

Notice of Privacy Practices

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.

NOTE: Bay Area Lutheran Homes, Inc. d/b/a Woodside Senior Communities (hereafter referred to as “Woodside”) includes the operating facilities of Woodside Lutheran Home, Woodside Manor and Woodside Villa.

USE AND DISCLOSURE OF HEALTH INFORMATION

Woodside may use and disclose your health information, that is, information that constitutes protected health information as defined in the Privacy Rule implementing the Health Insurance Portability and Accountability Act of 1996, for purposes of providing you treatment, obtaining payment for your care and conducting health care operations. Woodside has established a policy to guard against unnecessary or improper use and disclosure of your health information.

THE FOLLOWING IS A SUMMARY OF THE CIRCUMSTANCES UNDER WHICH AND PURPOSES FOR WHICH YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED:

To Provide Treatment. Woodside may use your health information to provide care to you and disclose your health information to others who provide care to you, such as your attending physician and other health care professionals who are involved in your care, including pharmacists, suppliers of medical equipment or other health care professionals. For example, physicians involved in your care will need information about your symptoms in order to prescribe appropriate medications.

To Obtain Payment. Woodside may include your health information in invoices and other communications to collect payment from third parties for the care you may receive from Woodside. As required by third party payment sources, your health information and status updates may be provided to your health insurance provider or other third party payer the insurer will reimburse Woodside Lutheran Home, Woodside Manor or Woodside Villa or you for the services provided/received while you are a resident of Woodside. Health information may also be provided to your health insurer to obtain prior approval from your insurance provider for your admission and treatment as an in-patient at Woodside Lutheran Home.

To Conduct Health Care Operations. Woodside may use and disclose health information for its own internal operations to collaborate with pay sources to receive payment for services provided, for ongoing

internal Quality reviews of care and services provided by the organization, and review of business results for strategic planning. Health care operations include activities such as:

- Quality assessment and improvement activities.
- Activities designed to improve health or reduce health care costs.
- Protocol development, case management and care coordination.
- Contacting health care providers and residents with information about treatment alternatives and other related functions that do not include treatment.
- Professional review and performance evaluation.
- Training programs including those in which students, trainees or practitioners in health care learn under supervision.
- Training of non-health care professionals.
- Accreditation, certification, licensing or credentialing activities.
- Review and auditing, including compliance reviews, medical reviews, legal services and compliance programs.
- Business planning and development including cost management and planning related analyses and formulary development.
- Business management and general administrative activities of Woodside.

For example, Woodside may use your health information (diagnosis) anonymously for Quality Assurance/Performance Improvement.

For Woodside Senior Communities Directory. Woodside Lutheran Home/Manor/Villa includes your name and location within the facility as part of our published Resident Directory unless you withdraw that permission in writing at the time of your admission or at any time during your stay. Unless otherwise indicated, your religious affiliation will be included in your medical record.

If you do not wish your name, location and/or religious affiliation to be disclosed please inform our Admission team when you are admitted or contact the Business Office and/or Social Worker at Woodside Lutheran Home at 920-499-1481. For Woodside Manor/Villa, contact the Business Office at 920-499-7560 to have your name and location removed at any time.

To Those Involved In Your Care. Woodside also may disclose your health information to individuals outside of Woodside Senior Communities involved in your care.

Personal health information and status updates may be provided to family and/or friends authorized by each resident to ensure communications are maintained as required by law. If you choose to remove a party previously designated, please contact your Social Worker at Woodside Lutheran Home or your Clinical Administrator at Woodside Manor/Villa to alter your authorization for health care information release.

For Residents with Activated Durable Power of Attorney for Health Care and/or Finance or with legal Guardianship in place, information appropriate to the legal representative is communicated as the legal decision-maker.

THE FOLLOWING IS A SUMMARY OF THE CIRCUMSTANCES UNDER WHICH AND PURPOSES FOR WHICH YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED WITHOUT YOUR PRIOR AUTHORIZATION:

When Legally Required. Woodside will disclose your health information when it is required to do so by any Federal, State or local law.

