



## Notice of Privacy Practices

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**This Notice of Privacy Practices (“Notice”) describes how health information about you can be collected, used and disclosed, and how you can get access to this information. Please review it carefully.**

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**Original Effective Date: April 1, 2003**

**For questions about this Notice, please use the contact information provided below.**

**This Revised Notice is Effective as of:**

June 30, 2026

**The privacy of your health information is important to us.** This Notice describes how we can collect, use and disclose health information about you, your rights regarding your health information, and how to exercise them. “Health information” here means information that is directly identifiable and relatable to you, that we collect about you, when we treat you, and includes payment information. This Notice also explains what is in your health record and your rights under federal and state laws. All people and places that make up our practice must follow the Notice. However, this does not include our activities or obligations as an employer. Additionally, if your doctor is not a member of a physician practice that is owned by us, he or she may have different policies about how to handle your identifiable information and will have a separate notice.

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### Our Responsibilities

The law requires us to maintain the privacy and security of your health information.

- We will let you know promptly if a breach occurs that compromises the privacy or security of your health 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 health information other than as described in this Notice unless you tell us, in writing, that we can. You can change your mind at any time by letting us know in writing.
  - We can change the terms of this Notice, and reserve the right to make the revised or changed Notice apply to all health information we already have about you and for any future health information. We will post the revised Notice in the places where we provide healthcare services or otherwise make available the Notice in the electronic medical records software we use and to which you have access. The Notice will contain the effective date on the first page, in the top left-hand corner. The Notice will also be available upon request and in our office.
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## **Your Rights**

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

**1. Get an electronic or paper copy of your health information.**

- You can ask to see or get an electronic or paper copy of your medical records and most other health information we have about you. Ask us how to do this.
- You may ask us to send a copy directly to a person you choose.
- We will provide a copy or summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

**2. Ask us to correct your 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.
- If we deny your request, we will tell you why, in writing, within 60 days.

**3. Request confidential communications.**

- You can ask us to contact you in a specific way (for example, at a P.O. Box, or a cell phone number), or to send mail to a different address. Ask us how to do this.
- We will not ask you to explain the reason for your request.
- We will agree to all reasonable requests.

**4. Ask us to limit what we use or share.**

- You can ask us **not** to share certain health information for treatment, payment, or our operations.
- We do not have to agree to your request, and we may deny it if – for example – 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 agree to that request unless the law requires us to share that information.

**5. Get a list of those with whom we've shared your health information.**

- You can ask for a list – called an “accounting” – of the times we've shared your health information in the six (6) years before the date you ask, with whom we've shared it, and why.
- We will include all the times we've shared except for treatment, payment, and health care operations, and certain other times (such as when you asked us to share).
- We will provide one (1) accounting each year free. However, we will charge you a reasonable, cost-based fee for any other accountings in the same 12 months.



**6. Get a copy of this privacy notice.**

- You can ask for a paper copy of this Notice any time, even if you have agreed to receive the Notice electronically. We will provide you with a paper copy promptly.

**7. 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 to make choices about your health information.
- We will make sure the person has authority and can act for you before we take any action.

**8. File a complaint if you feel your rights have been violated.**

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
  - You can 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 [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
  - We will not retaliate against you for filing a complaint.
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## **Your Choices**

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

**1. You have both the right and the choice to tell us to:**

- *Share your information with your family, or others involved in your care.* Our ability to share mental health information, substance abuse information, and communicable disease information without your written permission may be limited.
- *Share information in a disaster relief situation.* Our ability to share mental health information, substance abuse information, and communicable disease information without your written permission may be limited.
- Include your information in our facility directory.
- Contact you for fundraising efforts.

If you are not able to tell us your choice, for example if you are unconscious, we may 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.

**2. We never share your information for these purposes unless you give us written permission:**



- Sale of your information

Except as stated in this Notice, your written permission is required before we can use or share your health information with anyone outside of the entity. If you give us permission to use or share your health information, you may cancel that permission, in writing, at any time. However, this does not apply to health information that we have already shared with your permission.

