

HEALTH PLAN NOTICE OF PRIVACY PRACTICES  
Effective Date: April 14, 2003

**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.**

To Persons Enrolled in the Givens Estates United Methodist Retirement Community Health Plan:

**Introduction**

This Notice of Privacy Practices (“Notice”) describes the practices of the Givens Estates United Methodist Retirement Community Health Plan (the “Plan”). The Plan is required by law to take reasonable steps to ensure the privacy of your PHI. The Plan is also required to inform you about the Plan’s uses and disclosures of PHI, your privacy rights with respect to your PHI, and the Plan’s duties with respect to your PHI.

The term “Protected Health Information” (PHI) includes all individually identifiable health information that relates to your past, present, or future physical or mental health, the provision of health care to you, or the past, present, or future payment for the provision of health care to you and that is transmitted or maintained by the Plan, regardless of form (oral, written, or electronic). This information may be obtained from applications for health care coverage, surveys, claims for payment filed by health care providers, referrals made by health care providers, and your medical records. PHI may also be obtained over the telephone from you. Other sources of PHI include group health plan administrators, employers, and business partners such as third-party administrators, consultants, and other entities engaged in obtaining health care information. This Notice does not apply to information that has been de-identified. De-identified information is information that does not identify an individual and with respect to which there is no reasonable basis to believe that the information can be used to identify an individual.

## How the Plan May Use and Disclose Your Protected Health Information

The following categories describe different ways that the Plan and third parties that assist in the administration of the Plan may use and disclose your PHI. This Notice does not list every permitted use or disclosure the Plan may make. By your enrolling in the Plan, you have agreed to allow the Plan and its administrators to create or use your PHI in order to perform these duties without your express authorization.

- **For Payment.** Payment includes, but is not limited to, billing and collection activities, eligibility determinations, adjudication of claims, pre-certification and utilization review, and coordination of benefits. The Plan may use and disclose your PHI to determine your eligibility for Plan benefits, to facilitate payment for the treatment and services you receive from health care providers, or to coordinate coverage. For example, the Plan may tell a doctor whether you are eligible for coverage or what percentage of the bill will be paid by the Plan. All disclosures of PHI made by the Plan for purposes of payment shall be the minimum necessary to accomplish the intended purpose of the disclosure.
  
- **For Treatment.** Treatment is the provision, coordination or management of health care and related services. Treatment also includes, but is not limited to, consultations and referrals between one or more of your providers. The Plan may use or disclose your PHI to facilitate medical treatment or services by providers. For example, if your primary care physician or your treating medical provider refers you to a specialist for treatment, the Plan can disclose your PHI so the specialist to whom you have been referred can become familiar with your medical condition, prior diagnosis, treatment, and prognosis.
  
- **For Health Care Operations.** Health care operations include, but are not limited to, quality assessment, case management, subrogation or business management, and general administrative activities. The Plan may use and disclose your PHI for these Plan operations. For example, the

Plan may use information about your claims to refer you to a disease management program, to project future benefit costs, to respond to an inquiry from you, or to audit the accuracy of its claims processing functions. All disclosures of PHI made by the Plan for purposes of health care operation activities shall be the minimum necessary to accomplish the intended purpose of the disclosure

- Uses and Disclosures to Business Associates.** The Plan may disclose your PHI without your authorization to business associates of the Plan, such as actuaries who price the cost of coverage, the claims administrator who pays the claims, or other professionals who perform services on behalf of the Plan. Any business associate who receives PHI from the Plan must agree to keep it confidential.
  
- Disclosures to Plan Sponsor.** Your PHI may be disclosed to the Plan Sponsor, Givens Estates, for purposes of Plan administrative functions or any other purpose specified in an authorization you have given, under the following conditions:
  - Givens Estates may not use any such information for employment-related decisions;
  - Givens Estates may receive such information as the Plan documents allow;
  - You have the right to inspect the Plan documents allowing disclosures.
  
