

NOTICE OF PRIVACY PRACTICES



TABITHA

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.

This Notice of Privacy Practices (“Notice”) serves as a notice for all Tabitha entities providing health care services (such entities are referred to collectively as “we” or “our”). Tabitha is committed to preserving the privacy of your health information. We are required by law to do so for any health information created or received by Tabitha. Tabitha is required to provide this Notice to you explaining how we may use or share your information from your Designated Record Set. The Designated Record Set includes financial and health information referred to in this Notice as “Protected Health Information” (“PHI”) or simply “health information.” This Notice also tells you about your rights, choices, and responsibilities concerning your PHI. Tabitha is required to abide by this Notice, and any future changes to this Notice, that we are required or authorized by law to make. We will have a copy of the current Notice on our website at www.tabitha.org/privacy-practices. We may disclose your health information under State and Federal law for treatment, payment and health care operations, with your permission, pursuant to a court order, or as otherwise permitted or required by law. We will request that you sign a “consent for treatment” form, which asks for your permission to provide treatment to you along with other information and consent. This “consent for treatment” also asks for you to initial, or otherwise confirm in a statement, that you have received a copy of this Notice. This “consent for treatment” is different from an “authorization” that is mentioned in other parts of this Notice.

Who Will Abide By This Notice

The requirements set forth within this Notice apply to our workforce members including employees, volunteers, students, and trainees. This Notice also applies to other health care and service providers that provide care or services at our facilities or for our clients in client homes or at other sites including through telehealth or telecommunications. As a condition of providing care or services with us to our clients, such providers must agree to comply with our policies, including our policies relating to client privacy as described in this Notice. This Notice, however, only details our privacy policies and does not govern the independent practices or operations of health care and service providers.

Our Pledge Regarding Health information

We understand that health information about you and your health is personal. We are committed to protecting your health information about you. We create a record of the health care services you receive from us. We need this record to provide you with quality health care services and to comply with certain legal requirements. This Notice applies to all of the records of your care that we generate. We reserve the right to change this Notice and make the new Notice provisions applicable to all health information that we maintain. A revised Notice will be prominently posted at our facilities and will be available upon request.

We are required by law to:

- Make sure that health information that identifies you is kept private;
- Notify you if a breach of your unsecured health information occurs;
- Give you this Notice of our legal duties and privacy practices concerning health information about you; and
- Follow the terms of the Notice that is currently in effect.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

When it comes to your health information, you have the right to:

- Obtain a copy of your paper or electronic medical record
- Ask us to correct your medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a copy of this Privacy Notice
- Get a list of those with whom we have shared your information
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Obtain an electronic or paper copy of your medical record: You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. We may deny your request to inspect and copy in certain specific, limited circumstances. If you are denied access to health information, you may request that the denial be reviewed by contacting Tabitha's Privacy Officer, or designee. We will provide a copy or a summary of your health information or the denial of your request, within 30 days of your request. We may charge a reasonable, cost-based fee for providing copies of your health information.

Ask us to correct your medical record: You can ask us to amend or correct health information we have about you that you think is incorrect or incomplete. If you feel that the health information we have about you is incorrect or incomplete, you have the right to request that we amend or correct the information, including the reason for the amendment or correction, by providing this information to Tabitha's Privacy Officer, or designee. We may deny your request to amend or correct if the request does not include a reason to support the request. If we deny your request, we will tell you why in writing within 60 days. You have the right to request an amendment or correction for as long as the information is kept by us.

Request confidential communications: You can ask us to contact you in a specific way (for example, home or office phone), request email communication, or send mail to a different address. To request alternative or confidential communication you must request by contacting our Privacy Officer, or designee, via phone, email or in writing using the contact information provided at the end of this Notice. Your request must specify how or where you wish to be contacted. We will not ask you the reason for your request and will accommodate all reasonable requests.

Ask us to limit what we use or share: You can ask us not to use or share certain health information for treatment, payment, or our operations. We may deny your request if it would affect your care. If you pay for a service or health care item out-of-pocket in full (private-pay), you can ask us not to share that information with your health insurer. We will comply with your request unless a law requires us to share that information.

Get a list of those with whom we have shared information: You can ask for a list (accounting) of the times we have shared your health information for 6 years before the date you ask, including whom we shared it with and why from Tabitha's Privacy Officer or designee. We will include all the disclosures except for those about treatment, payment, health care operations, and certain other disclosures (such as any you asked us to make). We will provide one accounting list per year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this Privacy Notice: You can ask for a paper copy of this Notice at any time, even if you have agreed to receive the Notice electronically. We will provide you with a paper copy promptly. A copy will also be maintained on Tabitha's website.

Choose someone to act for you: If you have given someone health care power of attorney or if someone is your legal guardian, that person can exercise your rights explained in this Notice and make choices about your health information on your behalf. We will verify that the person has this authority and can act for you before following their direction.

File a complaint if you feel your rights are violated: If you feel we have violated your rights, contact our Privacy Officer, or designee, via phone, email, or in writing using the contact information provided at the end of this Notice. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services. The Privacy Officer, or designee, can provide you the appropriate address for the Secretary upon request. You will not be retaliated against if you file a complaint.

