

# **RBRC, INC. d/b/a RIVER'S BEND RETIREMENT COMMUNITY**

## **HEALTH INFORMATION DISCLOSURE/NOTICE OF PRIVACY PRACTICES**

Effective: December 1, 2021; Reviewed: March 2, 2025; Reviewed: October 30, 2025

**THIS NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

The Facility is required by law to provide you with this Notice so that you will understand how we may use or share your medical information. We are required to adhere to the terms outlined in this Notice. If you have any questions about this Notice, please contact the Administrator.

This Notice describes the practices of the Facility and its affiliates (together “the affiliated covered entity” or “Facility”). The Facility is required by law to provide you with this Notice regarding our legal obligations with respect to your protected health information and to adhere to the terms of the notice currently in effect.

### **UNDERSTANDING YOUR HEALTH RECORD AND INFORMATION**

Each time you admit or re-admit to the Facility, a record of your admission or re-admission is made. Typically, this record contains information about your condition and the treatment that we provide. We use and/or disclose this information to:

- plan your care and treatment;
- communicate with other health professionals involved in your care;
- document the care you receive;
- educate health professionals;
- provide information for medical research;
- provide information to public health officials; or
- evaluate and improve the care we provide;

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

- ensure it is accurate;
- better understand who may access your health information; and
- make more informed decisions when authorizing disclosure to others.

### **HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU**

The following categories describe the ways that we use and disclose medical information. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall into one of the categories.

**For Treatment.** We may use medical information about you to provide you with medical treatment. We may disclose medical information about you to doctors, nurses, therapists or other Facility personnel who are involved in taking care of you at the Facility. For

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example, a doctor treating you for a broken leg may need to know if you have diabetes, because diabetes may slow the healing process. Different departments of the Facility also may share medical information about you in order to coordinate your care and provide you with appropriate meals, medication, lab work and x-rays. We may also disclose medical information about you to people outside the Facility who may be involved in your medical care after you leave the Facility. This may include family members, or visiting nurses to provide care in your home.

**For Payment.** We may use and disclose medical information about you so that the treatment and services you receive at the Facility may be billed to you, an insurance company or a third party. For example, in order to be paid, we may need to share information with your health plan about services the Facility provided to you. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

**For Health Care Operations.** We may use and disclose medical information about you for health care operations. This is necessary to ensure that all of our residents receive quality care. We may also combine medical information about many Facility residents to decide what additional services are needed, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, therapists, and other Facility personnel for review and learning purposes. We may remove information that identifies you so others may use it to study health care and health care delivery without learning the identities of residents.

### **OTHER ALLOWABLE USES OF YOUR MEDICAL INFORMATION**

The following categories describe other ways that we may use your information.

**Business Associates.** There are some services provided in our organization through contracts with business associates. Examples include medical directors, outside attorneys and a copy service we use when making copies of your health record. When these services are contracted, we may disclose your health information so that they can perform the job we've asked them to do and bill you or your third-party payer for services rendered. To protect your health information, however, we require the business associate to appropriately safeguard your information.

**Providers.** Participants in one of our organized healthcare arrangements offer many services provided to you, as part of your care at our Facility. These participants include a variety of providers such as physicians (e.g., MD, DO, podiatrist, dentist, optometrist), therapist (e.g., physical therapist, occupational therapist, speech therapist), portable radiology units, clinical labs, hospice caregivers, pharmacies, psychologists, LCSW's and suppliers (e.g., prosthetic, orthotics).

**Treatment Alternatives.** We may use and disclose medical information to tell you about possible treatment options or alternatives that may be of interest to you.

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**Health-Related Benefits and Services.** We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.

