



Notice of Privacy Practices

Header

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

Intent of Notice

This Notice describes the privacy practices of Lifeways, Inc.. It applies to the health services you receive at Lifeways, Inc.. Lifeways, Inc. will be referred to herein as “we” or “us.” We will share your health information among ourselves to carry out our treatment, payment, and healthcare operations.

Our Privacy Obligations

We are required by law to maintain the privacy of your protected health information and to provide you with our Notice of our legal duties and privacy practices with respect to protected health information. We are required to abide by the terms of this Notice for as long as it remains in effect. We reserve the right to change the terms of this Notice as necessary and to make a new Notice of Privacy Practices effective for all protected health information maintained by us. We are required to notify you in the event of a breach of your unsecured protected health information. We are also required to inform you that there may be a provision of State law that relates to the privacy of your health information that may be more stringent than a standard or requirement under the Federal Health Insurance Portability and Accountability Act (“HIPAA”). A copy of any revised Notice of Privacy Practices or information pertaining to specific State law may be obtained by mailing a request to the contact person addressed below.

Federal and State Law Notice

Federal and State laws require we protect your medical information and Federal law requires we describe to you how we handle that information. When Federal and State privacy laws differ, and the State law is more protective of your information or provides you with greater access to your information, then State law will override Federal law.

Uses and Disclosures of Your Protected Health Information

We may use or disclose your health information for certain purposes without your written authorization, including the following:

Treatment. We may use your information to provide you with medical treatment or services. We may disclose your medical information to others who are involved in taking care of you. We may share your medical information with another healthcare provider to deliver, coordinate, or manage your healthcare.

Payment. We may use or disclose your information to obtain payment for services provided to you. For example, we may disclose information to your health insurance company or other payer to obtain pre-authorization or payment for treatment.

Health Care Operations. We may use or disclose your information for certain activities that are necessary to operate our practice and ensure that you receive quality care. For example, we may use the information to train or review the performance of our staff to make decisions affecting the organization.

Business Associates. Certain aspects and components of our services are performed through contracts with outside persons or organizations, such as auditing, accreditation, outcomes data collection, legal services, etc. At times, it may be necessary for us to provide your protected health information to one or more of these outside persons or organizations to assist us with our healthcare operations. In all cases, our contracts with these business associates require them to protect the privacy of your protected health information.

Health Information Exchange. We may take part in or make possible the electronic sharing of healthcare information. The most common way we do this is through local or regional health information exchanges (HIEs). HIEs help doctors, hospitals, and other healthcare providers within a geographic area or community provide quality care to you. If you travel and need medical treatment, HIEs allow other doctors or hospitals to electronically contact us about you. All of this helps us manage your care when more than one doctor is involved, it helps us keep your health bills lower, for example, by avoiding repeating lab tests, and it helps us improve the overall quality of care provided to you and others. You may opt out of having your PHI shared through the HIE at any time either during registration or by submitting a written request to Lifeways' billing department. Opting out of the HIE sharing means your providers will need to obtain your records, as permitted or required by law and as described in this Notice, by other means, such as fax or mail.

Other Uses or Disclosures. We may also use or disclose your information for certain purposes allowed by 45 CFR 164.512 or other applicable laws and regulations, including the following:

- To avoid a serious threat to your health or safety or the health and safety of others.
- As required by State or Federal law such as reporting abuse, neglect, or certain other events.
- As allowed by workers' compensation laws for use in workers' compensation proceedings.
- For certain public health activities such as required reporting of immunizations, disease, injury, birth, and death, or in connection with public health investigations.
- For certain public health oversight activities such as audits, investigations, or licensure actions.
- In response to a court order, warrant, or subpoena in judicial or administrative proceedings.
- For certain specialized government functions such as military services or correctional institutions.
- For research purposes if certain conditions are satisfied.
- In response to certain requests by law enforcement to locate a fugitive, victim, or witness, or to report deaths or certain crimes.
- To coroners, funeral directors, or organ procurement organizations as necessary to allow them to carry out their duties.

