



## 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.

### Purpose of the Notice

Encore Communities (“Encore”) is committed to preserving the privacy and confidentiality of your Protected Information which is created and/or maintained at Encore. State and federal laws and regulations require us to implement policies and procedures to safeguard the privacy of your Protected Information. This Notice will provide you with information regarding our privacy practices and applies to all of your Protected Information created and/or maintained at Encore, including any information that we receive from other health care providers or facilities. The Notice describes the ways in which we may use or disclose your Protected Information and also describes your rights and our obligations concerning such uses or disclosures.

We will abide by the terms of this Notice, including any future revisions that we may make to the Notice as required or authorized by law. We reserve the right to change this Notice and to make the revised or changed Notice effective for Protected 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, which will identify its effective date, in our facilities.

The Privacy practices described in this Notice will be followed by:

1. Any health care professional authorized to enter information into your medical record created and/or maintained at our facilities;
2. All associates, students, and other service providers who have access to your Protected Information at our facilities; and
3. Any member of a volunteer group which is allowed to help you while receiving services at our facilities.

The individuals above will share your Protected Information with each other for purposes of treatment, payment and health care operations, as further described in the Notice.

### Uses and Disclosures of Protected Information for Treatment, Payment and Health Care Operations

**Treatment, Payment and Health Care Operations.** The following section describes different ways that we may use and disclose your Protected Information for purposes of treatment, payment, and health care operations. We explain each of these purposes below and include examples of the types of uses or disclosures that may be made for each purpose. We have not listed every type of use or disclosure, the ways in which we use or disclose your information will fall under one of these purposes.

**Treatment.** We may use or disclose your Protected Information to provide you with health care treatment and services. We may disclose your Protected Information to doctors, nurses, nursing assistants, medication aides, technicians, medical and nursing students, rehabilitation therapy specialists, or other personnel who are involved in your health care.

For example, we may order physical therapy services to improve your strength and walking abilities. We will need to talk with the physical therapist so that we can coordinate services and develop a plan of care. We also may need to refer you to another health care provider to receive certain services. We will share information with that health care provider in order to coordinate your care and services.

Situations may also arise when it is necessary to disclose your Protected Information to health care providers outside our facility who may also be involved in your care.

For example, the specialist who oversaw your treatment at the hospital may require periodic updates regarding your progress at our facility.

**Payment.** We may use or disclose your Protected Information so that we may bill and receive payment from you, an insurance company, or another third party for the health care services you receive from us. We also may disclose Protected Information about you to your health plan in order to obtain prior approval for the services we provide to you, or to determine that your health plan will pay for treatment.

For example, we may need to give Protected Information to your health plan in order to obtain prior approval to refer you to a health care specialist, such as a neurologist or orthopedic surgeon, or to perform a diagnostic test such as a magnetic resonance imaging scan ("**MRI**") or a CT scan.

It may also be necessary to release Protected Information to another health care provider or individual or entity covered by the HIPAA privacy regulations that has a relationship with you for their payment activities.

**Health Care Operations.** We may use or disclose your Protected Information in order to perform the necessary administrative, educational, quality assurance and business functions of Encore.

For example, we may use your Protected Information to evaluate the performance of our associates in caring for you. We also may use your Protected Information to evaluate whether certain treatment or services offered by Encore are effective. We may also use your Protected Information for quality assurance or risk management purposes. We may at times remove information which could identify you from your record so as to prevent others from learning who the specific patients are. In addition, we may release your Protected Information to another individual or entity covered by the HIPAA privacy regulations that has a relationship with you for their fraud and abuse detection or compliance purposes, quality assessment and improvement activities, or evaluation and review. We also may disclose your Protected Information to other physicians, nurses, technicians, or health profession students for teaching and learning purposes.

## Uses and Disclosures of Protected Information in Special Situations

**Appointment Reminders.** We may use or disclose your Protected Information for purposes of contacting you to remind you of a health care appointment.

**Treatment Alternatives & Health-Related Products and Services.** We may use or disclose your Protected Information for purposes of discussing with you treatment alternatives or health-related products or services that may be of interest to you. For example, if you are a Patient of Encore for purposes of a post-surgical hip replacement, we may talk with you about a "gait training" program that we offer at to improve your walking and balance.

**Facility Directory.** Unless you object, we may use or disclose certain limited Protected Information about you in the facility directory. This information will only include your name, your assigned unit and room number, general condition and your religious affiliation. Your name, assigned unit and room number and general condition may be given to people who ask for you by name. Your religious affiliation may be given to a member of the clergy, even if they do not ask for you by name. You are not obligated, however, in any way, to consent to the inclusion of your information in the facility directory. Please notify the facility's personnel if you do not wish to be included in the directory or if you wish for information or disclosure to be limited in some way.

**Family Members and Friends.** We may only disclose your private health care information to individuals, such as family members and friends, with your consent. Federal and state laws protect this information and require your agreement to disclose. We would only expect to share your private health care information with persons you approve and who typically are involved in your care or who help pay for your care. We may make such disclosures when: (a) we have your written agreement to do so, (b) it is imperative to the care and recovery of you and your medical condition, (c) unless directed not to do so, we will inform close family members involved in your care and of the status of your condition in the event you are not able to communicate.

