

**JOHN KNOX VILLAGE OF FLORIDA, INC.
JOHN KNOX VILLAGE SKILLED NURSING,
JOHN KNOX VILLAGE ASSISTED LIVING,
JOHN KNOX HOME HEALTH AGENCY, INC., A WHOLLY OWNED
SUBSIDIARY
AND JOHN KNOX VILLAGE FOUNDATION, INC.**

**Notice of Privacy Practices
Effective Date: September 1, 2013
Revised: April 6, 2026**

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE SHARED, USED AND DISCLOSED BY AND BETWEEN THE ABOVE AFFILIATED ENTITIES, YOUR RIGHTS REGARDING THIS INFORMATION AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

We respect the privacy of your medical information, hereinafter your personal Protected Health Information or “personal PHI” and are committed to maintaining your confidentiality. This Notice applies to all information and records related to your care that we have received or created. It extends to information received or created by our employees, staff, volunteers, and business associates when acting as our agent. This Notice informs you about the possible uses and disclosures of your personal PHI as well as your rights and our obligations regarding your personal PHI.

We are required by law to:

- Maintain the privacy of your personal PHI
- Provide to you this detailed Notice of our legal duties and privacy practices relating to your personal PHI
- Abide by the terms of the Notice that are currently in effect
- Notify you of a breach of your unsecured PHI
- 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 anytime by letting us know if writing.

I. HOW WE MAY USE AND DISCLOSE YOUR PHI:

We may use and disclose your personal PHI for purposes of treatment, payment and health care operations. We have described these uses and disclosures below and provide examples of the types of uses and disclosures we may make in each of these categories.

For Treatment. We will use and disclose your personal PHI when providing you with treatment and services. We may disclose your personal PHI to organization and non-organization personnel who may be involved in your care, such as physicians, nurses, nurse aides, and physical therapists. For example, a nurse caring for you will report any change in your condition to your physician. We also may disclose personal PHI to individuals who will be involved in your care after you leave the organization. Authorization is required for release of psychotherapy notes.

For Payment. We may use and disclose your personal PHI so that we can bill and receive payment for the treatment and services you receive from the organization. For billing and payment purposes, we may disclose your personal PHI to your representative, insurance or managed care company, Medicare, Medicaid or another third-party payer. For example, we may contact Medicare or your health plan to confirm your coverage or to request prior approval for a proposed treatment or service.

For Health Care Operations. We may use and disclose your personal PHI for organization operations. These uses and disclosures are necessary to manage the organization and to monitor our quality of care. For example, we may use your personal PHI to evaluate our organization's services, including the performance of our staff.

For Services by Business Associates. There are some services that are provided through contracts with Business Associates or Agents. Examples include our accountants, consultants, and attorneys. When these services are performed, we may release your personal PHI to them so that they can perform the job we've asked them to do. However, we require them to appropriately safeguard your information as well.

Florida Health Information Exchange. We have chosen to participate in the Florida Health Information Exchange ("Florida HIE"), through CRISP Share Services a provider of health information exchange services for the State of Florida. Beginning on July 1, 2026, and as permitted by law, your personal PHI will be shared with the Florida HIE to provide faster access, better coordination of care and assist providers and public health officials in making more informed decisions. At any time after July 1, 2026, you may "opt-out" and disable access to your personal PHI available through CRISP Shared Services by calling 877-940-6144 or completing and submitting an Opt-Out form to Florida HIE by mail, fax or through their website at www.flhie.org.

Village/Organization Directory. Unless you object, we will include certain limited personal PHI about you in our village/organization directory. This information may include your name, your location, your picture, your telephone number, and email address. Our directory does not include specific medical information about you. We may release information in our directory to people who ask for you by name. We may provide the directory information to any member of the clergy. You may opt out of the directory at any time by contacting the Privacy Officer.

Individuals Involved in Your Care or Payment for Your Care. Unless you object, we may disclose your personal PHI to a family member, personal representative, or close personal friend, including clergy, who is involved in your care, including those listed as your emergency contacts, personal representative or another person involved in your care of your location and general condition including leaving a message such as on an answering machine for the number provided.

Disaster Relief. We may disclose your personal PHI to an organization assisting in a disaster relief effort.