YOUR CHOICES ABOUT SHARING YOUR INFORMATION

For certain health information, you can tell us your choices about what we share. Please let us know if you have a specific preference for how we share your information in the following situations:

- Sharing Information with Family and Friends
- Sharing Information with Tabitha Foundation for Fundraising
- Limiting Information in the Facility Directory
- Health Outcome and Assessments Sets (OASIS, MDS, etc.)
- Sharing Information for Care Coordination
- Sharing Information with Tabitha Marketing for Marketing Materials

Family and Friends: Unless you notify us that you object, we may provide your health information to individuals such as family and friends, who are involved in your care or who help pay for your care. There may also be circumstances when we can assume, based on our professional judgment, that you would not object. For example, we may assume you agree to our disclosure of your information to your spouse or significant other if they come with you into the room while services are being provided. If you are not able to approve or object to disclosures, we may make disclosures to a particular individual (such as a family member or friend), that we feel are in your best interest and that relate to your care. Only the health information that we feel is relevant will be disclosed.

Fundraising Activities: As a part of Tabitha's healthcare operations, we may use and disclose a limited amount of your health information internally to allow contact with you to raise money on behalf of Tabitha. The health information released for these

fundraising purposes can include your name, address, other contact information, age, gender, date of birth, dates on which you received service, health insurance status, your treating physician's name, and limited outcome information related to your treatment at Tabitha. Any fundraising communications you receive from the Tabitha Foundation will stop if you inform us that you would like it to stop. To stop all fundraising-related communications, a request must be submitted by contacting Tabitha's Privacy Officer, or designee, via phone, email or in writing using the contact information provided at the end of this Notice.

Facility Directory: Unless you notify us that you object, we may include certain information about you in the facility directory to respond to inquiries from friends, family, clergy and others who inquire about you when you are in the facility. Specifically, your name and location in the facility may be released to people who ask for you by name or use our facility lookup systems. In addition, your religious affiliation may be given to a member of the clergy, such as a priest or rabbi, even if they do not ask for you by name.

Health Outcome and Assessment Information Sets (OASIS, MDS, etc.): If you are a Home Health Patient, you have the right to know why we need to ask you questions. We are required by law to collect health information to make sure you get quality health care, and that payments for Medicare and Medicaid patients are correct. You have the right to have your personal health (care) information kept confidential. You may be asked questions so that we will know which home health services will be best for you. We keep anything we learn about you confidential. This means that only those who are legally authorized to know, or who have a medical need to know, will see your personal health information. You have the right to refuse to answer questions. If you choose not to answer, we will fill in the information to the best of our ability. You do not have to answer every question to get services. You have the right to look at your personal health information. If you think we made a mistake, you can ask us to correct it. If you are not satisfied with our response, you can ask the Centers for Medicare & Medicaid Services to correct your information.

Care and Service Coordination: Additional services available in Tabitha's continuum may be beneficial following discharge from a single program (i.e., Skilled Nursing, Home Health Care, etc.). Only those who need to know will see your personal health information.

Marketing Activities: Regarding marketing, Tabitha is required to obtain your written authorization before we can use or disclose your health information for external marketing purposes. As a part of Tabitha's operations, we may use and disclose a limited amount of your health information, internally, for marketing purposes. Tabitha may communicate with you about Tabitha-related products or services that are available for your health care, health education, treatment, case management, care coordination or recommendations for alternative treatments or therapies. Any marketing communication you receive from Tabitha will stop, if you inform us, by contacting Tabitha's Privacy Officer, or designee via: phone, email or in writing using the contact information **provided** at the end of this Notice.

OUR USES AND DISCLOSURES FOR TREATMENT, PAYMENT, HEALTH CARE OPERATIONS

Unless otherwise restricted by state law, Tabitha may use or disclose your health information without your consent for purposes of treatment, payment, and health care operations:

Treatment: We may use your health information to provide you with medical treatment or services. We may disclose health information about you to doctors, nurses, technicians, health care students, clergy, or others who are involved in your health care services. For example, your health information may be shared with a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you. We also may use your health information to coordinate the different things you may need such as prescriptions, lab work and x-rays. We also may disclose health information about you to others who may be involved in your medical care after you are discharged or leave our services. We may use and disclose health information to contact you as a reminder that you have an appointment with us or to notify you that it is time for you to schedule a medical service with us. We may use your information to coordinate and collaborate on your care to provide quality outcomes.