When There Are Risks to Public Health. Woodside may disclose your health information for the following public activities and purposes:

- To prevent or control disease, injury or disability, report disease, injury, vital events such as birth or death and the conduct of public health surveillance, investigations, and interventions.
- To report adverse events, product defects, to track products or enable product recalls, repairs and replacements and to conduct post-marketing surveillance and compliance with requirements of the Food and Drug Administration.
- To notify a person who has been exposed to a communicable disease or who may be at risk of contracting or spreading a disease.
- To an employer about an individual who is a member of the workforce as legally required.

To Report Abuse, Neglect Or Domestic Violence. Woodside may notify government authorities if Woodside believes a resident is the victim of a crime, abuse, neglect or domestic violence since we are required to report to the State any potential abuse, neglect and misappropriation. We are also required to involve the law enforcement agency when there is indication of a crime having been committed, including resident to resident and family to resident events.

For Health Oversight Activities. Woodside may disclose your health information to a health oversight agency for activities including audits; civil, administrative or criminal investigations; inspections; licensure or disciplinary action. Woodside, however, may not disclose your health information if you are the subject of an investigation and the investigation does not arise out of and is not directly related to your receipt of health care or public benefits.

In Connection With Judicial, Governmental, and Administrative Proceedings. As permitted or required by State or Federal law, Woodside may disclose your health information in response to an order of a court or administrative tribunal or governmental request. Woodside also may disclose your health information in response to a subpoena, discovery request or other lawful process.

To Coroners and Medical Examiners. As authorized by law, your health information may be released to coroners and medical examiners for the purpose of determining your cause of death or for other duties.

To Funeral Directors. Woodside may disclose your health information to funeral directors consistent with applicable law and if necessary, to carry out their duties with respect to your funeral arrangements.

For Organ, Eye or Tissue Donation. If you have elected to donate tissue, eyes or have made other organ transplant elections, your health information may be disclosed to organ procurement organizations or other entities engaged in the procurement, banking or transplantation of organs, eyes or tissue to facilitate donation and transplantation.

In the Event of a Serious Threat to Health or Safety. Woodside may, consistent with applicable law and ethical standards of conduct, disclose your health information if Woodside in good faith, believes that such disclosure is necessary to prevent or lessen a serious and imminent threat to your health or safety or to the health and safety of the public.

For Workers' Compensation. Woodside may release your health information for workers' compensation or similar programs.

AUTHORIZATION TO USE OR DISCLOSE HEALTH INFORMATION

Other than is stated above, Woodside will not disclose your health information other than with your written authorization. Most uses and disclosures of psychotherapy notes, uses and disclosures for marketing purposes, and disclosures that constitute a sale of protected health information require your written authorization. If you or your personal representative authorizes Woodside to use or disclose your health information, you may revoke that authorization in writing at any time, although we will not be able to undo any disclosures already made pursuant to your authorization.

YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION

You have the following rights regarding your health information that Woodside maintains:

Right to Request Restrictions. In certain circumstances, you may request restrictions on certain uses and disclosures of your health information. If you wish to make a request for restrictions, contact the business office or your social worker; Woodside Lutheran Home 920-499-1481 or Woodside Manor/Woodside Villa at 920-499-7560.

Right to Receive Confidential Communications. You have the right to request that Woodside communicate with you in a certain way. For example, you may ask that Woodside conduct any oral communications pertaining to your health information with you privately with no other family members present. If you wish to receive confidential communications, please contact the Administrator (Woodside Lutheran Home) at 920-499-1481 or the Administrator at 920-499-7560 (Woodside Manor/Villa). Woodside will not request that you provide any reasons for your request and will attempt to honor your reasonable requests for confidential communications.

Right to Inspect and Copy Your Health Information. You have the right to inspect and copy your health information, including billing records. You also have the right to get a list of those with whom we have shared your health information. If your health information is maintained electronically, you may request a copy in an electronic form or format. If the requested form or format is not readily available, Woodside will work with you to provide the information in another reasonable, readable electronic form or format. A request to inspect and copy records containing your health information may be made to the Health Information Department at 920-499-1481 x1228 (WLH) or 920-499-7560 (Woodside Manor/Villa).

Right to Amend Your Health Information. You or your representative have the right to request that Woodside amend your health information, if you believe your health records are incorrect or incomplete.

