

Notice of Privacy Practices - Senior Living Residences Marlboro

Effective Date:

March 11, 2025

Senior Living Residences Marlboro (SLR Marlboro) is committed to protecting the privacy of your health information in compliance with applicable laws, including the Health Insurance Portability and Accountability Act (HIPAA) and other relevant federal and state privacy regulations.

INTRODUCTION

This Notice of Privacy Practices (NPP) describes how we may use and disclose your protected health information (PHI), your rights regarding this information, and our responsibilities to safeguard it. Please review it carefully. If you have any questions about this notice, please call the community's Executive Director, or reach out to our Director of Compliance, compliance@slr-usa.com.

OUR RESPONSIBILITIES TO YOU

- **Safeguarding Information:** We are required by law to maintain the privacy and security of your PHI.
- **Notification of Breach:** You will be notified promptly if a breach occurs that may have compromised the privacy or security of your PHI.
- **Compliance:** This NPP reflects our commitment to comply with federal, state, and local privacy laws.
- **Periodic Updates:** We reserve the right to update this NPP as needed and will provide you with a copy of the revised notice when significant changes occur.

Additional Protections

In alignment with the latest industry standards:

- **Transparency:** We provide clear explanations about how your information is used and disclosed.
- **Data Minimization:** We collect and retain only the PHI necessary for the purposes outlined in this NPP.
- **Technological Safeguards:** SLR has the ability to employ encryption, access controls, and other technologies to protect electronic PHI (ePHI). Pertinent associates are trained on the use of encryption.

HOW WE WILL USE AND DISCLOSE YOUR HEALTH INFORMATION

Permitted Uses and Disclosures

We may use and disclose your PHI for the following purposes:

- **Treatment:** We may use and disclose your health information to provide you with treatment and services and to coordinate your continuing care. Your health information

may be used by doctors and nurses, as well as by lab technicians, dieticians, physical therapists or other health care providers involved in your care, both within and outside our Community. For example, we may need to provide information regarding your condition to your doctor, your private duty agency, your family members, or others with a history of involvement with your care. We may also disclose your health information to persons or facilities that will be involved in your care after you leave our Community.

- **Payment:** We may use and disclose your health information so that we can bill and receive payment for the treatment and services you receive. For billing and payment purposes, we may disclose your health information to an insurance or managed care company, such as Medicare or Medicaid. For example, we may contact your health plan to confirm your coverage.
- **Healthcare Operations:** We may use and disclose your health information as necessary for our internal operations, such as for general administration activities and to monitor the quality of care and services that you receive from us. For example, we may use your health information to improve the quality of care you received and for staff education and training purposes.
- **Persons designated by you:** We may use and disclose your health information to persons designated by you to represent you and/or act on your behalf, including anyone you have designated as your personal representative, responsible party, health care proxy, Power of Attorney and attorney in fact.
- **Required by Law:** To comply with federal, state, or local laws.

Special Circumstances

We may disclose your PHI under certain conditions:

- **Public Health and Safety:** We may disclose your health information for public health activities, such as disease control, reporting abuse, or preventing serious harm.
- **Law Enforcement:** As required in response to court orders, subpoenas, or criminal investigations.
- **Research:** With your authorization or as permitted by regulations.
- **Business Associates:** To vendors contracted to provide services on our behalf, with safeguards in place to protect your information.

Other Use Cases with Your Permission

Your written Authorization is required for all other uses or disclosures of your health information not described above. The Authorization describes the particular health information to be used or disclosed and the purpose of the use or disclosure. Where applicable, the written Authorization will also specify the name of the person to whom we are disclosing the information. The Authorization will also contain an expiration. You may revoke a written Authorization previously given by you at any time but you must do so in writing.

YOUR RIGHTS REGARDING HEALTH INFORMATION

- **Access:** You have the right to inspect and obtain a copy of your PHI, subject to certain exceptions.
- **Amendments:** You may request an amendment to your health information if you believe it is incorrect or incomplete.

- **Restrictions:** You can request limitations on the use or disclosure of your PHI for certain purposes.
- **Confidential Communications:** You may request that we communicate with you in a specific manner (e.g., via mail or phone).
- **Accounting of Disclosures:** You are entitled to an accounting of certain disclosures of your PHI.
- **Right to File a Complaint:** You may file a complaint if you believe your privacy rights have been violated. Complaints can be directed to the Director of Compliance or the Department of Health and Human Services (HHS). We will not retaliate against you for filing a complaint.

CONTACT INFORMATION

If you have questions or concerns about this Notice or your privacy rights, please contact:

Director of Compliance
Senior Living Residences
45 Braintree Hill Office Park, Suite 306
Braintree, MA 02184
Phone: 617-268-9130
Email: compliance@slr-usa.com

If you believe that your privacy rights have been violated, you may file a complaint in writing with us at the above address or with the Office of Civil Rights in the U.S. Department of Health and Human Services at 200 Independence Avenue, S.W., Room 509 F, HHH Building, Washington D.C. 20201.

We will not retaliate against you in any way for filing a complaint against the Community.

This Notice is provided to you as required by law. We encourage you to review it carefully to understand our practices and your rights.