Payment: We may use and disclose health information about you so that the treatment and services we provide to you may be billed for and payment collected from you, an insurance company, or a third party. For example, we may need to give your health information regarding your treatment to your health insurance company so they can pay us or reimburse you. We may also tell them about a treatment you are

going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

Health Care Operations: We may use and disclose health information about you for our day-to-day health care operations. This is necessary to ensure that all clients receive quality care. For example, we may use health information for quality assessment, improvement activities, and for developing and evaluating clinical protocols. We may also combine health information about many clients to help determine what additional services should be offered, what services should be discontinued, and whether certain new treatments are effective. Health information about you may be used by our corporate office for business development and planning, cost management analyses, insurance claims management, risk management activities, and developing and testing information systems and programs. We may also use and disclose information for professional review, performance evaluation, and training programs. We may disclose health information to a health oversight agency for activities authorized by law. These oversight activities may include accreditation, certification, licensing and credentialing activities, review and auditing which include compliance reviews, medical reviews, legal services and compliance programs. Your health information may be used and disclosed for the business management and general activities of the organization including resolution of internal grievances, customer service and due diligence in connection with a sale or transfer of any of our facilities or services. In limited circumstances, we may disclose your health information to another entity subject to HIPAA for its health care operations. We may remove information that identifies you so that the health information may be used to study health care and health care delivery without learning the identities of clients.

USES AND DISCLOSURES OF YOUR INFORMATION THAT DO NOT REQUIRE YOUR CONSENT OR AUTHORIZATION

In some situations, Tabitha may use or disclose your health information without additional consent or authorization. We may use or disclose your health information as required by law as long as the use or disclosure complies with and is limited by the particular law's requirements.

The following categories describe different ways that we use and disclose health information. For each category of uses or disclosures, we will explain the meaning and give some examples. 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 within one of these categories:

- Research
- Work with Business Associates
- Public health, safety, and disaster relief
- As Required by Law
- Organ and tissue donation requests
- Coroners, medical examiners, or funeral directors
- Workers' compensation, law enforcement, and other government requests
- Lawsuits and legal actions

Research: Under certain circumstances, we may use and disclose health information about you for health research purposes. For example, a research project may involve comparing the health and recovery of all clients who received one medication to those who received another medication for the same condition. All research projects, however, are subject to a special approval process.

Work with Business Associates: We may contract with entities known as Business Associates to perform various functions on Tabitha's behalf or to provide certain types of services. To perform these functions or to provide these services, Business Associates will receive, create, maintain, transmit, use, and/or disclose your PHI, but only after they agree in writing to implement appropriate safeguards regarding your PHI in a Business Associate Agreement. Our Business Associates shall also require each of its subcontractors or agents to agree in writing to provisions that impose the same obligations to protect PHI as are imposed on Business Associate by the Business Associate Agreement or by HIPAA.

Public health, safety, and disaster relief: We may use and disclose health information about you to agencies to prevent a serious threat to health and safety to you or others, or when we are legally required to do so. We can share health information about you for certain situations including disease or injury prevention, assisting with product recalls, reporting adverse reactions to medications, reporting suspected abuse, neglect or domestic violence, and assisting to prevent or reduce a serious threat to anyone's health or safety. We may disclose health 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 health information about you when required to do so by federal, state, or local law. This includes disclosing health information to the Department of Health and Human Services if they want to verify that we are complying with federal privacy law.

Organ and tissue donation requests: We can share health information about you with organ procurement organizations. If you are an organ donor, we may release health information to organizations that handle organ, eye, or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

Coroners, medical examiners, or funeral directors: We may release health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release health information about clients to funeral directors as necessary to carry out their duties.

Workers' compensation, law enforcement, and other government requests: Under federal or state law, we may be required to provide copies of your health information in connection with a workers' compensation claim to your employer, to you or your dependents, to certain state agencies or others involved in your claim for compensation. We can use or share health information about you with a law enforcement official for criminal investigations and special government functions such as military, national security and presidential protective services. If you are a member of the armed forces, we may release health information about you as required by military command authorities. We may also release health information about foreign military personnel to the appropriate foreign military authority.

Lawsuits and legal actions: If you are involved in a lawsuit or dispute, we may share health information about you in response to a court or administrative order, a subpoena, warrant, summons, or similar process.

SITUATIONS REQUIRING YOUR WRITTEN AUTHORIZATION

Tabitha will not disclose your health information for any purpose other than those purposes identified above unless you give us specific written authorization to do so. Special circumstances that require written authorization include most uses and disclosures of your psychotherapy notes, certain disclosures of your test results for

the human immunodeficiency virus or HIV, or the sale of your health information. If you give us written authorization, you can revoke this authorization at any time. If you revoke your written authorization, we will no longer use or disclose health 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. To revoke your written authorization, contact Tabitha's Privacy Officer, or designee, via phone, email or in writing using the contact information provided at the end of this Notice.

WHOM TO CONTACT

For any questions or requests related to this Notice or to exercise your right to opt-out of marketing and/or fundraising please contact:

Organization:	TABITHA
Official:	ATTN: Privacy Officer
Address:	4720 Randolph St Lincoln, NE 68510
Telephone:	402.484.9996
Toll-Free:	800.267.2986
E-mail:	PrivacyOfficer@Tabitha.org

How We Protect Information: Access to our client's non-public personal health information is limited to employees, agents, business associates, and healthcare providers who are involved in your care or provide service on a need-to-know basis. We maintain physical, technical and administrative safeguards that comply with state and federal regulations to guard your health information against unauthorized access.