

Five Star Senior Living Benefits Plan Notice of Privacy Practices—Self-Funded Plans

Effective Date: October 1, 2022

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.

AlerisLife Inc. offers various health care options to its employees and retirees, and their eligible family members, through its Benefits Plan. Several options are self-funded group health plans for which AlerisLife Inc. acts as its own insurer and directly pays the claims. This notice describes the privacy practices that AlerisLife Inc. has established for these options, which are referred to as the Self-Funded Plans. They are managed for AlerisLife Inc. by business associates, which are third-party administrators that interact with the healthcare providers and handle members' claims.

The Self-Funded Plans as of the effective date of this notice include the Choice Plus 1000 plan and the Choice Plus 2500 plan through United Healthcare.

ALERISLIFE INC.'S COMMITMENT

AlerisLife Inc. is committed to protecting the privacy of your protected health information or PHI. PHI refers to health information that a Self-Funded Plan creates or receives that relates to your physical or mental health, your health care or payment for your health care. In most cases, your PHI is maintained by the business associate that serves as the third-party administrator for the Self-Funded Plan in which you participate, but AlerisLife Inc. may also hold health-related information. Generally, the AlerisLife Inc.-held information is limited to enrollment data, but in limited instances, it may include information you provide to designated AlerisLife Inc. staff to help with coordination of benefits or resolving complaints.

The privacy protections described in this notice reflect the requirements of federal regulations issued under the Health Insurance Portability and Accountability Act ("HIPAA"). They require the Self-Funded Plans to:

- comply with HIPAA privacy standards and other federal laws;
- make sure that your PHI is protected;
- give you this notice of the Self-Funded Plans' legal duties and privacy practices with respect to your PHI; and
- follow the terms of the notice that are currently in effect.

HOW THE SELF-FUNDED PLANS WILL USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION

The following sections describe different ways that a Self-Funded Plan might use and disclose your PHI. Not every use or disclosure will be listed. All of the ways that a Self-Funded Plan is permitted to use and disclose PHI, however, will fall within one of the categories. Use and disclosure of some PHI, such as

certain drug and alcohol information, HIV information and mental health information, is further restricted.

- **Treatment.** A Self-Funded Plan may use and disclose your PHI to doctors, nurses, technicians and other personnel who are involved in providing you with medical treatment or services. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. The doctor may then tell the dietitian if you have diabetes so the dietitian can meet any special menu needs. Different departments may share your PHI so they can coordinate services you need, such as lab work, x-rays and prescriptions.
- **Payment.** A Self-Funded Plan may use and disclose your PHI in the course of activities that involve reimbursement for health care, such as determination of eligibility for coverage, claims processing, billing, obtaining and payment of premium, utilization review, medical necessity determinations and pre-certifications.
- **Health Care Operations.** Self-Funded Plans may use and disclose your PHI to carry out business operations and to assure that all enrollees receive quality care. For example, a Self-Funded Plan may disclose your PHI to a business associate who handles claims processing or administration, data analysis, utilization review, quality assurance benefit management, practice management or referrals to specialists, or to an associate who provides legal, actuarial, accounting, consulting, data aggregation, management or financial services. AlerisLife Inc. may also engage a business associate to carry out health care operations on behalf of the entire Welfare Benefits Plan.
- **Plan Sponsor.** A Self-Funded Plan may disclose summary health information (that is, claims data that is stripped of most individual identifiers) to AlerisLife Inc. in its role as plan sponsor in order to obtain bids for health insurance coverage or to facilitate modifying, amending or terminating a plan. A Self-Funded Plan may also provide AlerisLife Inc. enrollment or disenrollment information. In addition, if you request help from AlerisLife Inc. in coordinating your benefits or resolving a complaint, a Self-Funded Plan may disclose your PHI to designated AlerisLife Inc. staff, but no PHI may be disclosed to facilitate employment-related actions or decisions or for matters involving other benefits or benefit plan. AlerisLife Inc. may not further disclose any PHI that is disclosed to it in these limited instances.
- **As Required By Law.** A Self-Funded Plan will disclose your PHI if required to do so by federal, state or local law or regulation.
- **To Avert a Serious Threat to Health or Safety.** A Self-Funded Plan may disclose your PHI when necessary to prevent or lessen 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.

