

## Notice of Privacy Practice

Vivie Organization Wide

### Your Information. Your Rights. Our Responsibilities

This notice describes how your medical information may be used and disclosed, and how you can get access to this information. You have the right to the confidentiality of your health information and the right to approve or refuse the release of specific information except when the release is required by law.

We respect and are committed to maintaining the confidentiality of your health information as required by the Health Insurance Portability and Accountability Act (HIPPA), Minnesota statutes, and other applicable laws.

### Who Follows This Notice

This Notice applies to:

- All healthcare professionals and staff within Vivie.
- All affiliated licensed programs and sites operating under the designated single covered entity structure.
- All volunteers, students, contractors, and vendors involved in care delivery.
- Health Information Exchanges in which we participate.

We follow the terms of this notice and share information as necessary for treatment, payment, and healthcare operations.

### Our Duties

We are required to:

- Maintain the privacy and security of your protected health information (PHI).
- Notify you in case of a breach involving your unsecured PHI.
- Provide you with this Notice of Privacy Practices
- Abide by the terms of this notice and applicable law
- Only use or share your information as described here unless you give written permission otherwise.

### Your Health Information Rights

You have the following rights concerning the use or disclosure of your protected health information that we create or that we may maintain on our premises:

#### 1. Inspect and Copy Your Medical Records

You may request to review or obtain copies of your medical and billing records.

- Response Time: Within 24 hours for inspection; 2 business days for copies (Minn. Stat. § 144.292).
- Fees: Free for current care; fees may apply for past records or appeals.

#### 2. Amend Your Records

You may request a correction if you believe your information is incomplete or incorrect. Requests must be in writing and include a reason that supports your request. We may deny these requests if:

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- Your written request does not contain a reason to support your request.
- The information was not created by us, unless the person or entity that created the information is no longer available to make the amendment.
- It is not a part of the health information kept by or for our facility.
- It is not part of the information which you would be permitted to inspect and copy; and/or
- The information is already accurate and complete.

If we deny your request, we will provide you with a written notification of the reason(s) for such denial and your rights to have the request, denial, and any written response you may have relative to the information and denial process appended to your health information.

### **3. Receive an Accounting of Disclosures**

You may ask for a list of disclosures made over the past six years, excluding disclosures for treatment, payment, and operations. This will include a listing of when, to whom, for what purpose and what content of your protected information we have released over a specified period of time. Your request must indicate in what form (e.g. printed or email) you wish to receive this information. We will respond to this request within sixty (60) days of the receipt of your request.

### **4. Request Restrictions**

You may ask us not to use or disclose certain health information. We are not required to agree, except where the information pertains to a service you paid for out of pocket in full (per HIPAA). We may also share your information when needed to lessen a serious and imminent threat to your health or safety.

### **5. Request Confidential Communications**

You may ask to be contacted in a specific way (e.g., work phone or mail). We will accommodate all reasonable requests. This request must be made in writing. To request confidential communications, you must:

- Indicate what information you wish the limit to cover
- Indicate the alternative manner of communication you wish, if any.
- Indicate the alternative address you want communication made, if any.

### **6. Receive a Paper or Electronic Copy of This Notice**

You may request a paper or electronic copy at any time.

### **7. Health Records under State Law**

Release of health records by licensed Minnesota providers requires the signed permission of the patient / resident or their responsible party. Exceptions include medical emergencies, obtaining care from a related provider for current treatment, or other releases required or allowed by law

### **8. Be Notified of a Breach**

You will be promptly informed if a breach occurs that may compromise your privacy or security.

### **9. File a Complaint**

You may file a complaint without fear of retaliation with either:

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- Our Privacy Office

Name

Address

Phone:

Email:

- U.S. Department of Health and Human Services  
200 Independence Avenue, S.W.  
Washington, D.C. 20201  
Phone: 800-368-1019  
Email: [ocrmail@hhs.gov](mailto:ocrmail@hhs.gov)  
([www.hhs.gov/ocr/privacy/hipaa/complaints](http://www.hhs.gov/ocr/privacy/hipaa/complaints))

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### How We May Use and Disclose Your Information

We may use and share your information:

#### 1. For Treatment

We may share your health information with medical professionals involved in your care (e.g., doctors, nurses, pharmacists), including across different departments or facilities.