Disclosures We May Make Unless You Object

Unless you instruct otherwise, we may disclose your information as described below:

Individuals Involved in Your Care or Payment for Your Care. We may from time to time disclose your protected health information to designated family, friends, and others who are involved in your care or in the payment of your care to facilitate that person's involvement in caring for you or paying for your care. If you are unavailable, incapacitated, or facing an emergency medical situation and we determine that a limited disclosure may be in your best interest, we may share limited protected health information with such individuals without your approval. We may also disclose limited protected health information to a public or private entity that is authorized to assist in disaster relief efforts for that entity to locate a family member or other persons who may be involved in some aspects of caring for you.

Appointments and Services. We may contact you to provide appointment updates or information about your treatment or other health-related benefits and services that may be of interest to you. You have the right to request, and we will accommodate reasonable requests by you to receive communications regarding your protected health information from us by alternative means or at alternative locations. For instance, if you wish

appointment reminders not to be left on your voicemail or sent to a particular address, we will accommodate reasonable requests. With such requests, you must provide an appropriate alternative address or method of contact. You also have the right to request that we do not send you any future marketing materials and we will use our best efforts to honor such requests. You must make such requests in writing, including your name and address, and send such writings to the contact person listed below.

Fundraising. We may use your information to contact you in an effort to raise money for us. We may also disclose information to a related foundation so that the foundation may contact you for similar purposes. If you do not want us or the foundation to contact you for fundraising efforts, you must send such a request in writing to the contact person listed below.

Facility Directory. If a person asks for you by name, we will only disclose your name, general condition, and location in our facility. We may also disclose your religious affiliation to the clergy.

School Immunization Requests. We may share your protected health information for purposes of school immunization requests if the school is required by law to have documentation of such immunizations(s) for enrollment.

As Required by Law. We may use and share your protected health information when required to do so by any other law not already referred to above.

Uses and Disclosures with Your Written Authorization

Psychotherapy Notes. We must obtain your specific written authorization before disclosing any psychotherapy notes unless otherwise permitted by law. However, there are certain purposes for which we may disclose psychotherapy notes, without obtaining your written authorization, including the following: (1) to carry out certain treatment, payment, or health care operations (e.g., use for the purposes of your treatment), (2) to the Secretary of the Department of Health and Human Services (HHS) to determine our compliance with the law, (3) as required by law, (4) for health oversight activities authorized by law, (5) to medical examiners or coroners as permitted by State law, or (6) to prevent or lessen a serious or imminent threat to the health or safety of a person or the public.

Genetic Information. We must obtain your specific written authorization before using or disclosing your genetic information for treatment, payment, or healthcare operations. We may use or disclose your genetic information, or the genetic information of your child, without your written authorization only where it would be permitted by law.

Sensitive Medical Information. We may obtain written permission from you, when required by State and Federal laws, to use or share sensitive medical information, such as mental health or substance abuse information.

Marketing. We must obtain your authorization for any use or disclosure of your protected health information for marketing, except if the communication is in the form of face-to-face communication with you. For other marketing activities, we will obtain your authorization.

Sale of Protected Health Information. We must obtain your authorization before receiving direct or indirect remuneration in exchange for your health information; however, such authorization is not required where the purpose of the exchange is for:

- Public health activities;
- Research purposes, provided that we receive only a reasonable, cost-based fee to cover the cost to prepare and transmit the information for research purposes;
- Treatment and payment purposes;
- Health care operations involving the sale, transfer, merger, or consolidation of all or part of our business and for related due diligence;

- Payment, we provide to a business associate for activities involving the exchange of protected health information that the business associate undertakes on our behalf (or the subcontractor undertakes on behalf of the business associate) and the only remuneration provided is for the performance of such activities;
- Providing you with a copy of your health information or an accounting of disclosures;
- Disclosures required by law;
- Disclosures of your health information for any other purposes by and in accordance with the HIPAA Privacy Rule, as long as the only remuneration we receive is a reasonable, cost-based fee to cover the cost to prepare and transmit your health information for such purpose or is a fee otherwise expressly permitted by other law, or
- Any other exceptions allowed by the Department of Health and Human Services (HHS).

Your Rights Regarding Your Protected Health Information

Access to Your Protected Health Information. You have the right to copy and/or inspect much of the protected health information that we retain on your behalf. For protected health information that we maintain in any electronic designated record set, you may request a copy (at a limited cost or, in some cases, free of charge) of such health information in a reasonable electronic format, if readily producible. Access requests must be made in writing and signed by you or your Personal/Legal Representative.

