

Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed and how you can access this information.

CRISTA Senior Living (CSL) understands that your health information is personal and is legally required to provide you with this notice explaining our privacy practices. CSL may use and disclose your health information for a variety of purposes as set forth in this notice. For certain uses or disclosures CSL needs your specific authorization while other uses and disclosures have no such requirement. This notice details your rights with regard to how CSL may use and disclose your protected health information (PHI) for treatment, payment and healthcare operations and other purposes permitted or required by law. Your PHI is health information that contains demographic identifiers, such as your name, address and other information that may reveal your identity and the nature of your care.

Ways in Which We May Use and Disclose Your PHI without Your Written Authorization

Treatment: We may use and disclose your PHI to provide, coordinate or manage your healthcare treatment and any related services. In so doing, we may disclose your PHI to other healthcare providers who provide treatment to you or who are requested to be involved in your care.

Payment: CSL and the companies with which it contracts to provide services and care may use and disclose your PHI to obtain payment for the services and supplies you receive. We may use your PHI to confirm your eligibility for Medicare or Medicaid or disclose your PHI to supplemental insurers, managers of billed claims or your other third-party payers. Such use and disclosure may include information that identifies you, your diagnosis and the supplies used in rendering your care.

Health Care Operations: We may use and disclose your PHI for our healthcare operations, which include internal administration and planning and various activities that improve the quality and cost effectiveness of the care that we deliver to you. For example, we may use PHI to evaluate the quality and competence of our respiratory therapists, nurses and other healthcare workers.

We may also disclose PHI to your other healthcare providers when such PHI is required for them to treat you, receive payment for services they render to you, or conduct certain healthcare operations (i.e. quality assessment/improvement activities, healthcare fraud and abuse detection, compliance, etc.). The amount of health information used or disclosed will be restricted to the minimum necessary to accomplish the intended purposes as defined under the HIPAA rules.

As Required by Law: We may use and disclose your PHI as required by federal, state or local law.

To Public Health Authorities: We may use and disclose your PHI in cooperation with public health authorities that are permitted to collect or receive the information for the purpose of controlling disease, injury or disability; to report deaths, suspected abuse, neglect or domestic violence; to report

reactions to medications or problems with products and to notify individuals who may have been exposed to, or at risk of, contracting or spreading disease or contagious conditions.

Health Oversight Activities: We may disclose your PHI to a health oversight agency for activities such as audits, investigations, inspections and licensure as well as related activities authorized by law that are necessary for government monitoring of the health care system, government programs and compliance with civil rights laws.

Judicial or Legal Disputes or Proceedings: If you are involved in a lawsuit, administrative action or other legal dispute, we may disclose your PHI in compliance with a court or administrative order, subpoena, discovery request or in response to other lawful discovery processes. When appropriate we will provide you with advanced notice to permit you to seek a protective order or other legal order that provides for CSL's lawful denial of the disclosure as requested.

Law Enforcement: We may release your PHI upon request by a law enforcement official subject to a warrant or when the PHI is necessary to prevent a crime or locate a suspect or victim.

Coroners, Health Examiners and Funeral Directors: We may release PHI to a coroner or health examiner to determine the cause of death or identity of the deceased. We may also release a resident's PHI to funeral directors as may be necessary for the directors to carry out their duties.

Military and Veterans: If you are a member of the armed forces or separated/discharged from military services, we may release your PHI as required by military command authorities or the Department of Veterans Affairs as may be applicable. We may also release PHI about foreign military personnel to the appropriate foreign military authorities.

National Security: We may disclose PHI to authorized federal officials as required for lawful national security activities.

Workers' Compensation: We may release your PHI for workers' compensation or similar programs that provide benefits for work-related injuries or illnesses.

Uses and Disclosures to which you have the Opportunity to Object

Others Involved in Your Care: We may provide relevant portions of your PHI to a family member, relative, close friend or any other person you identify as being involved in your treatment decisions or payment responsibilities. If you have not identified any such person and are in an emergency situation or otherwise incapable of agreeing with or objecting to such disclosures, we may disclose PHI to family members, relatives, close friends or similar parties if we determine that such disclosures are within your best interests. At which time you are able to re-exercise your opportunity to agree with or object to future such disclosures, we will honor such agreements and objections based on your wishes at that time.

Fundraising/Marketing: CRISTA Ministries may use your demographic information to send fundraising and marketing materials in support of CSL's Good Samaritan Fund or other CRISTA opportunities. Fundraising materials will include clear instructions telling you how to "opt-out" from receiving future fundraising materials from a particular ministry or from all CRISTA ministries if you wish.

Uses or Disclosures Requiring Your Written Authorization

Uses or disclosures of your PHI that require your written authorization include (1) most uses and disclosures of psychotherapy notes (2) disclosures that constitute a sale of PHI and (3) any other uses not covered within the categories of this Notice or applicable laws.

Psychotherapy Notes: If assessed, we retain mental health evaluations provided by a consulting physician as part of your PHI. This PHI can be used to direct care and psychotherapy services, and may be made available for these purposes upon your written authorization.

Sale of PHI: CSL does not sell your PHI information to other entities however we are required by law to make you aware of your rights with respect to the sale of your PHI.

Other Uses: Uses or disclosures of your PHI not covered within the categories of this notice or applicable laws may only be made with your written authorization.

Your authorization must describe the particular health information to be used or disclosed, the name of the person or entity receiving the information, the purpose of the use or disclosure and a date or event when the authorization will expire if applicable. You may revoke such authorization in writing at any time, after which we will no longer disclose your PHI as previously authorized except where we have already taken actions in reliance on your prior authorization.

