



Notice of Privacy Practices

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.

Who will follow this notice:

All Majestic Care facilities will follow this notice, whether listed or not. A change in this Notice of Privacy Practices is available at the office or facility where you are receiving care, by calling 317.759.8523, or by emailing: compliance@majesticcare.com.

Our pledge regarding your health information

We understand that health information about you is personal, and we are committed to protecting it. The health information we use, create, keep, and share about you may relate to physical and mental health care you receive from us. We create a record of the care and services you receive at Majestic Care. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all the records related to your care, which are maintained by Majestic Care, whether electronic or paper, and whether made by facility personnel, your personal doctor, a consulting or other treating doctor, a diagnostic facility, or any Majestic Care facility or support personnel. Your personal doctor may have different policies or notices regarding the use and disclosure of your medical information.

This notice covers the ways in which we may use and disclose health information about you. It also describes your rights and certain obligations we have regarding the use and disclosure of health information.

We are required by law to:

- Maintain the privacy of the health information that identifies you.
- Give you this notice of our legal duties and privacy practices with respect to health information about you.
- Follow the terms of the version of this notice that is currently in effect.
- Notify affected individuals following a breach of unsecured protected health information (PHI).

How we may use and disclose your health information

In many situations, we can use and share your health information without your written permission (disclose). However, uses and disclosures that are not described here will only be made with your permission. In some situations, your written authorization is required to use or share your health information. For example, we will never sell your information or use your information for marketing purposes without your permission. The following categories describe different ways that we use and disclose health information. Not every use or disclosure in a category will be listed, but all the ways we are permitted to use and disclose information will fall within one of the categories.

For treatment

We may use your medical information to provide treatment or health care services to you. We may disclose health information about you to other health care providers who are involved in your treatment. We may consult with these providers or refer you to them as part of your

care. These other providers may include, but are not limited to, doctors, nurses, technicians, health care profession students, laboratory and diagnostic providers, pharmacists, nurse practitioners, physician assistants, physical therapists, or other personnel who plan your treatment or provide it to you.

Doctors and other providers who may treat you at places other than Majestic Care need access to the most complete information possible in order to make decisions about your care. These providers are able to access your electronic and paper records from Majestic Care for this purpose. Also, when these providers have referred you to Majestic Care for treatment, they are able to access your records and your health information to follow your treatment progress. Majestic Care has procedures and technology in place to protect the privacy and security of your records in these cases.

For payment

We may use and disclose your medical and non-medical information so the treatment and services you receive at Majestic Care can be billed to (and payment can be collected from) you, an insurance company or other third party. For example, we may need to provide your health plan with information about a surgery you received at the hospital so your health plan can pay us or reimburse you for the facility stay. We may tell your health plan about a treatment you are going to receive to obtain prior approval or determine whether your plan will cover the treatment. Some providers who deliver care at Majestic Care bill separately and we may provide payment-related information to them to coordinate the billing and payment process. We also may contact you in writing or on the telephone to discuss your account or to verify or gather more information about your insurance coverage.

For health care operations

We also may use certain medical and non-medical information to contact you and ask your opinion on the quality of services you received at Majestic Care and how we can improve our services.

We may use and disclose the minimum health information about you that is necessary or practicable for the health care operations of Majestic Care and others who have provided care to you. These uses and disclosures are necessary to run the business operations of Majestic Care facilities and to make sure that all of our patients receive quality care. For example, we may use health information to review our treatments and services, and to evaluate the performance of our staff in caring for you. We also may combine health information about many patients to decide what additional services Majestic Care should offer, what services are not needed and whether certain new treatments are effective. We may disclose information to doctors, nurses, technicians, health care profession students and other facility personnel for educational purposes. We may combine the health information we have along with health information from other organizations to compare our performance and determine how we can improve the care and services we offer.

Incidental uses and disclosures

We may use or disclose your health information when it is associated with another use or disclosure that is permitted or required by law. For example, conversations between doctors, nurses or other Majestic Care personnel regarding your medical condition may, at times, be overheard. Please be assured that we have appropriate safeguards to avoid such situations as much as possible.

Individuals involved in your care or the payment of your care

We may disclose health information about you to a friend or family member who is involved in your care. We also may give information to someone who is involved with payment or helps pay for your care. We may tell your family and friends about your general condition. In addition, we may disclose health information about you to an entity assisting in a disaster relief effort, so your family can be notified about your condition, status, and location

As required by law

We will disclose health information about you when required by federal, state or local law or regulation. For instance, we are required to report certain injuries or illnesses for public health purposes.

