The Mary T. Family of Companies Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Your Rights: When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to you.

Get 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 will provide a copy or a summary of your health information at no charge, usually within 30 days of your request (in Maryland, within 21 days). If you request information that we maintain on paper, we may provide photocopies. We may charge a reasonable, cost-based fee for the cost of supplies and labor of copying, and for postage if you want copies mailed to you.

Ask us to correct your medical record: You can ask us to correct health information about you that you think is incorrect or incomplete. We may say "no" to your request, but we'll tell you why in writing within 60 days.

Request confidential communications: 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. We will say "yes" to all reasonable requests. However, if we are unable to contact you using the ways or locations you have requested, we may contact you using the information we have.

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 are not required to agree to your request, and we may say "no" if it would affect your care. If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say "yes" unless a law requires us to share that information.

Get a list of those with whom we've shared information: You can ask us for a list (an accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why. We will include all the disclosures except for those about treatment, payment, and healthcare 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 you a reasonable, cost-based fee if you ask us for another one within 12 months. You must submit your request for an accounting in writing to the Privacy Official at the address listed at the end of this Notice.

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.

Choose someone to act for you: 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. We will make sure the person has this authority and can act for you before we take any action.

Right to notification of a breach: You will receive notifications of breaches of your unsecured protected health information as required by law.

File a complaint if you feel your rights are violated: You can complain if you feel we have violated your rights by contacting us using the information at the end of this Notice. You can file a complaint with the U.S. Department of Health & Human Services Office for Civil Rights by sending a letter to Centralized Case Management Operations, U.S. Department of Health & Human Services Office of Civil Rights, 200 Independence Avenue SW, Room 509F HHH Bldg, Washington DC 20201, or by calling: 1-877-696-6775, or by emailing OCRComplaint@hhs.gov, or by visiting: https://ocrportal.hhs.gov/. We will not retaliate against you for filing a complaint.

Your Choices: For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family and friends.
- Include your information in a facility directory.

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 never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

We may contact you for fundraising efforts, but you can tell us not to contact you again. Note that we rarely do fundraising.

Our Uses and Disclosures: We typically use or share your health information in the following ways.

Treatment: We may use and disclose your health information for your treatment. *Example: We may disclose your health information to a doctor providing treatment to you.*

Healthcare operations: We can use and share your health information to run our operations, improve your care, and contact you when necessary. *Example: our healthcare operations include quality assessment and improvement activities, conducting training programs, and licensing activities.*

Payment and billing: We can use and share your information to bill and get payment from health plans or other entities for the treatment and services you receive from us or another entity involved with your care. Payment activities include billing, collections,

claims management, and determinations of eligibility and coverage to obtain payment from you, an insurance company, or another third party. *Example: We give information about you to your health insurance plan so it will pay for your services.*

Individuals involved in your care or payment for your care: We may disclose your health information to your family, friends, or any other individual identified by you when they are involved in your care or in the payment for your care. Additionally, we may disclose information about you to your responsible party, designated representative, guardian, conservator, health care agent, or other legal representative. If a person has the authority by law to make health care decisions for you, we will treat them the same way we would treat you with respect to your health information.

Disaster relief: We may use or disclose your health information to assist in disaster relief efforts.

Public health activities: We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Research: We can use or share your information for health research. Note that we rarely participate in health research.

Comply with the law: We will share information about you if state or federal laws require it, including with the U.S. Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Work with a medical examiner or funeral director: We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests: We can use or share health information about you:

- For workers' compensation claims.
- For law enforcement purposes or with a law enforcement official.
- With health oversight agencies for activities authorized by law.
- For special government functions such as military, national security, and presidential protective services.

Respond to lawsuits and legal actions: We can share health information about you in response to a court or administrative order, or in response to a subpoena, discovery request, or other lawful process.

For more information see: https://www.hhs.gov/hipaa/for-individuals/guidance-materials-for-consumers/index.html.

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 if you change your mind by writing to us at the address on the end of this Notice.

For more information see: https://www.hhs.gov/hipaa/for-individuals/notice-privacy-practices/index.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 at www.marytinc.com.

Questions and Complaints

We support your right to privacy of your health information. We will not retaliate in any way if you chose to file a complaint with us or with the U.S. Department of Health & Human Services. If you want more information about our privacy practices or have questions or concerns, please contact us.

Privacy Officer
11800 Xeon Blvd NW
Coon Rapids, MN 55448
763-754-2505
privacy@marytinc.com

Entities covered by this Notice of Privacy Practices

This Notice applies to The Mary T. Family of Companies entities and service lines listed below:

- Mary T. Associates, Inc.
- Mary T. Maryland, LLC
- Mary T. Home Health, Inc.
- Mary T. Hospice
- Mary T. Individualized Service Options
- Mary T. Intermediate Care Facilities
- Mary T. Home and Community Based Services
- Mary T. Assisted Living
- Mary T. Outpatient, LLC
- Mary T. Outpatient Therapy and Wellness Center