- Uses and Disclosures Required by Law.** The Plan will disclose your PHI when required to do so by federal, state, or local law. For example, the Plan may be required to make available to the U.S. Department of Health and Human Services all books and records regarding the health information of covered persons if this information is requested for audit purposes. Other disclosures required by law include, but are not limited to, the following:

- Workers compensation or other similar programs. The Plan may use or disclose your PHI when authorized by and to the extent necessary to comply with workers' compensation or other similar programs established by law. These programs provide benefits for work-related illnesses or injuries.
- Judicial and administrative proceedings. The Plan may disclose your PHI as required for judicial and administrative proceedings. For example, the Plan may disclose your PHI in response to a court or administrative order.
- Law enforcement purposes. The Plan may disclose your PHI upon request by a law enforcement official in certain circumstances, such as in response to a court order or other legal process; to identify or locate a suspect, witness, fugitive or missing person; or to provide information about a death the Plan believes may be the result of criminal conduct; or if there is evidence to suggest that a crime occurred on the premises of Givens Estates.
- Public health activities. The Plan may disclose your PHI for public health activities. For example, the Plan may disclose PHI to notify a person who may have been exposed to a disease, if authorized by law.
- Health oversight activities. The Plan may disclose your PHI as necessary to a health oversight agency for oversight activities authorized by law. This will generally not include an investigation of a particular individual unless it involves receipt of health care, public health benefits or public benefits contingent upon the individual's health.
- **Other Uses and Disclosures Permitted by Law.** The Plan also may disclose your PHI without your authorization when permitted or authorized to do so by federal, state, or local law. Such disclosures include, but are not limited to, the following:

- Reporting suspected abuse. The Plan may disclose your PHI to notify the proper authorities for purposes of reporting child abuse or domestic violence.
- Food and Drug Administration. The Plan may disclose your PHI to people working for or with the Food and Drug Administration as necessary to report adverse events with respect to food or dietary supplements, product defects (including use or labeling defects), or biological product deviations; for product tracking; to enable product recalls, repairs or replacements; or to conduct post marketing surveillance.
- Coroners, medical examiners, and funeral directors. The Plan may disclose your PHI to a coroner or medical examiner for the purpose of identifying a deceased person, determining a cause of death, or other duties as authorized by law. The Plan also may release your PHI to funeral directors, consistent with applicable law and as necessary to carry out their duties.
- Organ, eye, or tissue donation. The Plan may release your PHI to organizations that handle organ procurement or organ, eye or tissue donation or transplantation, as necessary to facilitate donation and transplantation.
- Research. The Plan may use or disclose your PHI for research, subject to certain conditions.
- To avert a serious threat to health or safety. The Plan may use or disclose your PHI when consistent with applicable law and standards of ethical conduct, if the Plan, in good faith, believes the use or disclosure of your PHI is necessary to prevent or lessen a serious and immediate threat to the health or safety of a person or the public and the disclosure is to a person reasonably able to prevent or lessen the threat, including the target of the threat.
- Military matters and national security and intelligence activities. The Plan may release PHI as required by military

command authorities, or to authorized federal officials for national security and intelligence activities.

**Exceptions to How the Plan May Use or Disclose Your PHI:** If you have one of several specific communicable diseases (for example, tuberculosis, syphilis, or HIV/AIDS), North Carolina law requires that information about your disease be treated as confidential, and such information will be disclosed without your written permission only in limited circumstances. The Plan may not need your permission to report information about your communicable disease to State and local officials or to otherwise use or disclose information in order to protect against the spread of the disease. Also, the Plan may disclose such information without your consent to health care personnel who provide medical care to you.

**Any Other Use or Disclosure of Your PHI.** Other uses and disclosures of your PHI not covered by the Notice or permitted by the laws that apply to the Plan will be made only with your written authorization. If you provide the Plan authorization to use or disclose your PHI, you may revoke that authorization, in writing, at any time. If you revoke your authorization, the Plan will no longer use or disclose your PHI for the reasons covered by your written authorization. However, your revocation will not be effective for any uses or disclosures that the Plan has already made pursuant to your authorization.