### 3. In the case of fundraising:

- We may use your PHI to contact you in an effort to raise funds for the organization and its operations. This includes using and sharing information with one of our related foundations (or a Business Associate of any related foundation) so that they can ask that you make a donation.
- We may disclose your PHI to BHI Foundation, Inc., an Indiana nonprofit corporation, Clark Retirement Community Foundation, a Michigan nonprofit corporation, and/or Maple Knoll Communities Foundation, an Ohio nonprofit corporation, so that any of these foundations may contact you to raise money for the organization. We would only disclose contact information – such as your name, address, and phone number, or other contact information – and the dates you received services from the organization, facility information where services were provided, your treating practitioner or physician, and general outcome information.
- You have the right to opt out of fundraising communications, and if you do, we will stop contacting you for this reason. Any fundraising materials will explain how you can tell us, a Business Associate, or a foundation that you do not want to be contacted in the future.

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## **How We Use and Share Health Information**

This section describes how we use and share your health information. We do not need to obtain your written authorization to use or disclose your health information for these purposes. Applicable federal law and law in the states where we operate our facilities may place additional restrictions on our ability to use and share substance abuse, mental health, and communicable disease information. Please contact our Privacy Officer if you have questions about this.

***We typically use and share your health information*** for these purposes:

1. **To treat you.** We can use your health information, and share it with other professionals who are treating you. Disclosures of substance abuse information and communicable disease information for treatment purposes, without your written permission (except in a medical emergency), may be limited. *For example:* One of our nurses may share information about your overall health with another doctor or nurse who is treating you for a specific condition.
2. **To run our organization (“operations”).** We can use and share your health information to run our facilities, improve your care, and contact you when necessary. Disclosures of substance abuse information and communicable disease information for purposes of health care operations, without your written



permission, may be limited. *For example:* We can use your health information to conduct quality improvement, to assess performance of our nursing staff, or in working with our insurers.

**3. To bill for your services (“payment”).** We can use and share your health information to bill and get payment from health plans and other entities. Disclosures of substance abuse information and communicable disease information for payment purposes, without your written authorization, may be limited. *For example:* We give health information about you to Medicare so it will pay for your services.

**4. Special Rules Regarding Substance Abuse Information.**

- a. We may receive and maintain substance use disorder information about you from a provider that is covered by 42 CFR Part 2 in accordance with your general authorization for the purposes of healthcare treatment, payment, or operations. We can use or share that information in accordance with the scope of your general authorization and this Notice.
- b. You may cancel your general authorization, in writing, at any time. However, this does not apply to information we have already shared with your permission.
- c. We cannot use or share your substance use disorder information against you in any civil, administrative, criminal, or legislative proceedings unless you give specific consent or a court orders it.

***How else can we use or share your health information?***

We can or must share your health information in other ways. These are usually for purposes that contribute to the public good, such as public health. We have to meet legal requirements before we can share your health information for these purposes. You can get more information at <https://www.hhs.gov/hipaa/for-individuals/guidance-materials-for-consumers/index.html>.

**1. 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

Our ability to disclose substance abuse information and communicable disease information, without your written permission, may be limited.

**2. 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. Our ability to disclose substance abuse information and communicable disease information, without your written permission, may be limited.



3. **Respond to organ and tissue donation requests.** We can share health information about you with organ procurement organizations.
4. **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.
5. **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.

Our ability to disclose substance abuse information and communicable disease information, without your written permission, may be limited.

6. **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. Our ability to disclose substance abuse information, mental health information, and communicable disease information, without your written permission, may be limited.
7. **Work with our business associates.** We may disclose your health information to "business associates," which are vendors that need health information to perform services for us. Before we disclose health information to a business associate, the business associate must assure us that it will protect your health information. Our ability to disclose communicable disease information, without your written permission, may be limited.
8. **Create de-identified information.** We may use your health information, or disclose it to a business associate, to remove enough data so it is no longer individually identifiable. Our ability to disclose communicable disease information, without your written permission, may be limited.
9. **Research.** We may use and disclose your health information to conduct health research. Our ability to disclose mental health information, substance abuse information, and communicable disease information, without your written permission, may be limited.
10. **Marketing Activities, Cookies, and Online Services.**
  - a. We may use or share your health information to promote our own products and services. We may also use or share your health information for marketing purposes when we discuss products or services with you face to face or to provide you with an inexpensive promotional gift related to the product or service. For example, you may receive samples of products or drugs during a visit to one of our facilities.