As Required By Law. We will disclose your personal PHI when required by law to do so.

Public Health Activities. We may disclose your personal PHI for public health activities. These activities may include, for example:

- Reporting to a public health or other government authority for preventing or controlling

- disease, injury, or disability, or reporting abuse or neglect;
- Reporting to the federal Food and Drug Administration (FDA) concerning adverse events or problems with products for tracking products in certain circumstances, to enable product recalls or to comply with other FDA requirements;
- To notify a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition; or
- For certain purposes involving workplace illness or injuries.

Reporting Victims of Abuse, Neglect or Domestic Violence. If we believe that you have been a victim of abuse, neglect, or domestic violence, we may use and disclose your personal PHI to notify a government authority if required or authorized by law or if you agree to the report.

Health Oversight Activities. We may disclose your personal PHI to a health oversight agency for oversight activities authorized by law. These may include, for example, audits, investigations, inspections and licensure actions or other legal proceedings. These activities are necessary for government oversight of the health care system, government payment or regulatory programs, and compliance with civil rights laws.

Judicial and Administrative Proceedings. We may disclose your personal PHI in response to a court or administrative order. We also may disclose information in response to a subpoena, discovery request, or other lawful process; efforts must be made to contact you about the request or to obtain an order or agreement protecting the information.

Law Enforcement. We may disclose your personal PHI for certain law enforcement purposes, including:

- As required by law to comply with reporting requirements;
- To comply with a court order, warrant, subpoena, summons, investigative demand or similar legal process;
- To identify or locate a suspect, fugitive, material witness, or missing person;
- When information is requested about the victim of a crime if the individual agrees or under other limited circumstances;
- To report information about a suspicious death;
- To report information about criminal conduct occurring at the organization;
- To report information in emergency circumstances about a crime; or
- Where necessary to identify or apprehend an individual in relation to a violent crime or an escape from lawful custody.
- To law enforcement if you are an inmate in a correctional institute or under the custody of law enforcement.

Research. We may allow personal PHI of residents from our own organization to be used or disclosed for research purposes provided that the researcher adheres to certain privacy protections. We may remove information that identifies you and use it to study health care and delivery without learning who the specific residents are. Your personal PHI may be used for research purposes only if the researcher is collecting information in preparing a research proposal, if the research occurs after your death, or if you authorize the use or disclosure.

Coroners, Medical Examiners, Funeral Directors, Organ Procurement Organizations. We may release your personal PHI to a coroner, medical examiner, and funeral director or, if you are an

organ donor, to an organization involved in the donation of organs and tissue.

Decedent Information; PHI. will be released after your death as per your wishes prior to death. HIPAA no longer applies fifty years after your death.

To Avert a Serious Threat to Health or Safety. We may use and disclose your personal PHI when necessary to prevent a serious threat to your health or safety or the health or safety of the public or another person. However, any disclosure would be made only to someone able to help prevent the threat.

Military and Veterans. If you are a member of the armed forces, we may use and disclose your personal PHI as required by military command authorities. We may also use and disclose personal PHI about foreign military personnel as required by the appropriate foreign military authority.

Workers' Compensation. We may use or disclose your personal PHI to comply with laws relating to workers' compensation or similar programs.

National Security and Intelligence Activities: Protective Services for the President and Others. We may disclose personal PHI to authorized federal officials conducting national security and intelligence activities or as needed to provide protection to the President of the United States, certain other persons or foreign heads of states or to conduct certain special investigations.

Secretary. We may disclose PHI to the Secretary of Health and Human Services if requested.

Fundraising Activities. We may use certain personal PHI to contact you in an effort to raise money and for operations. We may disclose personal PHI to a foundation related to the organization so that the foundation may contact you in raising money for the organization. In doing so, we would only release contact information, such as your name, address, and phone number. You have the right to opt out of receiving such communication. To arrange to do so, contact Kelly McIntyre, CCO via telephone at 954-784-4798 (office) or in person or by mail at 651 Village Drive, Pompano Beach, Florida, 33060. Your choice not to receive fundraising communications will impact your treatment or payment for your treatment. 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 choice about whether to receive fundraising communications that use your Part 2 information.

