

# Twin Lakes Community

## NOTICE OF PRIVACY PRACTICES

3701 Wade Coble Drive  
www.twinlakescomm.org  
Tara Patton, Security Officer  
Tara.patton@twinlakescomm.org  
336-585-2401 (w) or 336-263-1027 (c)  
Kimberly Thomas, Privacy Officer  
kimberly.thomas@twinlakescomm.org  
336-538-1503(w) or 336-516-0196 (c)

### Your Information. Your Rights. Our Responsibilities.

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.**

#### Your Rights

##### You have the right to:

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

> **See page 2 & 3**  
*for more information on these rights and how to exercise them*

#### Your Choices

##### You have some choices in the way that we use and share information as we:

- Tell family and friends about your condition
- Provide disaster relief
- Include you in a hospital directory
- Provide mental health care
- Market our services and sell your information
- Raise funds

> **See page 3**  
*for more information on these choices and how to exercise them*

#### Our Uses and Disclosures

##### We may use and share your information as we:

- Treat you
- Run our organization
- Inform residents of Twin Lakes about changes in residency location, including your move to an assisted or skilled nursing level of care or your demise.
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue requests
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

> **See pages 4 & 5**  
*for more information on these uses and disclosures*

## 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.

#### ***Get an electronic or paper copy of your 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.
- We may say “no” to your request to inspect and copy in certain very limited circumstances. If you are denied access to your medical information, you may have a right to request that the denial be reviewed and you will be provided with details on how to do so.

#### ***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.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days. If we deny your request, you have the right to file a statement of disagreement with us and any future disclosures of the disputed information will include your statement.

#### ***Request confidential communications***

- You can ask us to contact you in a specific way (for example, home or office phone) or at a certain location (for example, to send mail to a different address).
- To request confidential communications, you must make your request in writing to Twin Lakes, provide a reason for the request, and specify how or where you wish to be contacted.
- We will say “yes” to all reasonable requests.

#### ***Ask us to restrict or limit what we use or 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” if it would affect your care.
- You also have the right to request a limit on your protected health information that we disclose to someone who is involved in your care or the payment for your care, such as a family member or friend.
- 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 say “yes” unless a law requires us to share that information.
- To request restrictions, you must make your request in writing to Twin Lakes and tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure of both; and (3) to whom you want the limits to apply – for example, disclosures to your spouse.

#### ***Get a list of those with whom we’ve shared information***

- You can ask for a list (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. The request must be made in writing to Twin Lakes and the format requested (electronic or paper).
- 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.

#### ***Accounting of Disclosure***

#### ***Get a paper 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.

---

**For More Information**

- For more information, please see **Your Rights Under HIPAA**.
  - <https://www.hhs.gov/hipaa/for-individuals/guidance-materials-for-consumers/index.html>
- 

**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 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 feel your rights are 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 <https://www.hhs.gov/hipaa/filing-a-complaint/complaint-process/index.html>.

We will not penalize or in any other way retaliate against you for filing a complaint with the Office of Civil Rights or with us. You should keep a copy of any notices you send to the Plan Administrator or the Privacy Officer for your records.

---



**Your Choices**

**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:**

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- NOT to include your information in our resident directory and/or roster

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

- Marketing purposes
  - Sale of your information
  - Most sharing of psychotherapy notes
- 

**In the case of fundraising:**

- We may contact you for fundraising efforts, but you can tell us not to contact you again.
-

## 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 to facilitate medical treatment or services by providers.

*Example: We may disclose information about your prior prescriptions to a pharmacist to determine if a pending prescription is inappropriate or dangerous for you to use.*

#### Run our organization

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

*Example: We use health information about you to manage your treatment and services. For example, quality assessment, improvement activities, underwriting, premium rating, submitting claims, medical reviews, legal services, audit services, and other business planning, development and management of the Plan. The Plan is prohibited from using or disclosing protected health information that is genetic information about an individual for underwriting purposes.*

#### Bill for your services

- We can use and share your health information to facilitate payment for the treatment and services you receive from health care providers, to determine benefit responsibility under the Plan, or to coordinate Plan coverage.

*Example: we may tell your health care provider about your medical history to determine whether a particular treatment is experimental, investigational, or medically necessary, or to determine whether the Plan will cover the treatment. We may also share your protected health information with a utilization review or precertification service provider. Likewise, we may share your protected health information with another entity to assist with the adjudication or subrogation of health claims or to another health plan to coordinate benefit payments.*

#### TLC information, publications and memorial services

- We may report information in writing and verbally to residents, staff, volunteers, and guests of our community about your transition to a new residence at Twin Lakes, including to a residence in an assisted living or skilled nursing level of care, and about your death.

*Example: We share information about new residency and/or death via email, resident newsletters, a password-protected resident website, verbal communication, phone tree messages, and in an annual All Saints memorial service.*

#### As Required by Law

- We will disclose your protected health information when required to do so by federal, state or local law.