To avert a serious threat to health or safety

We may use and disclose your health information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. We would only disclose your information to someone able to help prevent the threat.

Communications regarding Majestic Care's programs or products

We may use and disclose your health information to inform you of a health-related product or service of Majestic Care. In addition, we may use or disclose your health information to tell

you about products or services related to your treatment, case management or care coordination, or to communicate alternative treatments, therapies, providers, or settings of care. We may occasionally tell you about another company's products or services but will use or disclose your health information for such communications only if they occur in person.

Special situations

Military and veterans

If you are a member of the armed forces, we may disclose medical information about you as required by military command authorities. We also may disclose health information about foreign military personnel to the appropriate foreign military authority. If a family member is in the military, in certain circumstances, we may disclose information about you to the military or an approved social services agency such as the Red Cross to advise your family member of your condition.

Workers' compensation

We may disclose health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries and illnesses.

Public health risks

We may disclose health information about you for public health activities to:

- Prevent or control disease, injury or disability
- Report births and deaths and participate in disease registries

- Report child abuse or neglect
- Report reactions to medications or problems with products
- Notify people of recalls for products they may be using
- Notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition
- Notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will make this disclosure only if you agree, or when required or authorized by law.

Health oversight activities

We may disclose health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs and compliance with civil rights laws.

Lawsuits and disputes

If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to a court or administrative order. We also may disclose medical information about you in response to a subpoena, discovery request or other lawful process by someone involved in the dispute, but only if you have agreed to such a release. However, your permission will not be required if the disclosure request has been signed by a judge or ordered by a court of law.

Law enforcement

We may disclose health information if asked to do so by a law enforcement official in the following situations:

- In response to a court order, subpoena, warrant, summons or similar process
- To identify or locate a suspect, fugitive, material witness or missing person
- If the information is about a victim of a crime and if, under certain limited circumstances, we are unable to obtain the person's agreement to the disclosure
- About a death we believe may be the result of criminal conduct
- About criminal conduct at a Majestic Care facility
- In emergency circumstances to report a crime, the location of the crime or victims, or the identity (description or location) of the person who committed the crime

Coroners, medical examiners, and funeral directors

We may disclose 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 also may disclose medical information about patients to funeral directors, as necessary, to carry out their duties.

Third parties

We may disclose your health information to certain third parties with whom we contract to perform services on behalf of a Majestic Care facility. If so, we will have written assurances from the third party that your information will be protected.

Highly confidential information

Certain health information receives special privacy protection, such as psychotherapy notes, services for mental health and developmental disabilities, alcohol and drug abuse treatment and prevention services, and certain diseases.

We will use or share your highly confidential medical information only as permitted or required by law, or with your written permission.

Your rights regarding your health information

Right to inspect and copy

You have the right to inspect and obtain a copy of the health information that may be used to make decisions about your care. During an in-person inspection of your information, a health professional may be in attendance to assist you. The information available to you includes medical and billing records but does not include any psychotherapy notes.

To inspect or obtain a written copy of health information that may be used to make decisions about you, you must submit a request in writing to the specific Majestic Care facility that administered the related services. If you request a copy of the information, we may charge a fee for copying, mailing and other supplies, and any other charges incurred or associated with your request. Copies of electronic records may be provided in an electronic format that can be readily produced or in a format agreed to by you and Majestic Care. We also will transmit such electronic information directly to an entity or person clearly and specifically designated by you.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to health information, you can request that the denial be reviewed. Another licensed health care professional chosen by Majestic Care will review your request and the denial. The person conducting the review will not be the person who denied your initial request. We will comply with the outcome of the review.

Right to amend

If you feel that the health information, we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment if the information is kept by or for Majestic Care.

Amendment requests must be made in writing and submitted to the person responsible for medical records at the specific Majestic Care facility that administered the related services. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. We also may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment
- Is not part of the health information kept by or for a Majestic Care facility
- Is not part of the information that you would be permitted to inspect and copy
- Is accurate and complete

Right to an accounting of disclosures

You have the right to request an “accounting of disclosures,” which is a list of the disclosures we made regarding your health information, except the following types of disclosures:

- To carry out treatment, payment or health care operations
- To you or your personal representative
- For which you have given your written permission (authorization)
- For a Majestic Care facility directory or to your family, friends or others involved in your care
- For national security or intelligence purposes
- To correctional institutions or to law enforcement, as described in this notice
- As part of a limited data set (a collection of information that does not directly identify you)

For an accounting of disclosures, you must submit your request in writing to the person responsible for medical records at the specific Majestic Care facility that administered the related services. Your request must state a time period, which may not be longer than six years from the date of your request.

