

NOTICE OF NON-DISCRIMINATION

Sayre Christian Village complies with civil rights laws and does not exclude, deny benefits to, or otherwise discriminate or permit discrimination, including, but not limited to, bullying, abuse, or harassment, against any person (i.e. patients, employees, or visitors) or based on any person's association with another individual, based on actual or perceived race, color, religion, national origin, gender, gender expression, gender identity, sexual orientation, HIV status, age, disability, marital status, pregnancy, ancestry, genetic information, amnesty or veteran status. This prohibition applies in admission to, participation in, or receipt of the services and benefits under any of our programs and activities whether carried out by the location directly, or through a contractor or any other entity with which the location arranges to carry out its programs or activities.

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.

USES AND DISCLOSURES

Treatment. Your health information may be used by staff members or disclosed to other health care professionals for the purpose of evaluating your health, diagnosing medical conditions, and providing treatment. For example, results of laboratory tests and procedures will be available in your medical record to all health professionals who may provide treatment or who may be consulted by staff members.

Payment. Your health information may be used to seek payment from your health plan, from other sources of coverage such as an automobile insurer, or from credit card companies that you may use to pay for services. For example, your health plan may request and receive information on dates of service, the services provided, and the medical condition being treated.

Healthcare operations. Your health information may be used as necessary to support the day-to-day activities and management of Sayre Healthcare Center. For example, information on the services you received may be used to support budgeting and financial reporting, and activities to evaluate and promote quality.

Law enforcement. Your health information may be disclosed to law enforcement agencies to support government audits and inspections, to facilitate law-enforcement investigations, and to comply with government mandated reporting.

Public health reporting. Your health information may be disclosed to public health agencies as required by law. For example, we are required to report certain communicable diseases to the state's public health department.

Other uses and disclosures require your authorization. Disclosure of your health information or its use for any purposes other than those listed above requires your

specific written authorization. If you change your mind after authorizing a use or disclosure of your information, you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notified us of your decision to revoke your authorization.

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Without your authorization, we are expressly prohibited to use or disclose your protected health information for marketing purposes when financial remuneration is involved. We may not sell your protected health information without your authorization. We may not use or disclose most psychotherapy notes contained in your protected health information. We will not use or disclose any of your protected health information that contains genetic information that will be used for underwriting purposes.

ADDITIONAL USES OF INFORMATION

Appointment reminders. Your health information will be used by our staff to send you appointment reminders.

Information about treatments. Your health information may be used to send you information on the treatment and management of your medical condition that you may find interesting.

We may also send you information describing other health-related products and services that we believe may interest you.

Fundraising. Unless you request us not to, we will use your name and address to support our fund-raising efforts. If you do not want to participate in fund-raising efforts, please [contact us](#).

Marketing. Unless you request us not to, there are some marketing activities for which we may use your name and address, to provide you with information about services available at our practice. If you'd rather not receive marketing communication from our practice, please [contact us](#).

This site is being monitored by one or more third-party monitoring software(s), and may capture information about your visit that will help us improve the quality of our service. You may opt-out from the data that <https://smart-pixl.com> is collecting on your visit through a universal consumer options page located at <https://smart-pixl.com/Unsub/unsub.html>

INDIVIDUAL RIGHTS

You have certain rights under the federal privacy standards. These include:

- The right to request restrictions on the use and disclosure of your protected health information
- The right to receive confidential communications concerning your medical condition and treatment
- The right to inspect and copy your protected health information
- The right to amend or submit corrections to your protected health information
- The right to receive an accounting of how and to whom your protected health information has been disclosed
- The right to receive a printed copy of this notice

SAYRE HEALTHCARE CENTER DUTIES

We are required by law to maintain the privacy of your protected health information and to provide you with this notice of privacy practices. We also are required to abide by the privacy policies and practices outlined in this notice. In the event of a breach of unsecured protected health information, if your information has been compromised it is our duty to notify you.

Right to Revise Privacy Practices

As permitted by law, we reserve the right to amend or modify our privacy policies and practices. These changes in our policies and practices may be required by changes in federal and state laws and regulations. Upon request, we will provide you with the most recently revised notice on any office visit.

The revised policies and practices will be applied to all protected health information we maintain.

REQUESTS TO INSPECT PROTECTED HEALTH INFORMATION

You may generally inspect or copy the protected health information that we maintain. As permitted by federal regulation, we require that requests to inspect or copy protected health information be submitted in writing. You may obtain a form to request access to your records by contacting Medical Records or the HIPAA Compliance Officer. Your request will be reviewed and will generally be approved unless there are legal or medical reasons to deny the request.

COMPLAINTS

If you would like to submit a comment or complaint about our privacy practices, you can do so by sending a letter outlining your concerns to:

HIPAA Compliance Officer
Sayre Healthcare Center
3775 Belleau Wood Drive
Lexington, KY 40517

If you believe that your privacy rights have been violated, you should call the matter to our attention by sending a letter describing the cause of your concern to the same address. You will not be penalized or otherwise retaliated against for filing a complaint.

CONTACT PERSON

The name and address of the person you may contact for further information concerning our privacy practices is:

HIPAA Compliance Officer
Sayre Healthcare Center
3775 Belleau Wood Drive
Lexington, KY 40517

(859) 271-9000

JANUARY 1, 2014

This notice is effective on or after January 1, 2014.

PAYMENT TERMS & CONDITIONS:

The client (or client's representative) agrees that payment will be made for all services (as well as including all ancillary charges that are applicable) rendered by Sayre Christian Village and that Sayre Christian Village may charge your payment method for the amount provided. You are responsible for the timely payment of all fees and for providing Sayre Christian Village with a valid payment method.

Payment shall be made through one of the following options:

- Option A: Cash, check, or money order sent to the facility
- Option B: ACH bank draft to the account and bank branch designated by client or client's representative party
- Option C: Credit Card (option available on website)

By submitting payment, you authorize Sayre Christian Village to charge such payment method for all purchased services unless otherwise stated. If not specific date/services are provided the client authorizes the facility to apply payment to the oldest outstanding balances first. Such charges shall be made in advance or in accordance with any different billing frequency agreed upon with Sayre Christian Village.

Due Date:

Unless otherwise stated, invoice charges are due by the 10th of the month. The client (or client's representative) is responsible for providing complete and accurate billing and contact information to Sayre Christian Village as well as notifying the facility of any changes to such information.

Overdue Charges: If any invoiced amount is not received by Sayre Christian Village by the due date (and no payment arrangements have been made) the facility may refer the account to a collection agency and/or up to issuing a discharge notice to the client.

Refunds:

Refunds are processed within 45 days.