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.

Geneva Woods Health Supplies, LLC is committed to preserving the privacy and confidentiality of your protected health information which is created and/or maintained at one of our service locations. State and federal laws and regulations require us to implement policies and procedures to safeguard the privacy of your protected health information.

This NOTICE will provide you with information regarding our privacy practices and applies to all of your protected health information created and/or maintained at one of our service locations, including any information that we receive from other health care providers or facilities. The NOTICE describes the ways in which we may use or disclose your protected health information and describes your rights and our obligations concerning such uses or disclosures.

We will abide by the terms of this NOTICE, including any future revisions that we may make to the NOTICE as required or authorized by law. We reserve the right to change this NOTICE and to make the revised or changed NOTICE effective for protected health information we already have about you as well as any information we receive in the future. We will post a copy of the current NOTICE, which will identify its effective date, in our service locations and on our website at www.genevawoodshealth.com.

The privacy practices described in this NOTICE will be followed by:

- Any health care professional authorized to enter information into your medical record(s) created and/or maintained at our service locations,
- All employees who have access to your protected health information at our service locations; and
- Any caregiver which is allowed to help you while receiving services at one of our service locations.

The individuals identified above will share your protected health information with each other for purposes of treatment, payment and health care operations, as further described in the NOTICE.

How GENEVA WOODS HEALTH SUPPLIES, LLC May Use or Disclose Your Protected Health Information

• **FOR TREATMENT:** GENEVA WOODS HEALTH SUPPLIES, LLC may use your protected health information to provide you with health care products, supplies, treatments or services (collectively "services"). We may collect and share appropriate information about you to document the medical necessity of the services we are providing. For example: diagnosis, prescriptions, referral and physician, or health care provider information.
• **FOR PAYMENT:** GENEVA WOODS HEALTH SUPPLIES, LLC may use and disclose your protected health information for purposes of billing and collecting payment for the services we provide. For example: a bill may be sent to you or a third-party payer, such as an insurance company (e.g. Medicare/Medicaid) or health care plan. The information on the bill may contain information that identifies you, your diagnosis, and services used in the course of your care.
• **FOR HEALTH CARE OPERATIONS:** GENEVA WOODS HEALTH SUPPLIES, LLC may use and disclose protected health information about you for operational purposes. For example: As part of our ongoing performance improvement programs, Geneva Woods may contact you via phone, email, or text with surveys regarding our performance. Your protected health information may be disclosed to GENEVA WOODS HEALTH SUPPLIES, LLC staff for risk or quality improvement, health care outcomes and utilization reporting, and to remind you of service needs.
• **FAMILY MEMBERS, FRIENDS, CAREGIVERS, & REFERRAL SOURCES:** GENEVA WOODS HEALTH SUPPLIES, LLC. may disclose your protected health information to individuals, such as family members, caregivers and friends, who are involved in your care or who help pay for your care. GENEVA WOODS HEALTH SUPPLIES, LLC may make such disclosures when: (a) we have your verbal agreement to do so; (b) we make such disclosures and you do not object; or (c) we can infer from the circumstances that you would not object to such disclosures. For example: if your spouse or caregiver comes into the service location with you, we assume that you agree to our disclosure of your protected health information while they are present and assisting with your care.
• **REQUIRED BY LAW:** GENEVA WOODS HEALTH SUPPLIES, LLC may use and disclose information about you as required by law. For example: GENEVA WOODS HEALTH SUPPLIES, LLC may disclose information for the following purposes, judicial and administrative proceeding pursuant to legal authority, to report information related to victims of abuse, neglect or domestic violence, and to assist law enforcement officials in their law enforcement duties.
• **DECEDENTS:** Your protected health information may be used or disclosed to a coroner, medical examiner or a funeral director. Also, we may disclose to a family member, or those who were involved in your care or payment for health care prior to your death, your protected health information that is relevant to such persons' involvement unless doing so is inconsistent with any prior expressed preferences that is known to us from you.
• **ORGAN, EYE OR TISSUE DONATION:** Your protected health information may be used or disclosed to organ procurement organizations or other entities engaged in the procurement, banking or translation of cadaveric organs, eyes or tissue.
• **PUBLIC HEALTH AND SAFETY:** Your protected health information may be used or disclosed for public health activities such as assisting public health authorities or other legal authorities to prevent or control a serious threat to health or safety of you or any other person pursuant to the applicable law, disease, injury or disability, or for other health oversight activities.
• **HEALTH OVERSIGHT ACTIVITIES:** GENEVA WOODS HEALTH SUPPLIES, LLC may disclose your protected health information to a health oversight agency that is authorized by law to conduct health oversight activities. Including audits, investigations, and inspections or licensure and certification surveys. These activities are necessary for the government to monitor the persons or organizations that provide health care to individuals and to ensure compliance with applicable state and federal laws and regulations.
• **RESEARCH:** We may use or disclose your protected health information for research purposes under certain limited

circumstances. Because all research projects are subject to a special approval process, we will not use or disclose your protected health information for research purposes until the particular research project for which your protected health information may be used or disclosed has been approved through this special approval process. However, we may use or disclose your protected health information to individuals preparing to conduct the research project to assist them in identifying patients with specific health care needs who may qualify to participate in the research project. Any use or disclosure of your protected health information which is done for the purpose of identifying qualified participants will be conducted onsite at our service locations. In most instances, we will ask for your specific permission to use or disclose your protected health information if the researcher will have access to your name, address or other identifying information.

