

Capri Communities 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.**

Brief Summary

Capri Communities is dedicated to keeping your protected health information private. *Protected health information* includes medical and billing records we have regarding you. This information helps us to provide quality services to you. This includes your medical and billing records, include physician orders, assessments, medication lists, clinical progress notes, and billing information. You have certain rights regarding your protected health information. This notice describes your rights and how Capri Communities uses, shares, and protects your protected health information.

Please contact our Privacy Officer with any questions about our notice of privacy practices. Our Privacy Officer can be reached by telephone at (262) 289-2720 or in writing at 20875 Crossroads Circle, Suite 400, Waukesha, WI 53186.

Who follows our notice of privacy practices

This notice applies to all Assisted Living Communities that are licensed as a Community-Based Residential Facility (CBRF) or Residential Care Apartment Complex (RCAC) and are managed by Capri Communities LLC (hereinafter “Capri Communities”). This joint notice includes employees, volunteers, and students who are part of Capri Communities’ Organized Health Care Arrangement. These organizations participate in providing care or assist in health care operations. Those that participate in our Organized Health Care Arrangement will share your health information with each other as necessary for treatment, payment, and operations. This joint notice applies to all participants in the Organized Health Care Arrangement regardless of who provided it to you. Here is a list of organizations that participate in our Organized Health Care Arrangement and locations where they deliver services:

- Ballard Glenn, 2100 E. Glenhurst Lane, Appleton WI 54913
- Chiara Communities:
 - Casa Del Mare, 3508 7th Avenue, Kenosha, WI 53140
 - Killarney Kourt, 8800 Shannon Lane, Sturtevant, WI 53177
 - The Polonaise, 1500 W. Sonata Drive, Milwaukee, WI 53221
 - The Gables of Germantown:
 - Engel Haus, N109 W17110 Ava Circle, Germantown, WI 53022
 - Matterhaus, N109 W17000 Ava Circle, Germantown, WI 53022
 - Summit Woods, 2501 Summit Avenue, Waukesha, WI 53188
 - Mulberry Campus:
 - Mulberry Glen, 1255 W. Main Street, Whitewater, WI 53190
 - Glenwood at Mulberry, 1281 W. Main Street, Whitewater, WI 53190
 - Hyland Park Sun Prairie, 881 Liberty Boulevard, Sun Prairie, WI 53590
 - Hyland Crossings, 1249 School Street, Sun Prairie, WI 53590

- Chiara 2 Communities:
 - Drumlin Reserve:
 - 139 E. Reynolds Street, Cottage Grove WI 53527
 - 111 E. Reynolds Street, Cottage Grove WI 53527
 - Harbor Village, 425 W. Walters Street, Port Washington, WI 53074
 - Ruby Commons, 17560 W. North Avenue, Brookfield WI 53045
 - St. Rita Square, 728 E. Pleasant Street, Milwaukee, WI 53202
 - Village Pointe Commons:
 - 101 Walnut Circle, Grafton WI 53024
 - 201 Walnut Circle, Grafton WI 53024
 - Vista West, 150 Bella Vista Drive, Madison WI 53717
- Grace Commons, W195N9550 Rolling Meadow Circle, Menomonee Falls, WI 53051
- Regency Brookfield, 777 N Brookfield Road, Brookfield, WI 53045
- Regency Muskego, W181 S8540 Lodge Blvd, Muskego, WI 53150
- Teal Shores, 10995 N Market St, Mequon, WI 53092

Shared Medical Record/Health Information Exchange

We participate in arrangements of health care organizations, which have agreed to work with each other to facilitate access to protected health information that may be relevant to your care. For example, if you are treated by other healthcare provider organizations, such as therapy services, that provide care to you, this arrangement will allow us to make your health information available to those needed to treat you. When it is needed, ready access to your health information means better care for you. You may contact our Privacy Officer for a list of healthcare providers who participate in this access.

Your Rights

You have certain rights regarding your protected health information. We may ask you to make some of these requests in writing. You have the right to:

See your protected health information

You can ask to:

- View your protected health information
- Get a copy of your protected health information on paper or in electronic form. We may charge a reasonable, cost-based fee.

Please make these requests in writing and provide them to our Executive Director, Nurse Manager, or designee. If we say “no” to your request we will explain why.

Request us to change protected health information

You can ask us to change protected health information about you that you think is not correct or incomplete. Please make these requests in writing and provide them to our Executive Director, Nurse Manager, or designee. If we say “no” to your request we will explain why and ask you to contact us if you do not agree with us.

Request confidential communications

You can ask us to contact you in a specific way. For example, you can request we call you at your home or other telephone number at certain times or to send mail to a different address. We may request that you make these requests in writing and provide them to our Executive Director, Nurse Manager, or designee. We will say “yes” to requests we can reasonably follow.

Ask us to limit the information we share with others about you

You can ask us not to use or share certain protected health information about you for treatment, payment, or our health care operations. If we say “no” to your request, we will explain the reason to you.

You can also request how we share your information with individuals involved in your care and payment of bills.

If you pay out-of-pocket in full before receiving a service or health care item from us, you can ask us not to share that protected health information with your health insurer / health plan for the purpose of payment or operations. We will say “yes” to this type of request unless a law requires us to share that information.

