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## **NOTICE OF PRIVACY PRACTICES:** ***Your Information. Your Rights. Our Responsibilities.***

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**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.**

For purposes of this notice, “we”, “us” and “our” refer to the Hebrew Home Affiliated Covered Entity or the “Hebrew Home ACE.” The Hebrew Home ACE includes RiverSpring Living Holding Corp., and each of its subsidiaries or affiliates that are covered entities, including, but not limited to, The Hebrew Home for the Aged at Riverdale; and RiverSpring Licensed Home Care Services Agency, Inc.

This Privacy Notice describes your rights with respect to how we may use and disclose your health information and certain choices you have with how your information is used. It also describes your rights to access and control your protected health information in some cases and it describes our responsibilities with respect to your health information.

Your health information includes demographic information that relates to your past, present or future physical or mental health or condition(s); or to the provision or payment of your health care; and that either identifies you or reasonably could be used to identify you.

### ***Your Rights***

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you. You have the right to:

***Get a copy of your paper or electronic 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.

- Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request.
- We may charge a reasonable, cost-based fee.

***Correct your paper or electronic medical record*** – You can ask us to correct health information about you that you think is incorrect or incomplete.

- Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 30 days.

***Request confidential communication*** -- You can ask us to contact you in a specific way (for example, home, office, or cell phone) or to send mail to a different address.

- We will say “yes” to all reasonable requests.

***Ask us to limit the information we 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,” for example, if it could affect your care. If we agree to your request, we may still share this information in the event that you need emergency treatment.
- 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 insurance. We will say “yes” unless a law requires us to share that information.

***Get a list of those with whom we’ve shared your information*** - You can ask 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 health care 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 a reasonable, cost-based fee if you ask for another one within 12 months.

***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 someone has authority to act as your personal representative, such as if someone has your 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.

***File a complaint if you believe your privacy rights have been violated*** - You can complain if you feel we have violated your rights by contacting us using the information on page 6.

- You can also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting <https://www.hhs.gov/hipaa/filing-a-complaint/index.html>.
- We will not retaliate against you for filing a complaint.

### *Your Choices*

You have some choices in the way that we use and share your information. 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:

- Tell or share information about your condition with your family, close friends, or others involved in your care or payment for your care family and friends.
- Share information in a disaster relief situation
- Include you and certain information about you in our directory, including to our chaplaincy services department, such as a priest or rabbi.

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 following cases we never share your information unless you give us written permission:

- Marketing our services
- Most sharing of psychotherapy notes (related to your mental health care)

If you give us authorization to use or disclose your information for these purposes, you may revoke (or take back) your authorization in writing at any time. Please note that your revocation will not affect disclosures that were made when we relied on your authorization.

Note that we will never sell your information to third parties for marketing or other purposes.

In the case of fundraising:

- We may contact you for fundraising efforts. The money raised will be used to expand and improve the services and programs we provide the community.
- You can tell us not to contact you again for fundraising purposes. If you do not wish to be contacted for fundraising efforts, please notify the Privacy Officer of The Hebrew Home at Riverdale, 5901 Palisades Avenue, Riverdale, New York 10471 by mail, call (718) 581-1340, or email us at [fundoptout@hebrewhome.org](mailto:fundoptout@hebrewhome.org).

If we have your substance use disorder patient records, subject to 42 CFR part 2, we will give you clear and obvious notice in advance and a choice about whether to receive fundraising communications that use your Part 2 information.



## OUR USES AND DISCLOSURES

### *How Do We Typically Use or Share Your Health Information?*

We typically use or share your health information in the following ways:

- **Treat You** – We can use your health information and share it with other professionals who are treating you.

Examples: We may disclose your protected health information to a pharmacy to fulfill a prescription, to a laboratory to perform a test that your physician has ordered, or to a home health agency that is providing care in your home. We may also disclose protected health information to other physicians who may be treating you or consulting with your physician with respect to your care.

- **Run Our Organization** - We can use and share your health information to run our practice, improve your care, and contact you when necessary.

Examples:

- Managing your treatment and services.
  - Appointment reminders.
  - Quality assessment and improvement activities.
  - Employee review activities.
  - Training programs including those in which students, trainees, or practitioners in health care learn under supervision.
  - Accreditation, certification, licensing or credentialing activities.
  - Review and auditing, including compliance reviews, medical reviews, legal services and maintaining compliance programs.
  - Business management and general administrative activities.
- **Bill for Your Services** - We can use and share your health information to bill and get payment from health plans or other entities, or to get pre-approval/prior authorization for services..

Examples: We give information about you to your health insurance plan so it will pay for your services.

## HOW ELSE CAN WE USE OR SHARE YOUR HEALTH INFORMATION?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes.

***In all cases, including those listed below, if we have substance use disorder patient records about you that are subject to 42 CFR part 2, we cannot use or share information in those records in civil, criminal, administrative, or legislative investigations or proceedings against you without (1) your consent or (2) a court order and a subpoena.***

***Help with Public Health and Safety Issues*** -- 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

***Do Research*** - We can use or share your information for health research.

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

***Respond to Organ and Tissue Donation Requests*** - We can share health information about you with organ procurement organizations.

***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.

Note: HIV related information, genetic information, alcohol and/or substance abuse records, mental health records and other specially protected health information may enjoy certain special confidentiality protections under applicable New York State and federal law. For example, under New York State Law, confidential HIV-related information can only be shared with persons allowed to have it by law, or persons you have allowed to have it by signing a specific authorization form. Any disclosures of these types of records will be subject to these special protections. If your treatment involves this information, you may contact the Privacy Officer for further explanation.

### **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 in this notice 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 in writing if you change your mind.
- For more information see:  
[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

***Effective Date and Changes to the Terms of this Notice*** - This notice is effective as of June 9, 2026.

**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 and on our web site at [www.riverspringliving.org](http://www.riverspringliving.org)**

If you have any questions, or would like further information about this notice, please contact our Privacy Officer in the Health Information Management (HIM) Department at:

RiverSpring Living Holding Corp., and Affiliates<sup>1</sup>

5901 Palisade Avenue, Riverdale, NY 10471

(718) 581-1340

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<sup>1</sup> This includes The Hebrew Home for the Aged at Riverdale and RiverSpring Licensed Home Care Services Agency, Inc.