*Example: We may disclose your protected health information when required by national security laws or public health disclosure laws.*

**To Business Associates**

- We may contract with individuals or entities known as Business Associates to perform various functions on our behalf or to provide certain types of services. In order to perform these functions or to provide these services, Business Associates will receive, create, maintain, use and/or disclose your protected health information, but only after they agree in writing with us to implement appropriate safeguards regarding your protected health information.

*Example: We may disclose your protected health information, including SUD treatment records, to a Business Associate to administer claims or to provide support services, such as utilization management, pharmacy benefit management or subrogation, but only after the Business Associate enters into a Business Associate Agreement with us.*

**To Avert a Serious Threat to Health or Safety**

- We may use and disclose your protected health information when necessary to prevent a serious threat to your health and safety, or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

*Example: We may disclose your protected health information in a proceeding regarding the licensure of a physician.*

**To Plan Sponsors**

- For the purpose of administering the Plan, we may disclose to certain employees of the Employer protected health information. However, those employees will only use or disclose that information as necessary to perform Plan administration functions or as otherwise required by HIPAA, unless you have authorized further disclosures. Your protected health information cannot be used for employment purposes without your specific authorization.

**As Required by Law**

- We will disclose your protected health information when required to do so by federal, state or local law.

*Example: We may disclose your protected health information when required by national security laws or public health disclosure laws.*

**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. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

. For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html)

**Help with public health risk and safety issues**

- We can share health information about you for certain situations such as:
  - Preventing and controlling disease, injury, or disability
  - Reporting births and deaths
  - Helping with product recalls
  - Reporting adverse reactions to medications
  - Reporting to appropriate government authorities suspected abuse, neglect, or domestic violence
  - Preventing or reducing a serious threat to anyone’s health or safety, including being exposed to a disease or may be a risk for contracting or spreading a disease or condition.
  - Reporting child abuse or neglect.

**Do research**

- We can use or share your information for health research when:
  - The individual identifiers have been removed; or
  - An institutional review board or privacy board has (a) reviewed the research proposal; and (b) established protocols to ensure the privacy of the requested information, and approves the research.

**Comply with the law**

- We will share information about you if state or federal laws require it, including with the 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 organizations that handle organ procurement or organ, eye, or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

**Work with coroners, medical examiners or funeral directors**

- We can share health information with a coroner, medical examiner, or funeral director when an individual dies. For example, to identify a deceased person or determine the cause of death. We may also release medical information about patients to funeral directors as necessary to carry out their duties.

**Address:  
Workers’ compensation,  
Law enforcement, and  
Other government requests**

- We can use or share health information about you:
  - For workers’ compensation claims. These programs provide benefits for work-related injuries or illness.
  - For law enforcement purposes or with a law enforcement official
    - Court order, subpoena, warrant, summons or similar process
    - Identify or locate a suspect, fugitive, material witness or missing person
    - About the victim of a crime if, under certain limited circumstance, we are unable to obtain the victim’s agreement
    - About a death that we believe may be the result of criminal

	<ul style="list-style-type: none"> <li>conduct <ul style="list-style-type: none"> <li>• About criminal conduct</li> <li>• In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.</li> </ul> </li> <li>• With health oversight agencies for activities authorized by law</li> <li>• For special government functions such as military, national security, and presidential protective services</li> </ul>
<b>National Security and Intelligence Activities</b>	<ul style="list-style-type: none"> <li>• We may release your protected health information to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.</li> </ul>
<b>Military and Veterans</b>	<ul style="list-style-type: none"> <li>• If you are a member of the armed forces, we may release your protected health information as required by military command authorities. We may also release protected health information about foreign military personnel to the appropriate foreign military authority.</li> </ul>
<b>Health Oversight Activities</b>	<ul style="list-style-type: none"> <li>• We may disclose your protected health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.</li> </ul>
<b>Respond to Lawsuits and Disputes and other Legal actions</b>	<ul style="list-style-type: none"> <li>• If you are involved in a lawsuit or a dispute, we may disclose your protected health information in response to a court or administrative order. We may also disclose your protected health information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.</li> <li>• SUD treatment records received from programs subject to 42 CFR part 2, or testimony relating the content of such records, shall not be used or disclosed in civil, criminal, administrative, or legislative proceedings against you unless based on your written consent, or a court order after notice and an opportunity to be heard is provided to you or the holder of the record, as provided in 42 CFR part 2. A court order authorizing use or disclosure must be accompanied by a subpoena or other legal requirement compelling disclosure before the requested record is used or disclosed.</li> </ul>
<b>Inmates</b>	<ul style="list-style-type: none"> <li>• If you are an inmate of a correctional institution or are in the custody of a law enforcement official, we may disclose your protected health information to the correctional institution or law enforcement official if necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.</li> </ul>

