person's involvement in your care.

**Funeral Directors:** We may disclose health information to funeral directors consistent with applicable law to enable them to carry out their duties.

**Marketing/Continuity of care:** We may contact you to provide information about treatment, alternatives, or other health-related benefits and services that may be of interest to you. We may also use health information to market successes after treatment or care.

**Fundraising:** For fundraising purposes, we may use your demographic information, such as your name, address, age gender and date of birth; your treatment dates; your treating physicians; the outcome of your treatment; and your insurance status. You have a right to opt-out of receiving fundraising communications by contacting our Privacy Officer. You may at a later date elect to opt back into receiving fundraising communications by also contacting our Privacy Officer.

**Public Health:** As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury or disability.

**Law Enforcement:** We may disclose health information for purposes as required by law or in response to a valid subpoena.

**Immunization Records:** We may disclose proof of immunization to a school, if the school is required by State law to obtain such information to admit the student. Prior to making such disclosure we must obtain oral agreement to the disclosure from the student's parent or guardian (or student, if age 18 or older) and the disclosure must be limited to proof of the immunization.

**Health Oversight Agencies and Public Health Authorities:** If a member of our work force or a business associate believes in good faith that we have engaged in unlawful conduct or otherwise violated professional or clinical standards and are potentially endangering one or more patients/residents, workers or the public, they may disclose your health information to health oversight agencies and/or public health authorities, such as the Department of Health and Human Services.

**Texas Health and Human Services Commission (HHSC):** Under the privacy standards, we must disclose your health information to the Department of Health and Human Services and HHSC as necessary for them to determine our compliance with those standards.

- **Filing a complaint about our Notice of Information Practice**

If you have reason to believe that we have violated your privacy rights, violated our privacy policies and procedures, or you disagree with a decision we made concerning access to your protected health information, etc., you have the right to file a complaint with us or the Secretary of the Department of Health and Human Services. Complaints may be filed without fear of retaliation in any form.

The person to whom you may file a complaint is Privacy Officer, c/o Regency Integrated Health Services, 101 W. Goodwin, Suite 600, Victoria, TX 77901, Phone: 361-576-0694, or by calling the corporate compliance hotline at 888-418-1566.



**REGENCY INTEGRATED HEALTH SERVICES, LLC**  
**On behalf of itself and all Managed Facilities and entities on Exhibit A**

**ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES**

Name of Resident: \_\_\_\_\_ Date: \_\_\_\_\_

We are committed to preserving the privacy and confidentiality of your health information whether created by us or maintained on our premises. We are required by certain State and Federal regulations to implement policies and procedures to safeguard the privacy of your health information. We are required by State and Federal regulations to abide by the privacy practices described in the notice provided to you including any future revisions that we may make to the notice as may become necessary or as authorized by law.

**Effective Date of Notice of Privacy Practices**

The effective date of the *Notice of Privacy Practices* is April 15, 2016.

**Changes or Revisions of our Notice of Privacy Practices**

We reserve the right to change our Notice of Privacy Practices at any time and to make the revised or changed notice effective for health information we already have about you as well as any information we receive in the future about you. Should we revise or change our Notice of Privacy Practices, we will post a copy of the new or revised notice in our main lobby and on our website. You may obtain a copy of the new/revised notice from the business office or download a copy from our website.

Privacy Notices, Information Restrictions, Record Amendments/Corrections, Disclosures of Information, Revoking an Authorization, Inspection and Copying of Records, Confidential Communications, Filing Complaints, ETC.

