

JOINT 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.

Saint John's Communities, Inc. ("Saint John's") and each of the following Saint John's affiliates, together, designate themselves as a single Affiliated Covered Entity ("ACE") for purposes of compliance with the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"): The Towers at Saint John's, Windsor and Stratford Courts and Canterbury Court. Each of these entities, sites, locations and care providers will follow the terms of this Joint Notice. In addition, these entities, sites, locations and care providers may share medical information with each other for treatment, payment or health care operations related to the ACE.

Saint John's also participates in an Organized Health Care Arrangement ("OHCA") with other covered entities. This Joint Notice is jointly used by and jointly describes the practices of all participants within the OHCA, including, without limitation:

- Any health care professional authorized to enter information into your chart.
- All departments or units of Saint John's.
- Any member of a volunteer group we allow to help you while you are a resident or client of, or being treated at, a Saint John's facility.
- All employees, staff or other Saint John's personnel.

Each of the above-listed individuals or entities participating in the OHCA will follow the terms of this Joint Notice. In addition, these individuals or entities may share medical information with each other for treatment, payment or health care operations related to the OHCA.

A list of ACE and OHCA participants using this Joint Notice is available upon request. Provision of this Joint Notice to an individual by any one of the ACE or OHCA participants will satisfy requirements with respect to all other ACE or OHCA participants covered by the Joint Notice.

Saint John's is required by law to maintain the privacy of your health information, to provide to you (or your representative) this Joint Notice of our duties and privacy practices, and to notify you (or your representative) following a breach of your unsecured health information. Saint John's is required to abide by the terms of our Joint Notice as may be amended from time to time. Saint John's has the right to change the terms of our Joint Notice. Any revisions to this Joint Notice will be effective for all health information that Saint John's has created or maintained in the past, and for any records that Saint John's creates or maintains in the future. Saint John's will post our current Joint Notice in a prominent location in our facility, as well as on our website, www.saintjohnsmilwaukee.org.

USE AND DISCLOSURE OF HEALTH INFORMATION

THE FOLLOWING IS A SUMMARY OF THE CIRCUMSTANCES UNDER WHICH AND THE PURPOSES FOR WHICH SAINT JOHN'S MAY USE OR DISCLOSE YOUR HEALTH INFORMATION:

To Provide Treatment. Saint John's may use or disclose your health information to treat you and coordinate your care within Saint John's. For example, your attending physician or other health care professionals involved in your care may use information about your symptoms in order to prescribe appropriate medications. Saint John's may also disclose your health information to individuals outside of Saint John's involved in your care, including family members, pharmacists, and suppliers of medical equipment or other health care professionals.

To Obtain Payment. Saint John's may use or disclose your health information to bill or collect payment for services or items you receive from Saint John's. For example, Saint John's may be required by your health insurer to provide information regarding your health care status so that the insurer will reimburse you or Saint John's. Saint John's may also need to obtain prior approval from your insurer and may need to explain to the insurer your need for health care and the services that will be provided to you.

To Conduct Health Care Operations. Saint John's may use or disclose your health information for our own operations in order to facilitate the functioning of Saint John's and as necessary to provide quality care to all Saint John's residents and/or clients. For example, Saint John's may use your health information to evaluate our staff performance, combine your health information with that of other Saint John's residents and/or clients to evaluate how we may more effectively serve all Saint John's residents and/or clients, disclose your health information to Saint John's staff and contracted personnel for training purposes, or use your health information to contact you or your family as part of general community information mailings. Saint John's may also disclose your health information to a health oversight agency performing activities authorized by law, such as investigations or audits. These agencies include governmental agencies that oversee the health care system, government benefit programs, and organizations subject to government regulation and civil rights laws. In addition, Saint John's may disclose your health information to another health care provider subject to Federal privacy protection laws, as long as the provider has or has had a relationship with you and the information is for that provider's health care operations.