**Fundraising Activities.** We may use medical information about you to contact you in an effort to raise money as part of a fundraising effort. We may disclose medical information to a foundation related to the Facility so that the foundation may contact you in raising money for the Facility. We will only release contact information, such as your name, address and phone number and the dates you received treatment or services at the Facility. *If you do not want the Facility to contact you for fundraising efforts, you must notify the Facility in writing.*

**Facility Directory.** We may include information about you in the Facility directory while you are a resident so long as we provide you with an opportunity to agree to, prohibit, or restrict the use of your information. This information may include your name, location in the Facility, and your religion. The directory information, except for your religion, may be disclosed to people who ask for you by name. Your religion may be given to a member of the clergy, such as a priest or rabbi, even if they don't ask for you by name. This is so your family, friends and clergy can visit you in the Facility and generally know how you are doing.

**Health Information Exchange.** The Facility may participate in a health information exchange (HIE). Generally, an HIE is an organization in which providers exchange patient information in order to facilitate health care, avoid duplication of services (such as tests) and to reduce the likelihood that medical error will occur. By participating in a HIE, we may share your health information with other providers that participate in the HIE. If you do not want your medical information to be available through the HIE, you may opt-out by notifying the Administrator.

**Individuals Involved in Your Care or Payment for Your Care.** We may disclose medical information about you to a friend or family member who is involved in your care. We may also give information to someone who helps pay for your care. However, we can only give family and friends information that relates to their involvement or payment for your care. We may also tell your family or friends your condition and that you are in the Facility. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status, and location.

**As Required By Law.** We will disclose medical information about you when required to do so by federal, state, or local law.

**To Avert a Serious Threat to Health or Safety.** We may use and disclose medical information about you to prevent a serious threat to your health and safety or the health and safety of the public or another person. We would do this only to help prevent the threat. For example, we may disclose medical information about you for public health purposes, including:

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- prevention or control of disease, injury, or disability;
- reporting births and deaths;
- reporting child abuse or neglect;
- reporting reactions to medications or problems with products;
- notifying people of recalls of products;
- notifying a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease; and
- notifying the appropriate government authority if we believe a resident has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

**Research.** We may disclose information to researchers when an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information has approved their research.

**Funeral Directors, Coroners and Medical Examiners.** We may disclose health information to funeral directors, coroners, and medical examiners to carry out their duties consistent with applicable law.

**Organ Procurement Organizations.** Consistent with applicable law, we may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

**Food and Drug Administrations (FDA).** We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing, surveillance information to enable product recalls, repairs, or replacement.

**Workers Compensation.** We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

**Military and Veterans.** If you are a member of the armed forces, we may disclose medical information about you as required by military authorities. We may also disclose medical information about foreign military personnel to the appropriate foreign military authority.

**Health Oversight Activities.** We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities may include audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

**Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may

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also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

**Law Enforcement.** We may disclose medical information when requested by a law enforcement official as follows:

- in response to a court order, subpoena, warrant, summons, or similar process;
- to identify or locate a suspect, fugitive, material witness, or missing person;
- about you, if you are the victim of a crime and if, under certain limited circumstances, we are unable to obtain your agreement;
- about a death we believe may be the result of criminal conduct;
- about criminal conduct at the Facility; and
- in emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

### **USES OF YOUR HEALTH INFORMATION THAT REQUIRE PRIOR AUTHORIZATION**

We must obtain prior authorization from you prior to disclosing or using your protected health information for certain purposes.

**Psychotherapy Notes.** We must receive prior authorization from you prior to using or disclosing your psychotherapy notes, unless the disclosure is for treatment, payment, or healthcare operations, or is used for other very limited purposes.

**Substance Abuse Treatment.** We may use or disclose any Substance Abuse Disorder Treatment Information (SUD) we receive from a substance abuse treatment program covered under 42 C.F.R part 2 through a consent you provided to the Part 2 program to provide treatment, obtain payment or assist in the provision of health care operations as described in this notice. Any information that we receive through a consent you have provided to us or to another party other than the Part 2 program will only be disclosed in accordance with your specific consent.

We will not use or disclose any Part 2 information in any civil, criminal, administrative or legislative proceedings by any federal, state or local agency against you unless specifically authorized by you or ordered by the court after you are provided with notice.

**Marketing Purposes.** We must receive prior authorization from you before disclosing your medical information for marketing purposes except in very limited circumstances.