Get a list of those with whom we have shared your protected health information

You can ask us for a list (accounting) of when we disclosed your protected health information under certain situations for the last six years before the day of your request. We will include disclosures we have made unless it was for treatment, payment, and health care operations and certain other disclosures (such as any you asked us to make). We will provide you with one accounting a year for free. We will charge a reasonable, cost-based fee if you ask for another one within 12 months. Please make these requests in writing and provide them to our Executive Director, Nurse Manager, or designee.

Get a copy of this notice of privacy practices at any time

You can ask for a paper copy of this notice at any time. If you would like, we will provide you with a paper copy, even if you agreed to receive the notice from us electronically. Please make this request with our Executive Director, Nurse Manager, or designee. Our most current notice is also always available on our website: <https://www.capricommunities.com/>

File a complaint if you believe your privacy rights have not been followed

You can complain if you feel your privacy rights have not been followed (have been violated). Please contact our Privacy Officer at (262) 289-2720 or in writing at 20875 Crossroads Circle, Suite 400, Waukesha, WI 53186. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services Office for Civil Rights. We will not retaliate against you for filing a privacy rights complaint about us. We will not require you to waive the right to file a complaint as a condition of receiving treatment.

Choose someone to act for you

If someone is your legal guardian or legal representative, such as an activated power of attorney for health care, that person can exercise your rights and make choices about your protected health information. We will make sure the person has this authority and can act for you.

Our Uses and Disclosures

For certain protected health information, you can tell us your choices about what we share

If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions to the best of our abilities. In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, and others involved in your care or payment for services
- Share information in a disaster relief situation to disaster relief agencies
- Include and share your information in our facility directory. We will include your name, location in our facility, general condition in simple terms, and religious affiliation in our facility directory. This information, except for the religious affiliation, will be provided to persons who ask for your information by your name. Religious affiliation will only be provided to local clergy persons. If you do not want us to list this information in our directory and provide it to others, you must tell one of our staff members that you object to this practice.

If you are not able to tell us your preference, for example if you are unconscious, we may share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

How we typically use and disclose your protected health information

We can use and share your protected health information for the following reasons:

- We can use your protected health information to treat you and share it with other professionals who are treating you. We may share your protected health information with physicians, nurses, lab and radiology technicians, hospitals, nursing homes, home health agencies, pharmacies, and others involved in your care. We may also share your protected health information to obtain referrals for other providers for your care. If you received treatment for mental illness, alcohol or drug abuse, or a developmental disability, we may be required to obtain an authorization. *Example: A doctor treating you asks us about your overall health condition.*
- We can use and share your protected health information to run our organization, improve your care, and contact you when necessary. *Example: We use health information about you to manage your treatment and services. Example: We use your health information for quality assurance / improvement activities, medical reviews, and developing clinical guidelines.*
- We can use and share your protected health information to bill, determine insurance plan eligibility, and get payment from health plans or other parties responsible for payment. *Example: We give information about you to your health insurance plan so they will pay for your services.*
- We can use and share your protected health information with our contracted vendors that provide services on our behalf. Our contracted vendors are also required to safeguard your protected health information.
- We may contact you at the telephone numbers and addresses you give us. For example, we may call you, send you an email or mail, or send a text message to you to communicate with you about care instructions, appointment reminders, test results, treatment information, insurance, billing, and payment. We may also contact you about other benefits, services, upcoming activities, and requests for your complete satisfaction surveys. To opt out of text messages, please follow the opt out prompt in the text message. Standard text messaging rates may apply.

We never market or sell personal information, unless allowed by law to do so without your authorization.

We will not contact you for fundraising purposes.

More reasons we can use and share your protected health information

We are allowed or required to share your protected health information in other ways. Usually these are ways that contribute to the public good, such as public health and medical research. We have to meet many conditions in the law before we can share your information for these purposes.

Here are a few more examples of when we may be able to use and share your protected health information without your knowledge or authorization:

- For preventing or reducing a serious threat to anyone's health or safety
- Helping with product recalls
- Reporting adverse reactions to medications
- With health oversight agencies for activities authorized by law, such as audits, inspections, and obtaining licenses
- Reporting disease or infection exposure
- With organ procurement organizations for organ, eye, or tissue donations
- With a coroner, medical examiner, or funeral director when an individual dies for purposes authorized by law, such as for determining the cause of death
- Reporting victims of abuse, neglect, or domestic violence
- For judicial and administrative proceedings such as in response to a court or administrative order
- For law enforcement purposes or with a law enforcement official, such as to identify or locate a suspect, fugitive, or missing person
- With correctional institutions for custodial purposes of inmates
- Reporting crime on our premises
- When required by law
- To comply with workers' compensation laws for work-related injuries or illness
- For special government functions such as military, veterans, national security, and presidential protective services
- For correctional institutions and law enforcement custody situations
- For provision of public benefits
- To comply with State and Federal laws, such as to the Secretary of the U.S. Department of Health and Human Services Office for Civil Rights if they want to see that we are complying with Federal privacy laws

Persons that receive your protected health information from us may release your protected health information without your knowledge and may not be required to follow federal or state privacy laws.

Our Responsibilities

We are required to maintain the privacy of your protected health information. We are also required to provide you with a copy of this notice which explains our legal duties and privacy practices with respect to your protected health information. We must follow the privacy practices included in this notice.

We will not use or share your protected health information other than as described in this notice unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you do change your mind.

We will let you know if a breach of unsecured protected health information occurs that may have compromised your information.

Changes to the Terms of this Notice

We can change the terms of this notice at any time. Changes that we make will apply to all protected health information we have about you. The new notice will be available in our office, on our web site at www.capricommunities.com, and upon request.