We may deny your request to inspect or receive copies in limited circumstances. If your request is denied, you may ask that the denial be reviewed. Another licensed healthcare professional whom we choose will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

Amendments to Your Protected Health Information. You have the right to request, in writing, that the protected health information we maintain about you be amended or corrected. We are not obligated to make requested amendments, but we will give each request careful consideration. All amendment requests must be in writing, signed by you or your Personal/Legal Representative, and it must state the reason(s) for the amendment/correction request. If we accept your request, we will tell you we agree and we will amend your records. We cannot change what is in the record. With your assistance, we will notify others who have the incorrect or incomplete medical information. If an amendment or correction is made, we may notify others who work with us if we believe such notification is necessary.

We may deny your request if the information: (1) was not created by us unless the person or entity that created the information is no longer available to make the amendment; (2) is not part of the medical information kept by or for us; (3) is not part of the information that you would be permitted to inspect or receive copies of; or (4) is accurate and complete.

If your request to amend your record is denied, you will have the right to have certain information related to the requested amendment included in your records. These rights will be explained to you in the written denial notice.

Accounting for Disclosures of Your Protected Health Information. You have the right to receive an accounting of certain disclosures made by us of your protected health information in the six (6) years prior to your request. This list will not include every disclosure made, including those disclosures made for treatment, payment, and health care operations, or those disclosures made directly to you or with your consent. Requests must be made in writing and signed by you or your Personal/Legal Representative. The first accounting in any 12-month period is free; you will be charged a fee for each subsequent accounting you request within the same 12-month period. You will be notified of the fee at the time of your request.

Restrictions on Use and Disclosure of Your Protected Health Information. You have the right to request restrictions on how we use or disclose your health information to treat your condition and collect payment for your treatment or for our healthcare operations. We are not required to agree to your request but will attempt to

accommodate reasonable requests when appropriate. You do, however, have the right to restrict disclosure of your protected health information to a health plan if the disclosure is to carry out payment or health care operations and is not otherwise required by law, and the protected health information pertains solely to a health care item or service for you, or someone other than the health plan on your behalf, has paid us in full.

If we agree to any discretionary restrictions, we reserve the right to remove such restrictions as appropriate. We will notify you if we remove a restriction imposed in accordance with this paragraph.

Right to Request Confidential Communication of Your Protected Health Information. You may request that we communicate with you about medical matters in an alternative way or at an alternative location (for example, you may wish to be contacted at work rather than at home). Your request should be directed to the area that would handle the communication. You do not need to provide a reason for your request. Reasonable requests will be accommodated.

Right to Notice of a Breach. We take the confidentiality of your information very seriously, and we are required by law to protect the privacy and security of your protected health information through appropriate safeguards. You have the right to be notified of a breach of your unsecured protected health information, with a few limited exceptions. A breach is defined as the unauthorized acquisition, access, use, or disclosure of protected health information in a manner not permitted. We will notify you in the event a breach occurs involving or potentially involving your unsecured health information and inform you of what steps you may need to take to protect yourself unless there is a low probability that the privacy or security of your protected health information has been compromised.

Right to a Paper Copy of this Notice. You have the right to obtain a paper copy of this Notice. You may obtain a copy of this Notice on our website, or you may also request a paper copy of this Notice at the location where you receive care.

Right to Change Terms of this Notice

We may change the terms of this Notice at any time. If we change this Notice, we may make the new Notice terms effective for all protected health information that we maintain, including any information created or received before issuing the new Notice. If we change this Notice, we will post the new Notice in common areas throughout our facility, and on our website.

Complaints

If you believe your privacy rights have been violated, you can file a complaint, in writing, with our Privacy Officer. You may also file a complaint, in writing, with the Secretary of the Department of Health and Human Services at the below address. There will be no retaliation for filing a complaint.

U.S. Department of Health and Human Services
200 Independence Avenue, S.W.,
Washington, D.C. 20201
Toll-Free Call Center: 1-877-696-6775

Or go online to: <https://www.hhs.gov/ocr/privacy/hipaa/complaints/>

Contact

If you have questions, need further assistance regarding, or would like to submit a request pursuant to this Notice, you may contact our Compliance Director for additional information:

Contact Person: Lucas Hooker
Phone: 541.823.9004
Address: 702 Sunset Dr., Ontario, OR 97914

E-mail: complianceofficer@lifeways.org

Effective Date of This Notice

This Notice is effective as of May 1st, 2024.