- **Military and Veterans.** If you are or were a member of the armed forces, a Self-Funded Plan may release your PHI to military command authorities as authorized or required by law. A Self-Funded Plan may also release medical information about foreign military personnel to the appropriate military authority as authorized or required by law.
- **[Research.** In limited circumstances, a Self-Funded Plan may use and disclose PHI for research purposes, subject to the confidentiality provisions of state and federal law. Your PHI may be important to further research efforts and the development of new knowledge. All research projects conducted by the AlerisLife Inc. must be approved through a special review process to protect member safety, welfare and confidentiality.]
- **Workers' Compensation.** A Self-Funded Plan may release PHI for workers' compensation or similar programs as permitted or required by law. These programs provide benefits for work-related injuries or illness.
- **Health Oversight Activities.** A Self-Funded Plan may disclose PHI to governmental, licensing, auditing and accrediting agencies as authorized or required by law.
- **Legal Proceedings.** A Self-Funded Plan may disclose PHI to courts, attorneys and court employees in the course of conservatorship and certain other judicial or administrative proceedings.
- **Lawsuits and Disputes.** If you are involved in a lawsuit or other legal proceeding, a Self-Funded Plan may disclose your PHI in response to a court or administrative order or in response to a subpoena, discovery request, warrant, summons or other lawful process.
- **Law Enforcement.** If authorized or required by law, a Self-Funded Plan may disclose your PHI under limited circumstances to a law enforcement official in response to a warrant or similar process, to identify or locate a suspect or to provide information about the victim of a crime.

[National Security and Intelligence Activities. If authorized or required by law, a Self-Funded Plan may release your PHI to authorized federal officials for intelligence, counterintelligence and other national security activities.
- **Protective Services for the United States President and Others.** A Self-Funded Plan may disclose your PHI to authorized federal and state officials so they may provide protection to the President, other authorized persons or foreign heads of state, or conduct special investigations, as authorized or required by law.
- **Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, a Self-Funded Plan may release your PHI to the correctional institution or law enforcement official, as authorized or

required by law. This release would be necessary for the institution to provide you with health care to protect your health and safety or the health and safety of others or for the safety and security of the correctional institution.

REQUIRED DISCLOSURES

A Self-Funded Plan may be required to disclose your PHI to the Department of Health and Human Services if the Secretary is conducting a compliance audit.

YOUR RIGHTS

You have the following rights regarding the PHI that a Self-Funded Plan maintains about you:

- **Right to Inspect and Copy.** With certain exceptions, you have the right to inspect and obtain a copy of your PHI that is maintained by or for a Self-Funded Plan. To inspect and obtain a copy of the PHI, you must submit your request in writing to the Welfare Benefits Plan Privacy Office at the address noted below. You may be charged a fee for the costs of copying, mailing or other supplies associated with your request.

A Self-Funded Plan may deny your request to inspect and/or obtain a copy in certain limited circumstances. For example, HIPAA does not permit you to access or obtain copies of psychotherapy notes. If your request is denied, you will be informed in writing, and you may request that the denial be reviewed. The person conducting the review will not be the person who denied your request. The plan will comply with the outcome of the review.

- **Right to Request an Amendment.** If you believe that the PHI maintained by a Self-Funded Plan is incorrect or incomplete, you may request that the plan amend the information. You have the right to request an amendment for as long as the information is kept by or for the plan. A request for an amendment should be made in writing and submitted to the Welfare Benefits Plan Privacy Office at the address noted below. In addition, you must provide a reason that supports your request.

A Self-Funded Plan may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, the plan may deny your request if you ask to amend information that was not created by the plan; is not part of the PHI maintained by or for the plan; is not part of the information that you would be permitted to inspect and copy under the law; or if the information is accurate and complete. If the request is granted, the plan will forward your request to other entities that you identify that you want to receive the corrected information. For example, if your PHI has been disclosed to the AlerisLife Inc. staff so that it may help coordinate benefits or resolve a complaint, you may direct the plan to share the correction with the designated staff members.