For the Saint John's Directory. If you are receiving care at a Saint John's facility, unless you request otherwise, Saint John's may disclose certain information about you (*e.g.*, name, general health status, and room number) that is contained in the Saint John's directory to anyone who asks for you by name. In addition, if you provide your religious affiliation, it may be disclosed, but only to members of the clergy. Saint John's also may include your name and room number on the directory board, and may list your name outside your room. If you do not want Saint John's to include any or some of your information in the Saint John's directory or outside your room, you must notify the **Saint John's Privacy Officer at 414-831-6710**.

For Fundraising Activities. In support of our charitable mission, Saint John's may use certain information about you (*e.g.*, demographic information, dates of health care provided, department of service information, treating physician, outcome information and health insurance status) to contact you or your family to raise money for Saint John's. Saint John's may also disclose this information to an organizationally-related foundation for the same purpose. You may choose to "opt-out" of receiving these fundraising communications by notifying the **Saint John's Privacy Officer at 414-831-6710** that you do not wish to be contacted.

To Inform You About Health Information That May Be of Interest to You. Saint John's may use or disclose your health information to tell you about or recommend possible options or alternatives for your care, or to inform you of other information that may be of interest to you.

Release of Information to Family/Friends. Unless you specifically request in writing that Saint John's not communicate with such person(s), Saint John's may release your health information to a family member or friend who is involved in your treatment or who is helping pay for your care.

Business Associates. Saint John's may disclose your health information to our business associates that perform functions on our behalf or provide us with services if the information is necessary for them to provide such functions or services. Saint John's requires our business associates to agree in writing to protect the privacy of your health information and to use and disclose your health information only as specified in that written agreement.

Health Information Exchanges. Saint John's may participate in an arrangement of health care organizations that have agreed to work with each other to facilitate access to health information that may be relevant to your care. For example, if you are admitted on an emergency basis to a hospital that participates in the exchange and you cannot provide important information about your condition, the arrangement will allow the hospital to access the health information Saint John's maintains about you to treat you at the hospital.

THE FOLLOWING IS A SUMMARY OF THE OTHER CIRCUMSTANCES UNDER WHICH AND THE PURPOSES FOR WHICH SAINT JOHN'S MAY USE OR DISCLOSE YOUR HEALTH INFORMATION WITHOUT YOUR WRITTEN CONSENT OR AUTHORIZATION:

When Legally Required. Saint John's will disclose your health information to the extent that is required to do so by any Federal, State or local law.

When There Are Risks to Public Health. Saint John's may disclose your health information for the following public activities and purposes:

- To prevent or control disease, injury or disability, report disease, injury, vital events such as death, and the conduct of public health surveillance, investigations and interventions.

- To report adverse events or product defects, to track products or enable product recalls, repairs and replacements, and to conduct post-marketing surveillance and compliance with requirements of the Food and Drug Administration.
- To notify a person who has been exposed to a communicable disease or who may be at risk of contracting or spreading a disease.
- To an employer about an individual who is a member of the workforce, as legally required.

To Report Abuse, Neglect or Domestic Violence. Saint John's is allowed to notify government authorities if Saint John's reasonably believes a resident or client is the victim of abuse, neglect or domestic violence. Saint John's will make this disclosure only when specifically required or authorized by law or when you authorize the disclosure.

To Conduct Health Oversight Activities. As permitted or required by State law, Saint John's may disclose your health information to a health oversight agency for activities such as audits, civil, administrative or criminal investigations, inspections, and licensure or disciplinary action. If, however, you are the subject of a health oversight agency investigation, Saint John's may disclose your health information only if it is directly related to your receipt of health care or public benefits.

In Connection With Judicial and Administrative Proceedings. As permitted or required by State law, Saint John's may disclose your health information in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal, as expressly authorized by such order. In certain circumstances, Saint John's may disclose your health information in response to a subpoena, discovery request or other lawful process.

For Law Enforcement Purposes. As permitted or required by State law, Saint John's may disclose your health information to a law enforcement official for certain law enforcement purposes, including, under certain limited circumstances, if you are a victim of a crime or in order to report a crime.