Appointment Reminders/Benefits and Services. We may contact you to provide appointment reminders, information about treatment alternatives or other health related benefits and services that may be of interest to you.

Substance Use Disorder Patient Records. To the extent that we have your substance use disorder patient records, subject to 42 CFR part 2, we will not share that information for investigations or legal proceedings against you without (1) your written consent or (2) a court order and a subpoena.

II. WITH YOUR PRIOR WRITTEN AUTHORIZATION, WE MAY USE AND DISCLOSE PERSONAL PHI ABOUT YOU FOR OTHER SPECIFIC DAILY OPERATIONS PURPOSES. THE FOLLOWING ARE EXAMPLES OF THESE USES.

Wall Directory Boards in Assisted Living: If you sign an authorization allowing us to do so, your name and location will be placed on the wall directory in the Assisted Living lobby while you are

residing there to facilitate staff, residents, friends and relatives in finding you.

Hospital Census List If you sign an authorization allowing us to do so, your name will be placed on the hospital list (sometimes called Daily Census) when applicable. This list may be posted weekly on resident bulletin boards and JKVConnect, which is JKV's Resident website. It indicates permanent and temporary transfers to and from hospitals, Skilled Nursing, Assisted Living, and Independent living. This list also includes residents that have expired, new move-ins with birthday (minus the year). Admissions to specific types of hospitals, such as psychiatric hospitals, will not be included.

Photo and Marketing Activities: If you sign an authorization allowing us to do so, resident photos/videos of you may be taken during various social events and may be used and/or posted in various marketing materials, newsletters, JKVConnect, media coverage, bulletin boards, John Knox Village publications, JKV websites, and social media sites. This permission extends both to electronic/internet usage as well as printed, filmed, and taped materials. By signing this, you consent to the taking and using of such photographs, films, audio and/or video and other materials. You also understand that you may be identified in any use of these materials.

Death Notices and Memorial Notices

If you sign an authorization allowing us to do so, death and memorial notices will be posted in various locations, such as JKVConnect, publications, and resident bulletin boards throughout the Village to notify residents of deaths of neighbors and friends and times of memorial services.

Birthdays

If you sign an authorization allowing us to do so, your birthday will be posted in the form of a birthday list on JKVConnect, and in JKV common areas, and in JKV publications or other media such as JKV's website and social media sites. Year of birth is not published without your special permission.

Disclosures to Members of the Media or Entertainment Vendors

If you sign an authorization allowing us to do so, your first and last name, as well as photographs and/or video recordings of you, may be shared with members of the media or entertainment vendors for their own marketing or publicity purposes that could include social media, publications, newsletters, brochures, website, and other marketing materials.

III. YOUR AUTHORIZATION IS REQUIRED FOR OTHER USES OF PERSONAL PHI

We will use and disclose personal PHI (other than as described in this Notice or required by law) only with your written Authorization. You may revoke your Authorization to use or disclose personal PHI in writing, at any time. If you revoke your Authorization, we will no longer use or disclose your personal health information for the purposes covered by the Authorization, except where we have already relied on the Authorization.

IV. YOUR RIGHTS REGARDING YOUR PERSONAL PHI

You have the following rights regarding your personal PHI at the organization:

Right to Request Restrictions: You have the right to request restrictions on our use or disclosure of your personal PHI for treatment, payment, or health care operations. You also have the right to restrict the personal PHI we disclose about you to a family member, friend or other person who is involved in your care of the payment for your care. We are not required to agree to your requested restriction (except that while you are competent you may restrict disclosures to family members or friends). If we do agree to accept your requested restriction, we will comply with your request except as needed to provide you emergency treatment.

Right to Restrictions for Disclosure for Out of Pocket Payment. We must agree to requests for restriction of providing personal PHI to a health plan for payment of health care operation, item or services for which you have paid for out of pocket in full. This information can only be released with written authorization.

Rights Regarding Use and Disclosure of Genetic Information for Underwriting. The organization is prohibited from using or disclosing genetic information other than for long term care policies. This does not include the presence of an actual disease.

Right of Access to Personal PHI. You have the right to inspect and obtain a copy of your medical or billing records or other written information that may be used to make decisions about your care, subject to some limited exceptions. We may charge you for our costs in copying and mailing your requested information.