- **Right to an Accounting of Disclosures.** You have the right to receive an accounting of disclosures, which is a list of disclosures such as those that were made of PHI about you, with the exception of certain documents including those relating to treatment, payment and health care

operations and disclosures made to you or consistent with your authorization. To request an accounting of disclosures, you must submit your request in writing to the Welfare Benefits Plan Privacy Office at the address noted below. Your request must state a time period, which may not be longer than six (6) years prior to the date on which the accounting is requested. Your request should indicate in what form you want the list (for example, on paper or electronically). The first list you request within a twelve (12) month period will be free. For additional lists, the plan may charge you for the cost of providing the list. You will be notified of any costs involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the use and disclosure of your PHI for treatment, payment or health care operations, or to request a restriction on the PHI that the plan may disclose about you to someone who is involved in your care or the payment for your care, such as a family member or friend. The plan is not required to agree to your request. If the plan agrees to your request, it will comply with the requested restriction, unless the information is needed to provide you emergency treatment or to assist in disaster relief efforts. To request a restriction, you must submit your request in writing to the Welfare Benefits Plan Privacy Office at the address noted below. Your request should state the information you want to limit; whether you want to limit the plan's use, disclosure or both; and to whom you want the limits to apply, for example, disclosures to your spouse.
- **Right to Request Confidential Communications.** You have the right to request that a Self-Funded Plan communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that the plan only contact you at work or by mail to a specific address. To request confidential communications, you must submit your request in writing to the Welfare Benefits Plan Privacy Office at the address noted below. The plan will accommodate all reasonable requests and will not ask you the reason for your request. Your request must specify how or where you wish to be contacted.
- **Right to a Paper Copy of This Notice.** You may ask AlerisLife Inc. to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. To obtain a paper copy of this notice, contact the Welfare Benefits Plan Privacy Office at the address noted below.
- **Right to 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.
- **Other Uses of Medical Information.** Other uses and disclosures of PHI not covered by this notice will be made

only with your written permission. This includes most uses and disclosures of psychotherapy notes, uses and disclosures of PHI for marketing purposes and uses and disclosures of PHI that constitute a sale of PHI. If you provide AlerisLife Inc. permission to use or disclose your PHI, you may revoke that permission, in writing, at any time. If you revoke your permission, the plan will no longer use or disclose your PHI for the reasons stated in your written authorization. Please understand that the plan cannot take back any disclosures already made with your permission.

- **Breach.** You have the right to be notified of the discovery of a breach of unsecured PHI.
- **Genetic Information is Protected Health Information.** In accordance with the Genetic Information Nondiscrimination Act ("GINA"), a Self-Funded Plan will not use or disclose genetic information for underwriting purposes, which includes eligibility determinations, premium computations, applications of any pre-existing condition exclusions and any other activities related to the creation, renewal or replacement of a contract of health insurance or health benefits.

CHANGES TO THIS NOTICE

- The Self-Funded Plans reserve the right to change this notice and to make the revised or changed notice effective for PHI your plan already maintains on you as well as any information the plan receives or creates in the future. A copy of the current notice will be posted on AlerisLife Inc.'s Benefits Portal at <https://flimp.live/AlerisLife-Benefits#compliance>. The notice will contain the effective date on the first page, in the top right-hand corner. In addition, a copy of the notice that is currently in effect will be given to new health plan members and will thereafter be available upon request.

COMPLAINTS

If you believe your privacy rights have been violated, you may 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 877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints.

You will not be retaliated against for filing a complaint.

QUESTIONS

If you have questions or for further information regarding this privacy notice, contact the Benefits Plan HIPAA Privacy Officer at (617) 796-8387, Two Newton Place, 255 Washington Street, Suite 230, Newton, MA 02458-2076

**NOTICE INFORMING INDIVIDUALS ABOUT
NONDISCRIMINATION AND ACCESSIBILITY
REQUIREMENTS**

Discrimination is against the law. AlerisLife Inc.'s Self-Funded Plans comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability or sex. AlerisLife Inc.'s Self-Funded Plans do not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

AlerisLife Inc.'s Self-Funded Plans:

- Provide free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provide free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact DL-HR-Benefits@5ssl.com.

If you believe that AlerisLife Inc.'s Self-Funded Plans have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with: Stefanie Harrison, Sr. Benefits Manager, AlerisLife, sharrison1@5ssl.com, 617-796-8387. You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, AlerisLife Inc.'s Lead Discrimination, Affirmative Action Title IX Officer is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at www.hhs.gov/ocr/office/file/index.html.