Your Rights Related to Your PHI

Right to Request Restrictions: You may request restrictions on our use and disclosure of your PHI (1) for treatment, payment and healthcare operations; (2) to individuals (such as a family member, other relative, close personal friend or any other person identified by you) involved with your care or with payment related to your care; or (3) to notify or assist in the notification of such individuals regarding your location and general condition. While we will consider all requests for restrictions carefully, we are not required to agree to a requested restriction, except that in certain instances we must agree to a restrictions relating to a disclosure to a health plan for the purposes of carrying out payment or health care operations in which the PHI pertains solely to a health care item or service for which the health care provider involved has already been paid out of pocket in full. If you wish to request restrictions, please submit a written request to our business office or to our HIPAA Privacy Officer at the address provided below.

Right to Request Communication in a Special or Alternate Manner: You may request that we contact you by using a particular method such as by mail, post office box, electronic mail, etc. and we will do our best to accommodate reasonable requests. You must make your request in writing to our business office or to our HIPAA Privacy Officer at the address provided below.

Right of Access to Personal Health Information: You have the right to review or obtain copies of your PHI. In order to do so, you must submit your request in writing to our business office or to our HIPAA Privacy Officer at the address provided below. We will notify you of any costs associated with copying, mailing or other related services and you may choose to modify or withdraw your request before any costs are incurred. We may deny your request to inspect or receive copies only in certain limited circumstances, such as if you are requesting psychotherapy notes or if a licensed health care professional has determined that your access to the information may endanger the life or physical safety of another person. If you are denied access to your PHI in some cases, you will have a right to request a review of the denial decision.

Right to Request Amendment: If you feel that the PHI we maintain for you is incorrect or incomplete, you may request that we amend it for accuracy or completeness. Your request must be in writing and must state the reason you believe the amendment is necessary. We may deny your request if it is not in writing, not accompanied with your reason for the request or if the PHI was not created by CSL unless the creating healthcare provider is no longer available to make the amendment. If we deny your request for an amendment, we will give you a written notice explaining the reasons for the denial. You will have the right to submit a written statement disagreeing with the denial which may be attached to your clinical record. Written requests for amendments under this section should be made to our business office or our HIPAA Privacy Officer.

Right to an Accounting of Disclosures: You have the right to request a list of outside disclosures of your PHI other than for treatment, payments or health care operations. Your request must be in writing and must state the time period for the requested information. You may not be entitled to information for any dates greater than six years from the timing of your request. If you request a second list of disclosures within 12-months of your first request, you may be subject to fees associated with providing the subsequent list. We will notify you of such costs and afford you the opportunity to withdraw your request before any costs are incurred. Such requests may be made to our business office or to our HIPAA Privacy Officer at the address provided below.

Right to Notification of PHI Breach: You have the right to be notified following a breach of unsecured PHI. Such notice will be issued from the Compliance Manager with the necessary details to all affected persons.

Paper Copy: You may request a copy of this notice at any time.

Complaints: If you believe we have violated your privacy rights under this policy, you have the right to file a complaint with CSL or directly to the Secretary of the United States Department of Health and

Human Services: U.S. Department of Health & Human Services • 200 Independence Avenue, S.W. • Washington, D.C. 20201. Phone: (202) 619-0257 Toll Free: (877) 696-6775. To file a complaint with our facility, you must make it in writing within 180 days of the suspected violation. Please provide as much detail as you can about the suspected violation and send it to our HIPAA Privacy Officer at the address provided below. You will not be subject to retaliation for filing a complaint with CSL or the U.S. government.

Changes to this Notice: CSL reserves the right to change the provisions of this Notice of Privacy Practices and make new provisions effective for the PHI we maintain. If we make material changes to this notice, we will post the changes on our website.

First adopted Apr. 7, 2003; Rev. Aug. 15, 2012, Rev. Sept. 6, 2013

Nondiscrimination Policy

As a recipient of federal financial assistance, CRISTA Senior Living does not exclude, deny benefits to, or otherwise discriminate against any person on the basis of race, color, national origin, disability, or age in admission to, participation in, or receipt of the services and benefits under any of its programs and activities, whether carried out by CRISTA Senior Living directly or through a contractor or any other entity with which CRISTA Senior Living arranges to carry out its programs and activities.

This statement is in accordance with the provisions of Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Regulations of the U.S. Department of Health and Human Services issued pursuant to these statutes at Title 45 Code of Federal Regulations Parts 80, 84, and 91.

Principles for End-of-Life Care

CRISTA Senior Living treats each resident with the utmost dignity as one whom God made and loves. As a community of faith, we affirm that life is ordained and sustained by God. Therefore, we do not participate in the Washington Death with Dignity Act.

The informed and competent resident has the right to refuse or forego treatment and is the primary decision-maker for his/her own care. We encourage discussion with the primary physician and family regarding end-of-life decisions.

To the extent that CRISTA Senior Living is considered a Health Care Provider under RCW 70.245.010(6) of Washington's Death with Dignity Act, CRISTA Senior Living will not participate in a resident's decision to self-administer pursuant to RCW 70.245.190. Should a resident transfer to a new health care facility for this purpose, CRISTA Senior Living shall, upon the resident's request, provide a copy of relevant medical records to the new health care facility. For more information refer to the brochure "Your Legal Right to Make Decisions About Health Care and Advance Directives in Washington State 1999".