Should you have any questions concerning our facility's privacy practices, obtaining copies of our privacy notice, requesting restrictions on the release of your information, revoking an authorization, amending or correcting your health information, obtaining a listing of the information we disclosed concerning your health information, requests to inspect or copy your medical information, requests that we communicate information about your health matters in a certain way, denial of access to your health information, filing complaints, or any other concerns you may have relative to our facility's privacy practices, please contact:

Privacy Officer  
101 W. Goodwin, Suite 600  
Victoria, TX 77901  
Phone Number 361-576-0694

**YOU MAY ALSO FILE COMPLAINTS WITH:**  
Centralized Case Management Operations  
U.S. Dep't of Health and Human Services  
200 Independence Avenue, S.W.  
Room 509F HHH Bldg.  
Washington, DC 20201  
Phone Number (202) 619-0257  
Toll Free 1-877-696-6775

**ACKNOWLEDGEMENT**

I certify that I received a copy of this facility's Notice of Privacy Practices and that I have had an opportunity to review this document and ask questions to assist me in understanding my rights relative to the protection of my health information. I am satisfied with the explanation provided to me and I am confident that the facility is committed to protecting my health information.

Signature

Date

Printed Name

Signature of Witness

Date

I certify that I am the Authorized Representative of \_\_\_\_\_, and that I have received the Notice of Privacy Practices on behalf of this individual and that the facility provided me with an opportunity to review this document and ask questions to assist me in understanding his/her privacy rights. I am satisfied with the explanations provided to me and I am confident that the facility is committed to protecting the health information.

Signature of Representative

Date

Printed Name

Relationship to Individual

Signature of Witness

Date

(A copy of this document must be provided to the person to whom the Notice of Privacy Practices was provided and a copy must be filed in the medical record.)

**EXHIBIT A**

**MANAGED FACILITIES AND ENTITIES**

BASTROP LOST PINES NURSING AND REHABILITATION CENTER  
BRENHAM NURSING AND REHABILITATION CENTER  
BROWNSVILLE NURSING AND REHABILITATION CENTER  
CORPUS CHRISTI NURSING AND REHABILITATION CENTER  
CUERO NURSING AND REHABILITATION CENTER  
EBONY LAKE NURSING AND REHABILITATION CENTER  
EDINBURG NURSING AND REHABILITATION CENTER  
ELGIN NURSING AND REHABILITATION CENTER  
HARLINGEN NURSING AND REHABILITATION CENTER  
HERITAGE PARK REHABILITATION AND SKILLED NURSING CENTER  
JEFFERSON NURSING AND REHABILITATION CENTER  
KINGSVILLE NURSING AND REHABILITATION CENTER  
MAVERICK NURSING AND REHABILITATION CENTER  
PEARSALL NURSING AND REHABILITATION CENTER  
PFLUGERVILLE NURSING AND REHABILITATION CENTER  
PORT LAVACA NURSING AND REHABILITATION CENTER  
REGENCY IHS ADMINISTRATIVE SERVICES, LLC  
REGENCY IHS ANCILLARY SERVICES, LLC  
REGENCY IHS CLINICAL CONSULTING SERVICES, LLC  
REGENCY IHS CONSTRUCTION SERVICES, LLC  
REGENCY OPCO I, LLC  
REGENCY IHS REHAB, LLC  
REGENCY IHS THERAPY CONSULTING, LLC  
REGENCY INTEGRATED HEALTH SERVICES, LLC  
RIO GRANDE CITY NURSING AND REHABILITATION CENTER  
SOUTHBROOKE MANOR NURSING AND REHABILITATION CENTER  
SOUTHPARK MEADOWS NURSING AND REHABILITATION CENTER  
STEVENS NURSING AND REHABILITATION CENTER OF HALLETTSVILLE  
VAL VERDE NURSING AND REHABILITATION CENTER  
WESLACO NURSING AND REHABILITATION CENTER  
WHARTON NURSING AND REHABILITATION CENTER  
WINDSOR ARBOR VIEW  
WINDSOR ATRIUM  
WINDSOR CALLEN  
WINDSOR HOUSTON  
WINDSOR MISSION OAKS NURSING AND REHABILITATION CENTER  
WINDSOR NURSING AND REHABILITATION CENTER OF CORPUS CHRISTI  
WINDSOR NURSING AND REHABILITATION CENTER OF DUVAL  
WINDSOR NURSING AND REHABILITATION OF SEGUIN  
WINDSOR QUAIL VALLEY  
YOAKUM NURSING AND REHABILITATION CENTER