## **Other Permitted or Required Uses and Disclosures of Protected Information**

There are certain instances in which we may be required or permitted by law to use or disclose your Protected Information without your permission. These instances are as follows:

**As required by law.** We may disclose your Protected Information when required by federal, state, or local law to do so. For example, we are required by the Department of Health and Human Services (HHS) to disclose your Protected Information in order to allow HHS to evaluate whether we are in compliance with the federal privacy regulations.

**Public Health Activities.** We may disclose your Protected Information to public health authorities that are authorized by law to receive and collect Protected Information for the purpose of preventing or controlling disease, injury or disability; to report births, deaths, suspected abuse or neglect, reactions to medications; or problems with products, notifying individuals exposed to a disease who may be at risk for contracting or spreading the disease.

**Health Oversight Activities.** We may disclose your Protected Information to a health oversight agency that is authorized by law to conduct health oversight activities, including audits, investigations, inspections, or licensure and certification surveys. These activities are necessary for the government to monitor the persons or organizations that provide health care to individuals and to ensure compliance with applicable state and federal laws and regulations.

**Judicial or Administrative Proceedings.** We may disclose your Protected Information to courts or administrative agencies charged with the authority to investigate and resolve lawsuits or disputes. We may disclose your Protected Information pursuant to a warrant, court order, a subpoena, a discovery request, or other lawful process issued by a judge or other person involved in the dispute, but only if efforts have been made to (a) notify you of the request for disclosure or (b) obtain an order protecting your Protected Information.

**Worker's Compensation.** We may disclose your Protected Information to worker's compensation or other programs providing benefits when your health condition arises out of a work-related illness or injury regardless of fault.

**Law Enforcement Official.** We may disclose your Protected Information in response to a request received from a law enforcement official to report criminal activity or to respond to a subpoena, court order, warrant, summons, or similar process. We may also release your Protected Information for the following purposes: Identifying or locating a suspect, fugitive, material witness or missing person; regarding a crime victim, but only if the victim consents or the victim is unable to consent due to condition and the information is needed to determine if a crime has occurred, non-disclosure would significantly hinder the investigation, and disclosure is in the victim's best interest; regarding a decedent, to alert law enforcement that the individual's death was caused by suspected criminal conduct; reporting evidence of criminal conduct that occurred on our premises; or, by emergency care personnel if the information is necessary to alert law enforcement of a crime, the location of a crime, or characteristics of the perpetrator.

**Coroners, Medical Examiners, or Funeral Directors.** We may disclose your Protected Information to a coroner or medical examiner for the purpose of identifying a deceased individual or to determine the cause of death or other duties as authorized by law. We also may disclose your Protected Information to a funeral director for the purpose of carrying out his/her necessary activities.

**Organ Procurement Organizations or Tissue Banks.** If you are an organ donor, we may disclose your Protected Information to organizations that handle organ procurement, transplantation, or tissue banking for the purpose of facilitating organ or tissue donation or transplantation.

**Research.** We may use or disclose your Protected Information for research purposes under certain limited circumstances. Because all research projects are subject to a special approval process, we will not use or disclose your Protected Information for research purposes until the particular research project for which your Protected Information may be used or disclosed has been approved through this special approval process. However, we may use or disclose your Protected Information to individuals preparing to conduct the research project in order to assist them in identifying patients with specific health care needs who may qualify to participate in the research project. Any use or disclosure of your Protected Information which is done for the purpose of identifying qualified participants will be conducted onsite at the facility. In most instances, we will ask for your specific permission to use or disclose your Protected Information if the researcher will have access to your name, address or other identifying information.

**To Avert a Serious Threat to Health or Safety.** We may disclose your Protected Information when necessary to prevent a serious threat to health or safety of you or other individuals.

**Military and Veterans.** If you are a member of the armed forces, we may use or disclose your Protected Information as required by military command authorities.

**National Security and Intelligence Activities.** We may use or disclose your Protected Information to authorized federal officials for purposes of intelligence, counterintelligence, and other national security activities, as authorized by law.

**Inmates.** If you are an inmate of a correctional institute or under the custody of a law enforcement official, we may use or disclose your Protected Information to the correctional institution or to the law enforcement official as may be necessary (a) for the institution to provide you with health care; (b) to protect the health or safety of you or another person; or (c) for the safety and security of the correctional institution.

**Fundraising & Marketing Activities.** We may use your Protected Information for the purpose of contacting you as part of a fundraising effort. Such contact could come from the provider or an affiliated organization such as a foundation or business associate. Information used as part of this fundraising activity may include demographic information such as name, address, age, gender, date of birth, department of service, your treating physician, outcome information, health insurance status, and the dates health care was provided to you. If you do not wish to be contacted for fundraising activities, you may contact us to have your name removed from our fundraising list via email at [info@encorecommunities.com](mailto:info@encorecommunities.com). You may receive information such as prescription or refill reminders from the provider, however, your Protected Information will not be provided to third party marketers and the provider will not sell your Protected Information to others for marketing purposes without your specific authorization.