We may deny your request to inspect or receive copies in certain limited circumstances. If you are denied access to personal PHI, in some cases you will have a right to request review of the denial.

Rights Regarding Psychotherapy Notes. Authorization is required for the use and disclosure of psychotherapy notes.

Rights Regarding Marketing/Sale of PHI. Uses and disclosure for marketing purposes and uses that constitute a sale of PHI require an individual's written authorization.

Right to Receive an Electronic Copy of Personal PHI. You have the right to receive an electronic copy of personal PHI if that is the format in which the information is stored.

Right to Request Amendment. You have the right to request the organization amend any personal PHI maintained by the organization for as long as the information is kept by or for the organization. Your request must be made in writing and must state the reason for the requested amendment. Both old and new information will be kept.

We may deny your request for amendment if the information:

- Was not created by the organization, unless the originator of the information is no longer available to act on your request;
- Is not part of the personal PHI maintained by or for the organization;
- Is not part of the information to which you have a right of access or,
- Is already accurate and complete, as determined by the organization.

If we deny your request for amendment, we will give you a written denial including the reasons for the denial and the right to submit a written statement disagreeing with the denial.

Right to an Accounting of Disclosures. You have the right to request an "accounting" of our

disclosures of your personal PHI. This is a listing of certain disclosures of your personal health information made by the organization or by others on our behalf, but does not include disclosures for treatment, payment and health care operations or certain other exceptions.

To request an accounting of disclosures, you must submit a request in writing, stating a time period beginning that is within six years from the date of your request. Accounting will include, if requested: the disclosure date; the name of the person or entity that received the information and address, if known; a brief description of the information disclosed; a brief statement of the purpose of the disclosure or a copy of the authorization or request; or certain summary information concerning multiple similar disclosures. The first accounting provided within a 12- month period will be free; for further requests, we may charge you, our costs.

Right of Notification. You have the right to receive notification that your personal PHI has been compromised as per current regulations.

Right to a Paper Copy of This Notice. You have the right to obtain a paper copy of this Notice, even if you have agreed to receive this Notice electronically. You may request a copy of this Notice at any time. You may obtain a copy of this notice on our website www.johnknoxvillage.com as well.

Right to Request Confidential Communications. You have the right to request that we communicate with you concerning personal health matters in a certain manner or at a certain location. For example, you can request that we contact you only at a certain phone number. We will accommodate your reasonable requests.

- **COMPLAINTS**

If you believe that your privacy rights have been violated, you may file a complaint in writing with the organization or with the Office of Civil Rights in the U.S. Department of Health and Human Services. To file a complaint with the U.S. Department of Health and Human Services Office of Civil Rights, you may send a letter to 200 Independence Ave., S.S. Washington, D.C. 20201, by calling 1-877-696-6775, or visiting <https://www.hhs.gov/hipaa/filing-a-complaint/index.html>. To file a complaint with the organization, contact our Corporate Compliance Officer, who serves as the Privacy Officer and the Complaint Officer for John Knox Village of Florida, Inc., which includes John Knox Village Skilled Nursing, John Knox Village Assisted Living and its wholly owned subsidiary, John Knox Home Health Agency, and the John Knox Village Foundation. The Compliance Officer can be reached at (954)784-4798. The Compliance Hotline is also available by calling 833-210-8039 (English) or 800-216-1288 (Spanish) or you can submit a report online at www.lighthouse-services.com/jkvfl.

We will not retaliate against you if you file a complaint.

- **CHANGES TO THIS NOTICE**

We will promptly revise and post this Notice whenever there is a material change to the uses or disclosures, your individual rights, or legal duties, or other privacy practices stated in this Notice. We reserve the right to change this Notice and to make the revised or new Notice provisions effective for all personal health information already received and maintained by the organization as well as for all personal health information we receive in the future. We will post a copy of the current Notice in a clear prominent location and on our website.

- **FOR FURTHER INFORMATION**

If you have any questions about this Notice or would like further information concerning your privacy rights, please call (954) 784-4798 to contact our Corporate Compliance Officer who also serves as our Privacy Officer.