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.

Generations Senior Living ("Generations," "we") operates licensed assisted living homes near The Villages, Florida. This notice applies to the health information we create or receive about you at all of our homes.

Your rights

You have the following rights about your health information. To use any of them, contact our Privacy Officer (see the end of this notice).

- **Get a copy of your records.** You can see or get a paper or electronic copy of your health and billing records. We will provide it, usually within 30 days of your request, and may charge a reasonable, cost-based fee.
- **Ask us to correct your records.** You can ask us to correct information you think is wrong or incomplete. We may say no, but we will tell you why in writing within 60 days.
- **Request confidential communications.** You can ask us to contact you in a specific way (for example, a different phone number or address). We will say yes to all reasonable requests.
- **Ask us to limit what we use or share.** You can ask us not to use or share certain information for treatment, payment or our operations. We are not required to agree, and may say no if it would affect your care. If you pay for a service in full out of pocket, you can ask us not to share that information with your health insurer, and we will say yes unless a law requires us to share it.
- **Get a list of those we shared your information with.** You can ask for a list (accounting) of the times we shared your information for six years before your request, who we shared it with, and why. It will include all disclosures

except those for treatment, payment and operations and certain others (such as those you asked us to make). We provide one list a year free, and may charge a reasonable, cost-based fee for another within 12 months.

- **Get a copy of this notice.** You can ask for a paper copy of this notice at any time, even if you agreed to receive it electronically.
- **Choose someone to act for you.** If you have given someone health care power of attorney, or if someone is your legal guardian or health care surrogate, that person can exercise your rights. We will confirm the person has this authority before we act.
- **File a complaint.** If you feel we have violated your rights, you can complain to our Privacy Officer, or to the U.S. Department of Health and Human Services Office for Civil Rights online at ocrportal.hhs.gov, by calling 1-877-696-6775, or by writing to 200 Independence Avenue, S.W., Washington, D.C. 20201. We will not retaliate against you for filing a complaint.

Your choices

For some information, you can tell us your choices about what we share.

- **You can tell us whether to share information** with your family, close friends or others involved in your care or in paying for it, and whether to share it in a disaster relief situation. If you cannot tell us your preference (for example, if you are unconscious or your dementia prevents it), we may share information if we believe it is in your best interest, and when needed to lessen a serious and imminent threat to health or safety.
- **We never share your information without your written permission** for marketing purposes or for the sale of your information.
- **We do not use your information for fundraising.**

You can give written permission for other uses on the Authorization to Release Health Information in Appendix G of the Resident Agreement. You may revoke that permission in writing at any time, except for information already shared.

Our uses and disclosures

We typically use or share your health information in the following ways, without your written permission.

- **To care for you:** we share information with your doctors, nurse practitioners, home health agencies, hospice, pharmacies, hospitals and emergency medical services involved in your care. *Example: we send your medication list to the hospital if you are transferred.*
- **To run our homes:** we use information to manage your care, train staff and improve quality. *Example: we use your service plan to schedule the help you need.*
- **To bill for our services:** we share information with Medicaid, your long-term care insurer, the U.S. Department of Veterans Affairs and others who pay for your care.

We are also allowed or required to share your information in other ways, usually for purposes that benefit the public. We must meet the conditions of the law before we do so.

- **Required by law:** when federal, state or local law requires it, including to the U.S. Department of Health and Human Services to show we comply with privacy law.
- **Abuse, neglect and exploitation:** we must report suspected abuse, neglect or exploitation of a vulnerable adult to the Florida Abuse Hotline.
- **Health oversight:** to the Agency for Health Care Administration, the Long-Term Care Ombudsman Program and other agencies for inspections, licensing and investigations.
- **Public health and safety:** to prevent disease, report adverse reactions to medications, and prevent or reduce a serious threat to anyone's health or safety.
- **Lawsuits and legal actions:** in response to a court or administrative order, or a subpoena where the law allows.
- **Law enforcement, coroners and funeral directors:** for law enforcement purposes allowed by law (for example, if a resident is missing), and to medical examiners and funeral directors when a resident dies.
- **Organ and tissue donation:** to organ procurement organizations.
- **Research:** only as the law permits.
- **Workers' compensation and special government functions:** for workers' compensation claims, military and veterans activities, national security and protective services.

- **Business associates:** to companies that perform services for us, such as our pharmacy, software and billing vendors, who must protect your information under a written agreement.

Extra protections under Florida and federal law

Where Florida or other federal law protects your information more strictly than the HIPAA Privacy Rule, we follow the stricter law.

- **HIV test results** are shared only as section 381.004, Florida Statutes, allows, generally with your specific written consent.
- **Mental health records** are protected by section 394.4615, Florida Statutes.
- **Substance use disorder treatment records** we receive from a program covered by 42 CFR Part 2 will not be used or shared in a civil, criminal, administrative or legislative proceeding against you without your written consent or a court order that meets Part 2's requirements.
- **Your resident records** are confidential under Florida's assisted living laws and are released only as those laws and this notice allow.

Our responsibilities

- We are required by law to maintain the privacy and security of your 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 and privacy practices 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. You may change your mind at any time by telling us in writing.

Changes to this notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available on request, posted in each home, and on our website.

Contact us

Privacy Officer: Administrator, Generations Senior Living

2518 Burnsed Blvd., Suite 317, The Villages, FL 32163

Phone: (352) 474-2696 · Email: info@genseniorliving.com

Effective date of this notice: October 30, 2026