



Notice of Privacy Practices

Health Insurance Portability and Accountability Act (HIPAA)

Effective Date: October 5, 2026

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.

For purposes of this notice, the “Community” refers to The Preserve at Mentor Ridge, located at 8161 Norton Parkway, Mentor, OH 44060, and the staff who provide care and services there (collectively referred to as “we,” “us” or “our”). This notice covers the ways in which we may use and disclose health information about you. It also describes your rights and certain obligations we have regarding the use and disclosure of health information.

How We May Use and Disclose Your Health Information

- We are subject to federal privacy law because we provide health care services and maintain and transmit health information in electronic form in connection with transactions such as claims, eligibility, referrals, payments, coordination of benefits and other transactions the Secretary of the Department of Health and Human Services may prescribe by regulation.
- We are permitted to use and disclose protected health information as follows:
 - For the purpose of treatment, payment and health care operations.
 - To insurance companies, health plans, billing companies and administrators for payment of services you receive.
 - To government agencies such as Medicare and Medicaid, or as required by law.
 - To your doctors and others involved in your care now or in the future.
 - To your employer, if the records relate to care or services paid for by your employer, or for other purposes permitted under law.
 - To any person or entity responsible for paying all or part of your bill.
 - To a friend or family member who is involved in your care.
 - For chart review, training, auditing and other activities that support our operations. We may also share your protected health information with third-party “business associates” that perform services for us (for example, billing services). We will have a written contract with these entities to protect the privacy of your information.
- In some situations your written authorization is required to use or share your health information. For example, we will never sell your information or use it for marketing purposes without your permission.
- We will make all reasonable efforts not to use or disclose more than the minimum amount of protected health information necessary to accomplish the intended purpose of the use or disclosure.
- When making disclosures to public officials, we will reasonably rely on their representation that the information requested is the minimum necessary for the stated purpose.

- We may use or disclose de-identified health information, provided that any key or other means of re-identifying coded information is not used or provided.
- We recognize all individually identifiable health information created, received and used within our electronic systems and will make every reasonable effort to keep it secure. These identifiers include: name; address (street, city, county, ZIP code); names of relatives; names of employers; birth date; telephone and fax numbers; Social Security number; medical record number; account number; health plan beneficiary number; certificate or license number; email address; IP address; vehicle or device serial numbers; web URLs; finger or voice prints; photographic images; and any others added by the Secretary in future regulations.
- The death of a resident does not end his or her right to the protection of health information. We will protect the individually identifiable health information of a deceased individual in the same manner we protect the living, for 50 years after death as required by federal law.
- We keep your health information according to Ohio law, federal law and our policies. Your information may be stored electronically and may be sent to or received from other health care providers and payers electronically. This may include your diagnoses, treatments, medications and information about mental health, infectious diseases such as HIV, substance use and other conditions.
- In some cases we are required by state law, federal law or court order to report your health information. This may include information about HIV, tuberculosis, hepatitis and other diseases. See 42 CFR § 2.12(c)(6); 45 CFR § 164.512(b)(1)(ii); and 42 CFR § 2.15(b).
- We may disclose health information for public health activities, including to:
 - Prevent or control disease, injury or disability.
 - Report births and deaths and participate in disease registries.
 - Report reactions to medications or problems with products.
 - Notify people of recalls of products they may be using.
 - Notify a person who may have been exposed to a disease or may be at risk of contracting or spreading a disease or condition.
 - Notify the appropriate government authority if we believe a resident has been the victim of abuse, neglect or domestic violence. We will make this disclosure only if you agree, or when required or authorized by law.
- We are also permitted to disclose your health information in other cases, including but not limited to: in response to a court order; in a medical emergency (45 CFR § 164.506(c); 42 CFR § 2.51); to report crimes on our premises or against staff (45 CFR § 164.502(j)(2), 164.512(f)(2); 42 CFR § 2.12(c)(5)); to entities having administrative control (45 CFR § 164.502(a)(1), 164.506(a), (c); 42 CFR § 2.12(c)(3)); to qualified service organizations (45 CFR § 160.103, 164.504(e); 42 CFR § 2.12(c)(4)); and to outside auditors, evaluators, central registries and researchers (45 CFR § 164.501, 164.506, 164.512; 42 CFR § 2.52, 2.53(c)-(d); 45 CFR § 164.512(i)(1)(ii)).
- We may disclose health information to a coroner or medical examiner, for example to identify a deceased person or determine the cause of death, and to funeral directors as needed to carry out their duties.
- We may disclose your health information to third parties we contract with to perform services on behalf of the Community. If so, we will obtain written assurances that your information will be protected.

Your Rights

- **Inspect and copy.** You have the right to inspect and obtain a copy of health information that may be used to make decisions about your care. Submit your request in writing to the Community.
- **Request an amendment.** If you believe the health information we have about you is incorrect or incomplete, you may ask us to amend it by submitting a written request to the Community.

- **Accounting of disclosures.** You may request a list of the disclosures we made of your health information by submitting a written request to the Community. The list will not include disclosures:
 - To carry out treatment, payment or health care operations.
 - To you or your personal representative.
 - For which you gave written permission (authorization).
 - For a facility directory, or to family, friends or others involved in your care.
 - For national security or intelligence purposes.
 - To correctional institutions or law enforcement, as described in this notice.
 - As part of a limited data set (information that does not directly identify you).
- **Request restrictions.** You may request a restriction or limitation on the health information we use or disclose for treatment, payment or health care operations. Submit your request in writing. We are not required to agree, and we may say no if it would affect your care.
- **Confidential communications.** You may ask us to communicate with you about health matters in a certain way or at a certain location. Submit your request in writing. We will say yes to all reasonable requests.
- **Paper copy.** You have the right to a paper copy of this notice at any time.

Complaints & Contact Information

- If you believe your privacy rights have been violated, you may file a complaint with the Community or with the Secretary of the U.S. Department of Health and Human Services. Complaints must be submitted in writing. You will not be penalized for filing a complaint.
- All inquiries about this notice should be sent to:

The Preserve at Mentor Ridge 8161 Norton Parkway Mentor, OH 44060 Phone: 440.975.1960 preservementor.com	Cardinal Senior Living Attn: Privacy Department 1435 Coit Ave NE Grand Rapids, MI 49505 privacy@livecardinal.com
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The Preserve at Mentor Ridge reserves the right to change this notice at any time. A current copy is available at the Community and on our website.

Nondiscrimination & Accessibility

The Preserve at Mentor Ridge complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, disability or sex. Language translations are provided courtesy of the U.S. Department of Health and Human Services: [hhs.gov/civil-rights/for-providers/resources-covered-entities](https://www.hhs.gov/civil-rights/for-providers/resources-covered-entities)