Your request should indicate in what form you want the list (for example, on paper or electronically). The first list you request within 12 months will be free. We may charge you for the costs of providing additional lists. We will notify you of the cost and you can choose to withdraw or modify your request at that time before any fees are incurred.

Right to request restrictions

You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment or health care operations. It is your responsibility, as the patient, to notify the Majestic Care facility about specific restrictions to use or disclose your health information. You also have the right to request that we limit the health information we disclose about you to someone who is involved in your care or the payment of your care, such as a family member or friend.

If you have paid in full for a health care item or service, and you let us know that you do not wish your health plan to receive information about that item or service, we will not share that information with your health plan, unless we are required by law to do so. If you want to make this type of restriction, you should notify the Majestic Care facility or provider where you received care.

For any other type of request, we are not required to agree to restrict the use or disclosure of your health information. If we do agree, we will comply with your request unless the information is needed to provide emergency treatment. If we agree to a restriction, the restriction will not apply to certain disclosures, such as those required to transfer your health care to another facility, those required by law and those required by a third-party payment contract.

To request restrictions, you must submit your request in writing to the person responsible for medical at the Majestic Care facility where you received the related services. In your request, you must tell us what information you want to limit, whether you want to limit our use,

disclosure or both, and to whom you want the limits to apply. For example, you may want to limit disclosures to your spouse.

Right to request confidential communications

You have the right to request that we communicate with you about health care matters in a certain way or at a certain location. To request confidential communications, you must write to the Majestic Care Corporate Compliance & Privacy Officer or to the Majestic Care facility you received the related care. Your request must specify how or where you wish to be contacted. We will not ask you the reason for your request. We will accommodate all reasonable requests.

Right to a paper copy of this notice

You may ask for a copy of this notice at any time. Even if you agreed to receive this notice electronically, you still are entitled to a paper copy. You may obtain a copy of this notice on our website at www.majesticcare.com.

Changes to this notice

We reserve the right to change this notice. We also reserve the right to make the revised notice effective for health information we already have about you and any information we receive in the future. We will post a copy of the current notice in the facilities, offices and locations covered by this notice. The notice will contain the effective date. In addition, each time you register at a facility or office, or you are admitted to a facility for treatment or health care services as an inpatient or outpatient, a copy of the most current notice will be made available to you.

If you believe your privacy rights have been violated, you may

- Contact Majestic Care's Hotline at:
 - Website: www.lighthouse-services.com/majesticcare
 - Call: 1-833-460-0008
 - Email: reports@lighthouse-services.com
- Contact the Majestic Care Corporate Compliance & Privacy Officer
 - 777 E. Main Street, Westfield, IN 46074
 - Call: 317-759-8523
 - Email: compliance@majesticcare.com
- File a complaint with the U.S. Department of Health and Human Services for Civil Rights
 - [HIPAA Complaint Process | HHS.gov](#)
 - Call: 1-800-368-1019 or 1-800-537-7697 (TDD)
 - Mail written complaints to:
 - Centralized Case Management Operations
 - U.S. Department of Health and Human Services
 - 200 Independence Avenue, S.W.
 - Room 509F HHH Bldg.
 - Washington, D.C. 20201

All complaints must be submitted in writing. You will not be penalized for filing a complaint.

Other uses of your health information

Other uses and disclosures of health information not covered by this notice or the laws that apply to you only will be made with your written permission. If you provide us with permission to use or disclose your medical information, you may revoke that permission in writing at any time. If you revoke your permission, we will not use or disclose health information about you for the reasons covered by your written authorization. We are unable to reverse any disclosures we already made with your permission, and we are required to retain our records of the care that we provided to you.

NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT FORM

Patient Name: _____

Date of Birth: _____

Name of Facility: _____

I acknowledge Majestic Care has provided me with a copy of its Notice of Privacy Practices.

Signature: _____

Resident or Personal Representative with legal authority to make healthcare decisions

If signed by a Personal Representative:

Relationship of Personal Representative: _____

Witness: _____ Date: _____

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The Resident or Personal Representative was provided with the Notice of Privacy Practices, but not sign the acknowledgement form.

If the resident or Personal Representative did not sign above, staff must document the reason below:

Team Member Signature: _____

Team Member Title: _____

Date: _____