## Required Disclosures

### A description of disclosures of your protected health information we are required to make.

#### Government Audits

We are required to disclose your protected health information to the Secretary of the United States Department of Health and Human Services when the Secretary is investigating or determining our compliance with the HIPAA privacy rule

#### Disclosures to You

When you request, we are required to disclose to you the portion of your protected health information that contains medical records, billing records, and any other records used to make decisions regarding your health care benefits. We are also required, when requested, to provide you with an accounting of most disclosures of your protected health information if the disclosure was for reasons other than for payment, treatment, or health care operations, and if the protected health information was not disclosed pursuant to your individual authorization

#### Notification of a Breach

We are required to notify you in the event that we (or one of our Business Associates) discover a breach of your unsecured protected health information, as defined by HIPAA

## Other Disclosures

### Other Disclosure Information

#### Personal Representatives

We will disclose your protected health information to individuals authorized by you, or to an individual designated as your personal representative, attorney-in-fact, etc., so long as you provide us with a written notice/authorization and any supporting documents (i.e., power of attorney). Note: Under the HIPAA privacy rule, we do not have to disclose information to a personal representative if we have a reasonable belief that:

- you have been, or may be, subjected to domestic violence, abuse or neglect by such person;
- treating such person as your personal representative could endanger you; or
- in the exercise or professional judgment, it is not in your best interest to treat the person as your personal representative.

#### Spouses and Other Family Members

With only limited exceptions, we will send all mail to the employee. This includes mail relating to the employee's spouse and other family members who are covered under the Plan and includes mail with information on the use of Plan benefits by the employee's spouse and other family members and information on the denial of any Plan benefits to the employee's spouse and other family members. If a person covered under the Plan has requested Restrictions or Confidential Communications (see below under "Your Rights"), and if we have agreed to the request, we will send

## Authorizations

mail as provided by the request for Restrictions or Confidential Communications. Other uses or disclosures of your protected health information not described above, including the use and disclosure of SUD Part 2 treatment records, psychotherapy notes, and the use or disclosure of protected health information for fundraising or marketing purposes, will not be made without your written authorization. You may revoke written authorization at any time, so long as your revocation is in writing. Once we receive your written revocation, it will only be effective for future uses and disclosures. It will not be effective for any information that may have been used or disclosed in reliance upon the written authorization and prior to receiving your written revocation. You may elect to opt out of receiving fundraising communications from us at any time.

## Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will provide you with certain rights with respect to 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, privacy practices and terms described in this notice and give you a copy of it.
- We will not use or share your information other than as described here 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).

## Changes to the Terms of this Notice

We reserve the right to change the terms of this Notice and to make new provisions regarding your protected health information that we maintain, as allowed by law. If we make any material change to this Notice, we will provide you with a copy of our revised Notice of Privacy Practices. You may obtain a copy of the latest revised Notice, in our office, and on our web site. Except as provided within this Notice, we may not disclose your protected health information without your prior authorization.

*Effective Date: **02/16/2026***

**This Notice of Privacy Practices applies to the following organizations.**

*Twin Lakes Community  
3701 Wade Coble Drive  
Burlington, NC 27215*

**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.**

Twin Lakes Community, Inc. sponsors certain group health plan(s) (collectively, the “Plan” or “We”) to provide benefits to our employees, their dependents and other participants. We provide this coverage through various relationships with third parties that establish networks of providers, coordinate your care, and process claims for reimbursement for the services that you receive. This Notice of Privacy Practices (the “Notice”) describes the legal obligations of Twin Lakes Community, Inc., the Plan, and your legal rights regarding your protected health information, including certain substance use disorder (SUD) records covered by 42 CFR part 2 (Part 2), held by the Plan under HIPAA. Among other things, this Notice describes how your protected health information may be used or disclosed to carry out treatment, payment, or health care operations, or for any other purposes that are permitted or required by law.

We are required to provide this Notice to you pursuant to HIPAA. The HIPAA Privacy Rule protects only certain medical information known as “protected health information.” Generally, protected health information is individually identifiable health information, including demographic information, collected from you or created or received by a health care provider, a health care clearinghouse, a health plan, or your employer on behalf of a group health plan, which relates to:

- (1) your past, present or future physical or mental health or condition;
- (2) the provision of health care to you; or
- (3) the past, present or future payment for the provision of health care to you.

Note: If you are covered by one or more fully insured group health plans offered by Twin Lakes Community, Inc., you will receive a separate notice regarding the availability of a notice of privacy practices applicable to that coverage and how to obtain a copy of the notice directly from the insurance carrier.

---

*Tara Patton, Security Officer*  
*Tara.patton@twinlakescomm.org*  
*336-585-2401 (w) or 336-263-1027 (c)*

*Kimberly Thomas, Privacy Officer*  
*kimberly.thomas@twinlakescomm.org*  
*336-538-1503 (w) 336-516-0196 (c)*