To Coroners and Medical Examiners. Saint John's may disclose your health information to coroners and medical examiners for purposes of determining cause of death or for other duties, as authorized by law.

To Funeral Directors. Saint John's may disclose your health information to funeral directors consistent with applicable law and, if necessary, to carry out their duties with respect to your funeral arrangements. If necessary to carry out their duties, Saint John's may disclose your health information prior to and in reasonable anticipation of your death.

For Organ, Eye or Tissue Donation. Saint John's may disclose your health information to organ procurement organizations or other entities engaged in the procurement, banking or transplantation of organs, eyes or tissue for the purpose of facilitating the donation and transplantation.

For Research Purposes. Saint John's may, under very select circumstances, use or disclose your health information for research. Before Saint John's discloses any of your health information for such research purposes, the project will be subject to an extensive approval process.

In the Event of a Serious Threat to Health and Safety. Saint John's may, consistent with applicable law and ethical standards of conduct, disclose your health information if Saint John's, in good faith, believes that such disclosure is necessary to prevent or lessen a serious and imminent threat to your health or safety or to the health and safety of the public.

For Specified Government Functions. In certain circumstances, the Federal regulations authorize Saint John's to use or disclose your health information to facilitate specified government functions relating to the military and veterans, national security and intelligence activities, protective services for the President and others, medical suitability determinations, and inmates in law enforcement custody.

For Worker's Compensation. Saint John's may release your health information for worker's compensation or similar programs.

AUTHORIZATION TO USE OR DISCLOSE YOUR HEALTH INFORMATION

Other than as stated above, Saint John's will not use or disclose your health information other than with your written authorization. Your authorization (or the authorization of your representative) is specifically required before Saint

John's: (1) uses or discloses your psychotherapy notes; (2) uses your health information to make a marketing communication to you for which Saint John's receives financial remuneration from a third party, unless such communication is face-to-face or in other limited circumstances; or (3) discloses your health information in any manner that constitutes the sale of such information under HIPAA. Also, some types of health information are particularly sensitive and the law, with limited exceptions, may require that Saint John's obtain your authorization to use or disclose that information. Sensitive information may include information dealing with genetics, HIV/AIDS, mental health, developmental disabilities, and alcohol and substance abuse. If required by law, Saint John's will ask that you (or your representative) sign an authorization before we use or disclose such information. If you (or your representative) authorize Saint John's to use or disclose your health information, you (or your representative) may revoke that authorization in writing at any time, except to the extent that it has already been acted upon.

YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION

You have the following rights regarding your health information that Saint John's maintains:

Right to Receive Confidential Communications. You (or your representative) have the right to request that Saint John's communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that Saint John's only communicate with you about your health privately, with no other family members present. All requests for confidential communications must be made in writing using the appropriate Saint John's form. This form can be requested by contacting the **Saint John's Privacy Officer at 414-831-6710**. Such requests shall specify the requested method of contact and/or the location where you wish to be contacted. Saint John's will accommodate reasonable requests. You (or your representative) do not need to give a reason for your request.

Right to Request Restrictions. You (or your representative) have the right to request restrictions on certain uses and disclosures of your health information. For example, you (or your representative) have the right to request a limit on Saint John's disclosure of your health information to someone who is involved in your care or the payment of your care. All requests for restrictions must be made in writing using the appropriate Saint John's form. This form can be requested by contacting the **Saint John's Privacy Officer at 414-831-6710**. Saint John's is not required to agree to your request; however, if we do agree, we are bound by that agreement except when otherwise required by law or in emergencies. Except as otherwise required by law, Saint John's must agree to a restriction if: (1) the disclosure is to a health plan for purposes of carrying out payment or health care operations (and not for purposes of carrying out treatment); and (2) the health information pertains solely to a health care item or service for which Saint John's has been paid out of pocket, in full, by you or someone else on your behalf (not the health plan). If you self-pay and request a restriction, it will apply only to those health records created on the date that you received the item or service for which you, or another person (other than the health plan) on your behalf, paid in full, and which document the item or service provided on such date.