#### 2. For Payment

We may use and disclose PHI to obtain payment from your insurer or third-party payer.

#### 3. For Health Care Operations

We may use PHI for quality improvement, accreditation, training, and auditing purposes.

To Inform You About:

- Treatment alternatives
- Health-related services and benefits
- Fundraising activities (you may opt out)

#### 4. To Individuals Involved in Your Care

With your permission or if you do not object, we may share your information with family, friends, or others involved in your care. This information may be communicated via fax, voicemail or email.

#### 5. As Required by Law

Including reporting abuse, neglect, or domestic violence (Minn. Stat. § 144.293), and in response to court orders.

#### 6. Directories

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We may include limited information about you in our community directory. With your permission, this information may include your name, apartment and birthdays. Specific medical information is not provided.

### 7. Fundraising Activities

Vivie is a nonprofit organization, and we may use certain limited information (name, address, telephone number, dates of service, age or gender) to contact you or your family member to raise money for programs and services. If you do not wish to be contacted for participation in fundraising activities, you must provide a written notice to our HIPPA contact person.

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### Special Situations Permitting Use or Disclosure Without Authorization

Certain state and federal laws and regulations require or let us use or disclose your protected health information without your consent or authorization. The uses or disclosures we may make without your consent or authorization include the following:

- Public health reporting (e.g., disease prevention, medication side effects)

We may disclose your protected health information when we are required to collect information about diseases or injuries

- Health oversight activities (e.g., audits, inspections)

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

- Worker's compensation

We may disclose your protected health information in order to provide workers compensation benefits.

- Lawsuits and disputes

We may disclose health information about you in response to a court or administrative order, a subpoena, discovery request, or other lawful process by someone else involved in the dispute. However, we must make efforts to inform you about the request in order to give you time to seek an order protecting the information if so desired.

- Law enforcement purposes

We may release health information if asked to do so by a law enforcement official, including 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;
  - About an actual or suspected victim of a crime if the victim agrees to the disclosure, or if, in limited circumstances, we are unable to obtain the victim's agreement;
  - About a death we believe may be the result of criminal conduct;
  - 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; and
  - To correctional institutions.
- Organ and tissue donation

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If you are an organ donor, we may release health information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

- Coroners, medical examiners, and funeral directors

This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release health information about residents or clients to funeral directors as necessary to carry out their duties.

- Military, national security, and intelligence purposes

We may disclose protected health information of military personnel and veterans, when requested by military command authorities, to authorized federal authorities for the purposes of intelligence, counterintelligence, and other national security activities (such as protection of the President), or to correctional institutions.

- Disaster relief efforts

We may disclose health information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status, and location.

- To avoid serious health or safety threats.

We may disclose your protected health information to avoid a serious threat to your health or safety or to the health or safety of others. When such disclosure is necessary, information will only be released to those law enforcement agencies or individuals who have the ability or authority to prevent or lessen the threat of harm.

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### Disclosures Requiring Written Authorization

We will not disclose your information for the following purposes without your written authorization:

- Marketing (except face-to-face or promotional gifts)
- Sales of your information
- Psychotherapy notes (in most cases)

You may revoke authorization in writing at any time. We are unable to retract any disclosures that have already been made with your permission,

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### Changes to This Notice

We reserve the right to make a change to the terms of this notice at any time. Changes will apply to all the information we provide. The current version will always be available per request.

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### Entities Covered by this Notice:

Autumn Cottages

Crystal Brook

Franciscan Sisters of Little Falls

Care Suites

Ethos Home Health and Hospice

Grand Arbor

Last Modified On:

07/10/2025

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Havenwood of Onalaska  
Highview Hills  
Lake Place  
Nelson Care Center  
Nelson Gables  
Northfield Retirement  
Community

Pioneer Manor  
River Heights  
The Levande  
The Plaza  
The Rusheba  
Timber Pines  
Vivie Corporate

Vivie Foundation  
Vivie Home Health Care &  
Hospice  
Vivie Rehab  
Walker Place  
Westwood Ridge