### **Your Rights with Respect to Your PHI**

As a covered individual, you have the following rights:

- **Right to Request Restrictions on Uses and Disclosures of Your PHI.** You have the right to request restrictions on certain uses and disclosures of your PHI. However, the Plan does not have to agree with a requested restriction. If the Plan does agree to a restriction, then the Plan will abide by that restriction unless the information is needed to provide emergency treatment to you, or the disclosure is otherwise required by law. To request a restriction, you must make your request in writing to the Plan Human Resources Coordinator, and your request must state: (1) what information you want to

limit; (2) whether you want to limit the use, disclosure, or both of such information; and (3) to whom you want the limits to apply.

- **Right to Request Alternative Communications.** You have the right to request that the Plan communicate with you about medical matters in a certain way or at a certain location, if receipt of the information in the usual manner could endanger you. Your request must be submitted in writing to the Human Resources Coordinator, and it must include a statement that disclosure of the information inconsistent with your instructions could endanger you. The Plan will accommodate a request for confidential communications that is reasonable.
- **Right to Inspect and Copy.** You have the right to inspect and copy your PHI transmitted or maintained by the Plan for as long as the Plan maintains such information, with certain exceptions. If you request to see or copy PHI subject to one of the exceptions, you will be so notified, and you will be told of the circumstances under which you may challenge the exception. You will be required to submit your request to inspect or copy the PHI in writing. If you request a copy of the information, the Plan may charge a fee for the costs of copying, mailing or other supplies associated with your request.
- **Right to Amend Your PHI.** If you believe that the PHI the Plan has about you is incorrect or incomplete, you have the right to request that the Plan amend your PHI. You have the right to request an amendment for as long as the information is maintained by the Plan. A request for amendment must be made in writing and must include a reason that supports your request. If the Plan does not accept your request, it must provide you with a written denial, in whole or in part, of your request that explains the basis for the denial. You may then submit a written statement disagreeing with the denial and have that statement included with any future disclosures of your PHI.
- **Right to Receive an Accounting of Disclosures.** At your request, the Plan will provide you with an accounting of the disclosures of your PHI during the six years prior to the date of your request. However, such accounting is not required to

include disclosures of your PHI made: (1) to carry out treatment, payment or health care operations; (2) to you about your own PHI; (3) prior to the compliance date; (4) based on your written authorization; or (5) disclosures of your PHI that were incidental to a disclosure otherwise permitted hereunder. You must submit your request for an accounting in writing. Your request must state a time period for which an accounting is requested, and this period may not be longer than six years prior to the request and may not include dates before April 14, 2003. The first list you request within a 12-month period will be free; for additional lists, the Plan may charge you for the costs of providing the list.

- Right to Paper Copy of the Notice.** You have the right to obtain a paper copy of this Notice upon request.

To exercise any of these rights, you must make your request to the Human Resources Coordinator in writing at Givens Estates, 2360 Sweeten Creek Road, Asheville, NC 28803 or fax at 828-771-2206. Depending upon the nature of the request, you will be given more information at that time, including any exceptions to the rules that may apply to your case.

### **The Plan's Duties**

The Plan is required by law to maintain the privacy of your PHI and to provide you with this Notice of its legal duties and privacy practices. The Plan is also required to comply with the terms of this Notice.

- Effective Date and Changes to the Notice.** This Notice is effective beginning April 14, 2003. However, the Plan reserves the right to change this Notice and to make the revised Notice effective for PHI the Plan already has about you as well as any information the Plan receives in the future. If a privacy practice is changed, a revised version of this Notice will be provided to you if you are still participating in the Plan at that time. Any revised Notice will be distributed or sent to you within 60 days of the effective date of any material change to the uses or

disclosures, your privacy rights, the duties of the Plan or other privacy practices stated in this Notice.

### **Complaints**

If you believe that your privacy rights have been violated, you may complain to the Plan Sponsor and /or to the Secretary of Health and Human Services. If you wish to file such a complaint, please contact the Human Resources Coordinator at 828-771-2220 and you will be given information on how to proceed. You will not be retaliated against by the Plan or Plan Sponsor for filing a complaint. The Department of Health and Human Services may be contacted in Washington, DC or listings may be found in the local telephone directory.

### **Whom to Contact for More Information**

If you have any questions regarding this Notice or the policies and procedures it describes, you may contact the Human Resources Coordinator at 828-771