**Psychotherapy Notes.** In the event psychotherapy notes are maintained as part of your Protected Information, those notes will not be used or disclosed except in limited circumstances without your authorization. Such authorization is not needed and will not be obtained if such notes are used by the person who created them in a reasonable training program for the provider or as otherwise allowed by law.

**More Stringent Laws.** Some of your Protected Information may be subject to other laws and regulations and afforded greater protection than what is outlined in this notice. For instance, HIV/AIDS, substance abuse, mental health information and genetic information are often given more protection. In the event that your Protected Information is afforded greater protection under federal or state law, we will comply with the applicable law.

## Uses and Disclosures Pursuant to Your Written Authorization

Except for the purposes identified above we will not use or disclose your Protected Information for any other purposes unless we have your specific written authorization. For example, we must have your written authorization to disclose your Protected Information to an attorney that represents you. You have the right to revoke a written authorization at any time as long as you do so in writing. If you revoke your authorization, we will no longer use or disclose your Protected Information for the purposes identified in the authorization, except to the extent that we have already taken some action in reliance upon your authorization.

## Your Rights Regarding Your Protected Information

Federal law grants you the following rights regarding your Protected Information. You may exercise each of these rights, in writing, by providing us with a completed form that you can obtain from the facility Medical Records Department. In some instances, we may charge you for the cost(s) associated with providing you with the requested information. Additional information regarding how to exercise your rights, and the associated costs, can be obtained from the facility Medical Records Department.

**Right to Inspect and Copy.** You have the right to request, in writing, a copy and/or inspect much of the personal health information that we retain on your behalf. You have a right to obtain an electronic copy of your health information that exists in an electronic format. We will make every effort to provide access to your Protected Health Information in the form or format you request, if it is readily producible in such form or format. If the Protected Health Information is not readily producible in the form or format you request your record will be provided in either our standard electronic format or if you do not want this form or format, a readable hard copy form. A reasonable fee will be charged for requesting a copy of your health or medical records in any format. We may deny your request to inspect and copy your Protected Information in certain limited circumstances. If you are denied access to your Protected Information, you may request that the denial be reviewed.

**Right to Amend.** You have the right to request an amendment of your Protected Information that is maintained by or for the facility and is used to make health care decisions about you. We may deny your request if it is not properly submitted or does not include a reason to support your request. We may also deny your request if the information sought to be amended: (a) was not created by us, unless the person or entity that created the information is no longer available to make the amendment; (b) is not part of the information that is kept by or for the facility; (c) is not part of the information which you are permitted to inspect and copy; or (d) is accurate and complete.

**Right to an Accounting of Disclosures.** You have the right to request an accounting of the disclosures of your Protected Information made by us for the past 6 years. This accounting will not include disclosures of Protected Information that we made for purposes of treatment, payment or health care operations or pursuant to a written authorization that you have signed.

**Right to Request Restrictions.** You have the right to request that certain uses or disclosures of your Protected Information be restricted; provided however, if we may release the information without your consent or authorization, we have the right to refuse your request. You also have the right to request a limit on the Protected Information we disclose about you to your health plan. For example, you could ask that we not use or disclose information regarding a particular treatment that you received. We are not required to agree to your request unless you have paid for those services out-of-pocket, in full, and you request that we not disclose PHI related solely to those services to a health plan. That request must be in writing, and clearly state: (i) the information to be restricted, (ii) the type of restriction being requested (i.e. on the use of information, the disclosure of information, or both), and (iii) to whom the limits should apply. If such a request is made, we must accommodate your request, except where we are required by law to make a disclosure.

**Right to Request Confidential Communications.** You have the right to request that we communicate with you about your health care in a certain way or at a certain location. For example, you can ask that we only contact you by mail.

**Right to Notification.** You have the right to be notified of any breach of unsecured Protected Information relating to you and actions you may take in relationship to such a breach.

**Right to Paper Copy of this Notice.** You have the right to receive a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy of this Notice.

### **Questions or Complaints**

If you have any questions regarding this Notice or wish to receive additional information about our privacy practices, please contact our Privacy Officer.

If you believe your privacy rights have been violated, you may file a complaint with the facility or with the Secretary of Health and Human Services (HHS). The following website: [www.HHS.gov](http://www.HHS.gov) contains reporting directions and general information regarding these matters.

To file a complaint with the facility, contact our Privacy Officer:

HIPAA Compliance Officer  
Santé Operations, LLC  
8502 E. Princess Drive, Ste. 200  
Scottsdale, AZ 85255  
480-563-2402

All complaints must be submitted in writing. You will not be penalized for filing a complaint.

**Effective Date.** This notice became effective on September 23rd, 2013 and updated November 18, 2022. Please note we reserve the right to revise this notice at any time. You have the right to request a current copy of this Notice.