That request may be made if the information is maintained by Woodside. A request for an amendment of records must be made in writing to the HIPAA Compliance Officer at 1040 Pilgrim Way, Green Bay, WI 54304. Woodside may deny the request if it is not in writing or does not include a reason for the amendment. The request also may be denied if your health records were not created by Woodside, if the records you are requesting are not part of Woodside's records, if the health information you wish to amend is not part of the health information you or your representative are permitted to inspect and copy, or if, in the opinion of Woodside, the records containing your health information are accurate and complete.

Right to an Accounting. You or your Legal Representative has the right to request an accounting of disclosures of your health information made by Woodside. for any reason other than for treatment, payment, health operations, or if the disclosures were made to you, pursuant to your authorization, for national security purposes, or to law enforcement officials or correctional institutions. The request for an accounting must be made in writing to the Administrator or Designee at (Woodside Lutheran Home) 1040 Pilgrim Way, Green Bay, WI 54304 or (Woodside Manor/Villa) 1050 Pilgrim Way, Green Bay, WI 54304. Any request should include a time frame for the accounting, so we can accommodate your request with the understanding of the time being requested. Accounting requests may not be made for periods of time more than six (6) years. Woodside will provide the first accounting you request during any 3-month period without charge. Subsequent accounting requests may be subject to a reasonable cost-based fee.

Right to a Paper Copy of this Notice. You or your Legal Representative have a right to a separate paper copy of this Notice at any time even if you or your representative has received this Notice previously. To obtain a paper copy, please contact the Health Information Manager at Woodside Lutheran Home or Woodside Manor/Villa. A resident or a resident's representative may also obtain a copy of the current version of Facility's Notice on our website; www.woodsideseniorcommunities.org.

DUTIES OF BAY AREA LUTHERAN HOMES, INC.

Woodside is required by law to maintain the privacy of your health information and to provide to you and your representative this Notice of its duties and privacy practices. Woodside is required to abide by the terms of this Notice as it may be amended from time to time. Woodside reserves the right to change the terms of its Notice and to make the new Notice provisions effective for all health information that it maintains. If Woodside changes its Notice, Woodside will provide a copy of the revised Notice to you or your Legal Representative. You or your Legal Representative have the right to express complaints to Woodside and to the Secretary of Health and Human Services if you or your personal representative believes that your privacy rights have been violated. Any complaints to Woodside should be made in writing to the HIPAA Privacy



Officer, Woodside Lutheran Home at 1040 Pilgrim Way, Green Bay, WI 54304. Woodside encourages you to express to us any concerns you may have regarding the privacy of your information. You will not be retaliated against in any way for filing a complaint.

CONTACT PERSON

Woodside has designated HIPAA Privacy Officer Woodside Lutheran Home and Woodside Manor/Villa as its contact person for all issues regarding resident privacy and your rights under the federal Privacy Rule. You may contact this person at 920-405-3211.

EFFECTIVE DATE

This Notice is effective October 1, 2026

IF YOU HAVE ANY QUESTIONS REGARDING THIS NOTICE, PLEASE CONTACT:

HIPAA Privacy Officer at:

1040 Pilgrim Way
Green Bay, WI 54304
920-405-3211

Woodside Lutheran Home
1040 Pilgrim Way
Green Bay, WI 54304
920-499-1481

Woodside Villa
1044 Pilgrim Way
Green Bay, WI 54304
920-405-3250

Woodside Manor
1060 Pilgrim Way
Green Bay, WI 54304
920-499-7560

Woodside Oaks
1031 Anderson Drive
Green Bay, WI 54304
920-499-7533

Woodside Haven
2480 Bay Area Place
Green Bay, WI 54304
920-490-0129



Acknowledgement of Receipt Notice of Privacy Practices

Resident/Patient Name: _____

I acknowledge I have received a copy of the Notice of Privacy Practices from Woodside Lutheran Home, Woodside Manor or Woodside Villa.

Resident Signature _____ Date _____

Legal Representative Signature _____ Date _____

Woodside Staff Signature _____ Date _____

Woodside Lutheran Home
1040 Pilgrim Way
Green Bay, WI 54304
920-499-1481

Woodside Villa
1044 Pilgrim Way
Green Bay, WI 54304
920-405-3250

Woodside Manor
1060 Pilgrim Way
Green Bay, WI 54304
920-499-7560

Woodside Oaks
1031 Anderson Drive
Green Bay, WI 54304
920-499-7533

Woodside Haven
2480 Bay Area Place
Green Bay, WI 54304
920-490-0129