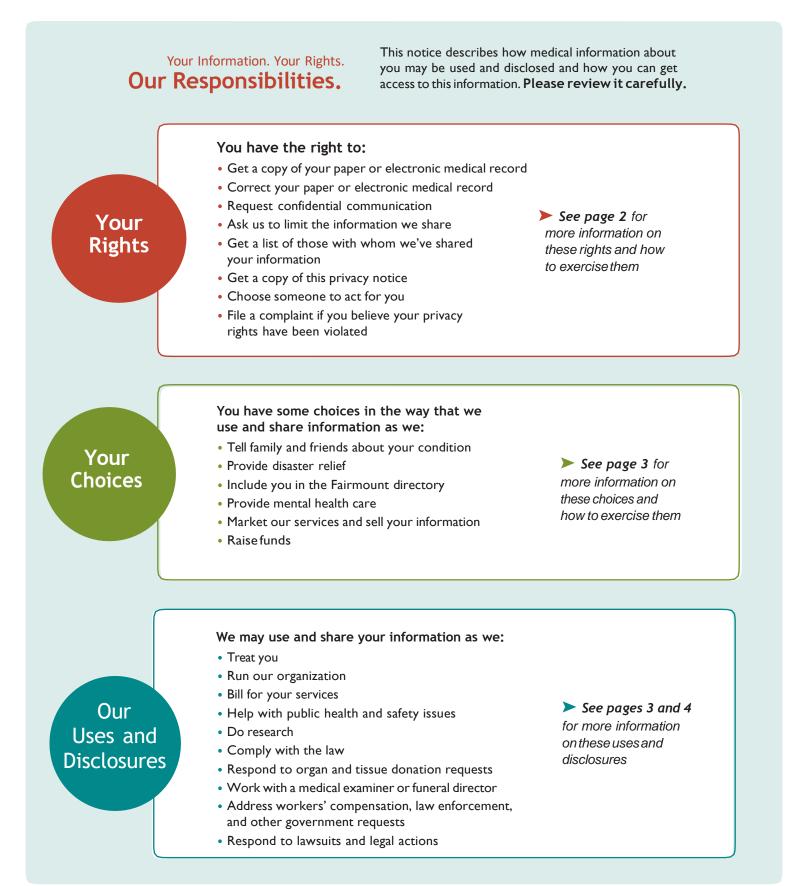
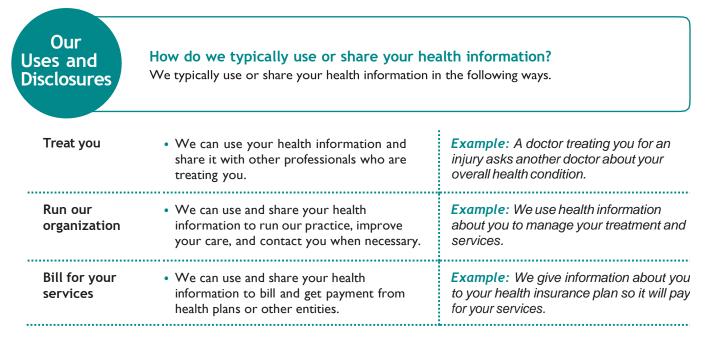
## FAIRMOUNT 333 Wheat Ridge Drive Ephrata, PA 17522

Privacy Officer: Katie Kimmet 1-717-354-1800 www.FairmountHomes.org Compliance Hotline 1-800-211-2713



Your Rights When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.		
Get an electronic or paper copy of your medical record	<ul> <li>You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.</li> <li>We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee. There is no fee for a current resident.</li> </ul>	
Ask us to correct your medical record	<ul> <li>You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.</li> <li>We may say "no" to your request, but we'll tell you why in writing within 60 days.</li> </ul>	
Request confidential communications	<ul> <li>You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.</li> <li>We will say "yes" to all reasonable requests.</li> </ul>	
Ask us to limit what we use or share	<ul> <li>You can ask us <b>not</b> to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" if it would affect your care.</li> </ul>	
	<ul> <li>If you pay for a service or health care item out-of-pocket in full, you can ask us not t share that information for the purpose of payment or our operations with your healt insurer. We will say "yes" unless a law requires us to share that information.</li> </ul>	
Get a list of those with whom we've shared information	<ul> <li>You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, with whom we shared it, and why.</li> <li>We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.</li> </ul>	
Get a copy of this privacy notice	<ul> <li>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.</li> </ul>	
Choose someone to act for you	<ul> <li>If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.</li> </ul>	
	• We will make sure the person has this authority and can act for you before we take any action.	
File a complaint if you feel your rights are violated	<ul> <li>You can complain if you feel we have violated your rights by contacting us using the information on page 1.</li> <li>You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/hipaa/filing-a-complaint/index.html.</li> </ul>	
	• We will not retaliate against you for filing a complaint.	

Choices we	<b>certain health information, you can tell us your choices about what</b> <b>share.</b> If you have a clear preference for how we share your information in the ations described below, talk to us. Tell us what you want us to do, and we will follow instructions.
In these cases, you ha	
both the right and choice to tell us to:	• Share information in a disaster relief situation
	<ul> <li>Include your information in the Fairmount directory while you are a current resident</li> </ul>
	If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and 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.
In these cases, we	Marketing purposes
<i>never</i> share your information unless you give us written permission:	Sale of your information
	Most sharing of psychotherapy notes
In the case of fundrais	<ul> <li>We may contact you for fundraising efforts, but you can tell us not to contact you again.</li> </ul>



continued on next page

**How else can we use or share your health information?** We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information, see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues	<ul> <li>We can share health information about you for certain situations such as:</li> <li>Preventing disease</li> <li>Helping with product recalls</li> <li>Reporting adverse reactions to medications</li> <li>Reporting suspected abuse, neglect, or domestic violence</li> <li>Preventing or reducing a serious threat to anyone's health or safety</li> </ul>
Do research	• We can use or share your information for health research.
Comply with the law	<ul> <li>We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.</li> </ul>
Respond to organ and tissue donation requests	• We can share health information about you with organ procurement organizations.
Work with a medical examiner or funeral director	<ul> <li>We can share health information with a coroner, medical examiner, or funeradirector when an individual dies.</li> </ul>
Address workers' compensation, law enforcement, and other government requests	<ul> <li>We can use or share health information about you:</li> <li>For workers' compensation claims</li> <li>For law enforcement purposes or with a law enforcement official</li> <li>With health oversight agencies for activities authorized by law</li> <li>For special government functions such as military, national security, and presidential protective services</li> </ul>
Respond to lawsuits and legal actions	<ul> <li>We can share health information about you in response to a court or administrative order, or in response to a subpoena.</li> </ul>

We list resident birthdays and anniversaries on our Activity Calendars and may also display this information in public areas. If you do not want us to publicize this information, please let us know.

In Personal Care, Health Care, and Rehab, Fairmount allows the use of voice-activated devices by the resident with approval by the organization. Fairmount prohibits residents and team members from knowingly or intentionally recording, or disclosing an unintentional recording, of the image or voice of any person in the home without the person's consent or the consent of their legal representative.

## **Our Responsibilities**

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here 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 change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

## Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

Effective January 1, 2015 Revised Feb 23, 2023, Feb. 11, 2025

This Notice of Privacy Practices applies to all living options at Fairmount.

Compliance Officer: Karla Dreisbach 1-215-646-0720 Email: dreisbach@fsainfo.org

Confidential Compliance Hotline: 1-800-211-2713