**Sale of Protected Health Information.** We must receive prior authorization from you before selling your protected health information, except in limited situations.

**State Restrictions.** Many states provide greater protection for certain types of health information. For example, in many states, drug and alcohol treatment information may only be released in limited circumstances. Additionally, HIV-related information may only

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be released in very limited situations. Where the state requirements are more stringent than federal requirements, we will comply with the state requirements.

### **OUR RESPONSIBILITIES WITH RESPECT TO YOUR MEDICAL INFORMATION**

We are required to maintain the privacy and security of your protected health information. In order to fulfill these responsibilities, we must:

- notify you promptly if the privacy or security of your health information has been compromised;
- follow the duties and privacy practices described in this Notice and give you a copy of it; and
- only use or share your information as described in this Notice unless you authorize us in writing to use or share your information in another manner. You may change an authorization previously given, at any time, by informing the Facility in writing. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission and that we are required to retain our records of the care that we provided to you.

### **YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU**

Although your health record is the property of the Facility, the information belongs to you. You have the following rights regarding your medical information:

**Right to Inspect and Copy.** With some exceptions, you have the right to review and copy your medical information.

*You must submit your request in writing to the Facility Administration Office. We may charge a fee for the costs of copying, mailing or other supplies associated with your request.*

**Right to Amend.** If you feel that medical information in your record is incorrect or incomplete, you may ask us to amend the information. You have this right for as long as the information is kept by or for the Facility.

*You must submit your request in writing to the Facility Administration Office. In addition, you must provide a reason for your request.*

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- is not part of the medical information kept by or for the Facility; or
- is accurate and complete.

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**Right to an Accounting of Disclosures.** With limitations, you have the right to request an "accounting of disclosures." This is a list of certain disclosures we made of your medical information, other than those made for purposes such as treatment, payment, or health care operations.

*You must submit your request in writing to the Facility Administration Office. Your request must state a time period, which may not be longer than six (6) years from the date of the request is submitted. Your request should indicate in what form you want the list (for example, on paper or electronically). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.*

**Right to Request Restrictions.** You have the right to request a restriction or limitation on the medical information we use or disclose about you. For example, you may request that we limit the medical information we disclose to someone who is involved in your care or the payment for your care. You could ask that we not use or disclose information about a surgery you had to a family member or friend.

We typically are not required to agree to your request. However, we must comply with your request if you request that we do not disclose information to a health plan or other third party payer about services which you or some other person (other than the third party payer) has paid for in full, unless a law requires us to share the information. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

*You must submit your request in writing to the Facility Administration Office. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure, or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.*

**Right to Request Alternate and Confidential Communications.** You have the right to request that we communicate with you about medical matters in a confidential manner or at a specific location. For example, you may ask that we only contact you via mail to a post office box. You must submit your request in writing to the Facility Administration Office. We will not ask you the reason for your request. Your request must specify how or where you wish to be contacted. We will accommodate all reasonable requests.

**Right to a Paper Copy of This Notice.** You have the right to a paper copy of this Notice even if you have agreed to receive the notice electronically. You may request a paper copy of this Notice at any time by contacting the Facility Administration office. You may also obtain a copy of this Notice at our website.

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### **SUBSEQUENT DISCLOSURES**

Unless stated otherwise, disclosure by us may not affect the individual receiving such information from further disclosing such information as the provisions that are applicable to us that protect your information may not apply to other third parties.

### **CHANGES TO THIS NOTICE**

We reserve the right to change this Notice. We reserve the right to make the revised or changed Notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in the Facility or on the website <https://riversbendrc.org>. The Notice will specify the effective date on the first page, in the top left-hand corner. In addition, if material changes are made to this Notice, the Notice will contain an effective date for the revisions and copies can be obtained by contacting the Facility Administrator.

### **COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with the Facility or with the Secretary of the Department of Health and Human Services. To file a complaint with the Facility, contact the Administrator at (270) 388-2868. All complaints must be submitted in writing. **You will not be penalized for filing a complaint.**

### **OTHER USES OF MEDICAL INFORMATION**

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

**Reference: 164.520**