- b. When you visit and use some of our websites or mobile device applications, we may collect and share information about your activities on such websites and applications through cookies and other similar technologies. The information collected and used, can include technical information about the device you use, the browser you use, or other information like your internet protocol (IP) address, operating system, device information, browser type and language, and referring URLs. We collect information about your activities or use of the websites and mobile device applications.

For more information, consult the terms of use or privacy policy, as applicable, on such websites or mobile apps, for detailed information on the types of cookies and other technologies we use, what information we collect, the reasons why we use these technologies, as well as the terms associated with that website or application. We must obtain your written permission for any uses or disclosures not described in this Notice.

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## **Changes to the Term of this Notice**

We can change the terms of this Notice, and the changes will apply to all the information we have about you. This Notice is available upon request, in our facilities, and on our website.

### **Entities Covered by this Notice of Privacy Practices:**

As of the effective date of this Notice, this Notice covers the entities and communities set forth below. Notwithstanding anything to the contrary in the immediately preceding sentence, we have the right to add or delete entities and/or communities from this list in our discretion.

- 1) BHI Senior Living, Inc., an Indiana nonprofit corporation d/b/a Hoosier Village Retirement Community
  - a. Position: Executive Director
  - b. Address: 9875 Cherryleaf Drive, Indianapolis, IN 46268
  - c. Phone: 317-873-3349
- 2) BHI Senior Living, Inc., an Indiana nonprofit corporation d/b/a The Towne House Retirement Community
  - a. Position: Executive Director
  - b. Address: 2209 St. Joe Center Road, Fort Wayne, IN 46825
  - c. Phone: 260-483-3116
- 3) BHI Senior Living, Inc., an Indiana nonprofit corporation d/b/a Four Seasons Retirement Community
  - a. Position: Executive Director
  - b. Address: 1901 Taylor Road, Columbus, IN 47203
  - c. Phone: 812-372-8481
- 4) Wesley Manor, Inc., an Indiana nonprofit corporation
  - a. Position: Executive Director
  - b. Address: 1555 North Main Street, Frankfort, IN 46041
  - c. Phone: 765-659-1811
- 5) Prairie Landing Community, Inc., an Indiana nonprofit corporation d/b/a The Barrington of Carmel
  - a. Position: Executive Director
  - b. Address: 1335 S. Guilford Rd., Carmel IN 46032
  - c. Phone: 317-810-1800
- 6) Clark Retirement Community, Inc., a Michigan nonprofit corporation (Clark at Keller Lake)
  - a. Position: Regional Vice President of Operations



- b. Address: 2499 Forest Hill Avenue SE, Grand Rapids, MI 49546
  - c. Phone: (616) 452-1568
- 7) Clark Retirement Community, Inc., a Michigan nonprofit corporation (Clark at Franklin)
  - a. Position: Executive Director
  - b. Address: 1551 M.L.K. Jr St SE, Grand Rapids, MI 49506
  - c. Phone: (616) 452-1568
- 8) Maple Knoll Communities, Inc., an Ohio nonprofit corporation (Maple Knoll Village)
  - a. Position: President
  - b. Address: 11100 Springfield Pike, Cincinnati, OH 45246
  - c. Phone: (513) 782-2717
- 9) Maple Knoll Communities, Inc., an Ohio nonprofit corporation (The Knolls of Oxford)
  - a. Position: Executive Director
  - b. Address: 6727 Contreras Rd, Oxford, OH 45056
  - c. Phone: (513) 524-7990
- 10) Westminster Village North, Inc., an Indiana nonprofit corporation
  - a. Position: Executive Director
  - b. Address: 11050 Presbyterian Dr, Indianapolis, IN 46236
  - c. Phone: (317) 823-6841