• **GOVERNMENT FUNCTIONS:** Your protected health information may be disclosed to specialized government functions such as protection of public officials or reporting to various branches of the armed services.

• **CRIMINAL ACTIVITY:** Consistent with applicable federal and state laws, we may disclose your protected health information, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

• **INMATES:** We may use or disclose your protected health information if you are an inmate of a correctional facility and your physician created or received your protected health information in the course of providing care to you.

• **WORKERS' COMPENSATION:** Your protected health information may be used or disclosed in order to comply with laws and regulations related to Workers' Compensation.

• **APPOINTMENT REMINDER:** We may use or disclose your protected health information for purposes of contacting you to remind you of a health care appointment.

Uses and Disclosures Pursuant to Your Written Authorization

GENEVA WOODS HEALTH SUPPLIES, LLC will not use or disclose your protected health information for any other purposes not described in this NOTICE, unless we have your specific written authorization. You may revoke the written authorization at any time except to the extent GENEVA WOODS HEALTH SUPPLIES, LLC has taken some action in reliance on such.

- **MARKETING ACTIVITIES:** All uses of and disclosures of your PHI for marketing purposes and sales of PHI will require your written authorization.

Your Rights Regarding Your Protected Health Information

You have the following rights regarding your protected health information. You may exercise each of these rights by providing us with a written request or completed form that you can obtain from GENEVA WOODS HEALTH SUPPLIES, LLC. In some instances, we may charge you for the cost(s) associated with providing you with the requested information. Additional information regarding how to exercise your rights, and the associated costs, can be obtained from our corporate office, located at 501 W International Airport Rd, Ste 1A, Anchorage, AK 99518, 907.565.6100 or toll free 800.478.0005.

• **RIGHT TO INSPECT AND COPY:** You have the right to inspect and request, in writing, a copy of your protected health information that may be used to make decisions about your health care. You have the right, in writing, to direct the use of your protected health information at any of our service locations.

• **RIGHT TO AMEND:** You have the right to request, in writing, an amendment to your protected health information that is maintained by GENEVA WOODS HEALTH SUPPLIES, LLC that is used to make health care decisions about you. Amendment requests will be evaluated on an individual basis and revised if appropriate. We may deny your request if it is not properly submitted or does not include a reason to support your request. If no explanation is provided, no revision will be made. If we deny your request for amendment, you have the right to file a statement of disagreement.

• **RIGHT TO AN ACCOUNTING OF DISCLOSURES:** You have the right to request, in writing, an accounting of nonroutine disclosures of your protected health information made by GENEVA WOODS HEALTH SUPPLIES, LLC.

• **RIGHT TO REQUEST RESTRICTIONS:** You have the right, in writing, to request a restriction or limitation on the protected health information we use or disclose about you for treatment, payment, or health care operations. You have the right to, in writing, restrict certain disclosures of PHI to a health plan when:

  • The disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law or regulation; and
  • You (or any person other than the health plan) pay for treatment at issue out of pocket in full.

You also have the right, in writing, to request a limit on the protected health information we disclose about you to someone, such as a family member, caregiver or friend, who is involved in your care or in the payment of your care. For example, you could ask that we not use or disclose information regarding a particular service that you received. We are not required to agree to your request. If we do agree, that agreement must be in writing and signed by you and GENEVA WOODS HEALTH SUPPLIES, LLC

• **RIGHT TO REQUEST CONFIDENTIAL COMMUNICATIONS:** You have the right, in writing, to request that we communicate with you about your health care in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

• **RIGHT TO A PAPER COPY OF THIS NOTICE:** You have the right to receive a copy of this NOTICE. You may ask us to give you a copy of this NOTICE at any time. Even if you have agreed to receive this NOTICE electronically, you are still entitled to a copy of this NOTICE.

Our Duties Regarding Your Protected Health Information

GENEVA WOODS HEALTH SUPPLIES, LLC will maintain the privacy of protected health information and provide individuals with notice of its legal duties and privacy practices with respect to protected health information.

GENEVA WOODS HEALTH SUPPLIES, LLC will notify any affected individuals following a breach of unsecured protected health information.

GENEVA WOODS HEALTH SUPPLIES, LLC will to abide by the terms of the notice currently in effect.

GENEVA WOODS HEALTH SUPPLIES, LLC will apply a change in a privacy practice that is described in the notice to protected health information that GENEVA WOODS HEALTH SUPPLIES, LLC created or received prior to issuing a revised notice.

GENEVA WOODS HEALTH SUPPLIES, LLC reserves the right to change the terms of its notice and to make the new notice provisions effective for all protected health information that it maintains. We will post a copy of the most current NOTICE, which will identify its effective date, in our service locations and on our website at www.genevawoodshealth.com.

Questions or Complaints

If you have any questions regarding this NOTICE or wish to receive additional information about our privacy practices, please contact our Compliance Officer at 907. 565.6100 or toll free 800.478.0005. If you believe your privacy rights have been violated, you may file a complaint at any of our service locations or with the Secretary of the Department of Health and Human Services (DHHS). To file a complaint at any of our service locations, contact our Compliance Officer at 907.565.6100 or toll free 800.478.0005.