Right to Inspect and Copy Your Health Information. You (or your representative) have the right to inspect and copy your health information, including billing records. All requests to inspect and copy records must be made in writing using the appropriate Saint John's form. This form can be requested by contacting the **Saint John's Privacy Officer at 414-831-6710**. If you (or your representative) request a copy of your health information, Saint John's will provide you (or your representative) a copy of your health information in the format you (or your representative) request, unless we cannot practicably do so. Saint John's may charge a reasonable fee for any copying and assembling costs associated with your request. Saint John's may deny your request to inspect and/or copy your health information in certain limited circumstances. If Saint John's denies your request, you (or your representative) may request that we provide you with a review of our denial. Reviews will be conducted by a licensed health care professional who we have designated as a reviewing official, and who did not participate in the original decision to deny the request.

Right to Amend Your Health Information. If you (or your representative) believe your health information is incorrect or incomplete, you (or your representative) have the right to request that Saint John's amend your records. That request may be made as long as Saint John's still maintains your records, and must contain a reason for the amendment. All requests for amendments must be made in writing using the appropriate Saint John's form. This form can be requested by contacting the **Saint John's Privacy Officer at 414-831-6710**. Saint John's may deny the request if it is not in writing or does not include a reason for the amendment. The request may also be denied if the requested amendment pertains to health information that was not created by Saint John's, if the records you are requesting to amend are not part of Saint John's records, if the health information you wish to amend is not part of the health information you (or your representative) are permitted to inspect and copy, or if, in the opinion of Saint John's, the records containing your health information are accurate and complete.

Right to an Accounting. You (or your representative) have the right to request an accounting of disclosures of your health information made by Saint John's for certain purposes, which may include disclosures authorized by law. All requests for accountings must be made in writing using the appropriate Saint John's form. This form can be requested by contacting the **Saint John's Privacy Officer at 414-831-6710**. The request should specify the time period for the accounting, which may not be in excess of six years. Saint John's will provide the first accounting you request during any 12-month period without charge. Subsequent accounting requests within the same 12-month period may be subject to a reasonable cost-based fee.

Right to a Paper Copy of this Joint Notice. You (or your representative) have the right to receive a separate paper copy of this Joint Notice at any time, even if you (or your representative) have received this Joint Notice previously. To obtain a separate paper copy, please contact the **Saint John's Privacy Officer at 414-831-6710**. A copy of our current Joint Notice may also be found on our website, www.saintjohnsmilwaukee.org.

Right to Breach Notification. You (or your representative) have a right to be notified of any breach of your unsecured health information. Notification of a breach may be delayed or not provided if so required by a law enforcement official. If you are deceased and there is a breach of your health information, the notice will be provided to your next of kin or personal representative if Saint John's knows the identity and address of such individual.

CONTACT PERSON

Saint John's has designated the **Saint John's Privacy Officer** as its contact for all issues regarding privacy and your rights under the Federal privacy standards. If you have any questions or concerns regarding this Joint Notice or your privacy rights, you may contact the **Saint John's Privacy Officer at 414-831-6710**. You may also write to the Saint John's Privacy Officer at:

Saint John's Communities, Inc.
Attention: Privacy Officer
1840 North Prospect Avenue
Milwaukee, WI 53202

COMPLAINTS

Saint John's encourages you to express any concerns you may have regarding the privacy of your information. You will not be retaliated against in any way for expressing your concerns or filing a complaint. You (or your representative) have the right to express complaints to Saint John's or to the Secretary of Health and Human Services if you (or your representative) believe that your privacy rights have been violated. Any complaints to Saint John's may be made by calling the **Saint John's Privacy Officer at 414-831-6710** or by writing to **1840 North Prospect Avenue, Milwaukee, WI 53202**.

EFFECTIVE DATE

This Joint Notice is effective August 1, 2017.

**IF YOU HAVE ANY QUESTIONS REGARDING THIS JOINT NOTICE,
PLEASE CONTACT THE SAINT JOHN'S PRIVACY OFFICER AT 414-831-6710.**