



## **Vi at Grayhawk**

### **HIPAA 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.*

#### **A. INTRODUCTION**

During the course of providing services and care to you, Vi at Grayhawk (the Community) may gather, create, and retain certain personal information about you that identifies who you are and relates to your past, present, or future physical or mental condition, the provision of health care to you, and payment for your health care services. This personal information is characterized as your “protected health information,” or “PHI.” This Notice of Privacy Practices describes how we maintain the confidentiality of your PHI, and informs you about the possible uses and disclosures of such information. It also informs you about your rights with respect to your PHI.

#### **B. OUR RESPONSIBILITIES**

We are required by federal and state law to maintain the privacy of your PHI. We are also required by law to provide you with this Notice of Privacy Practices that describes our legal duties and privacy practices with respect to your PHI. We will abide by the terms of this Notice of Privacy Practices. We reserve the right to change this or any future Notice of Privacy Practices and to make the new notice provisions effective for all PHI that we maintain, including PHI already in our possession. If we change our Notice of Privacy Practices, we will personally deliver or mail a revised notice to you at your current address. In addition, the Notice of Privacy Practices is available at the Community and on our website at [www.Grayhawk.ViLiving.com](http://www.Grayhawk.ViLiving.com).

#### **C. USE AND DISCLOSURE WITH YOUR AUTHORIZATION**

We will obtain a written authorization from you before we use or disclose your PHI, unless a particular use or disclosure is expressly permitted or required by law without your authorization (see section D). You are not required to sign an authorization form as a condition to obtaining treatment or having your care paid for. If you sign an authorization, you may revoke it at any time by written notice. Thereafter, we then will not use or disclose your PHI, except where we have already relied on your authorization.

#### **D. HOW WE MAY USE AND DISCLOSE YOUR PHI WITHOUT YOUR AUTHORIZATION**

We will use or disclose your protected health without your written authorization in the following circumstances:

**1. Your Care and Treatment**

We may use or disclose your PHI to provide you with or assist in your treatment, care, and services. For example, we may disclose your health information to health care providers who are involved in your care to assist them in your diagnosis and treatment, as necessary. We may also disclose your PHI to individuals who will be involved in your care if you leave the Community.

**2. Billing and Payment**

Medicare, Medicaid and Other Public or Private Health Insurers – We may use or disclose your PHI to public or private health insurers (including medical insurance carriers, HMOs, Medicare, and Medicaid) in order to bill and receive payment for your treatment and services that you receive at the Community. The information on or accompanying a bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.

Health Care Providers – We may also disclose your PHI to health care providers in order to allow them to determine if they are owed any reimbursement for care that they have furnished to you and, if so, how much is owed.

**3. Health Care Operations**

We may use or disclose your PHI for our health care operations at the Community. These uses and disclosures are necessary to manage the Community and to monitor our quality of services and care. For example, we may use your PHI to review our services and to evaluate the performance of our staff in caring for you.

**4. Providing Basic Information about Residents**

We may provide certain basic information about a resident to persons who ask for the resident by name and to members of the clergy. Unless you notify us that you object, we will disclose your name, your location at the Community, and your general condition to anyone who asks for you by name. We may also disclose your name, your location at the Community, your general condition, and your religious affiliation to members of the clergy.

**5. Family Members and Close Personal Friends**

Unless you specifically object, we may disclose to a family member, other relative, a close personal friend, or to any other person identified by you, all PHI directly relevant to such person's involvement with your care or directly relevant to payment related to your care. We may also disclose your PHI to a family member, personal representative, or other person responsible for your care to assist in notifying them of your location, general condition, or death.

**6. Disclosures within Vi at Grayhawk/Directory**

Unless you specifically object, we may disclose certain general information about you (e.g., past activities, present interests, birthday, and location if hospitalized) to persons within the Community, including other residents and staff, by means such as newsletter or bulletin board. We may create a resident directory to be shared with staff and other residents.

**7. Workforce Members**

Members of our workforce may share residents' PHI with one another to the extent necessary to permit them to perform their legitimate functions on our behalf.

**8. Business Associates**

We may contract with certain individuals or businesses to provide services on our behalf. Examples include data processing, quality assurance, legal, or accounting services. We may disclose your PHI to business associates, as necessary, to allow business associates to perform their functions on our behalf. We require business associates to enter into contracts with us that obligate them to comply with HIPAA and maintain the confidentiality of your PHI.

**9. Abuse Reporting**

We will disclose PHI about a resident who is suspected to be the victim of elder abuse, neglect, or domestic violence, to the extent necessary to complete any oral or written report mandated by law. Under certain circumstances, we may disclose further PHI about the resident to aid the investigating agency in performing its duties. We will promptly inform the resident about any such disclosure, unless we believe that informing the resident would place the resident in danger of serious harm, or would be informing the resident's personal representative, whom we believe to be responsible for the abuse, and believes that informing such person would not be in the resident's best interest.

**10. Licensing, Certification, Accreditation, and Health Oversight**

We may disclose your PHI to any government or private agency, such as to the state licensing agency, the federal Centers for Medicare and Medicaid Services, and CMS administrative contractors, responsible for licensing, certifying, or accrediting the Community so that the agency can carry out its oversight activities. These oversight activities include audits; civil, administrative, or criminal investigations; inspections; licensure or disciplinary actions; civil, administrative, or criminal proceedings or actions; or other activities necessary for appropriate oversight.

**11. Peer Review, Utilization Review, and Quality Assurance**

We may disclose PHI to those parties responsible for peer review, utilization review and quality assurance.

**12. Legal Process**

We will disclose PHI in accordance with an order of a court or of an administrative tribunal of a government agency. We will disclose PHI in accordance with a valid subpoena issued by a party to adjudication before a court, a grand jury, an administrative tribunal, or a private arbitrator.

**13. Law Enforcement Agencies and Officials**

We will disclose PHI to law enforcement agencies in accordance with a search warrant, a court order or court-ordered subpoena, or an investigative subpoena or summons. In addition, we may disclose such information as necessary to assist law enforcement officials investigating crimes involving residents.

**14. Disaster Relief**

We may disclose your PHI to a public or private entity authorized to assist in disaster relief efforts.

**15. Public Health Activities**

We may disclose your PHI to any public health authority that is authorized by law to collect it for purposes of preventing or controlling disease, injury, or disability.

**16. Marketing**

We may use your PHI or disclose it to business associates in order to inform you about treatment alternatives or health-related benefits and services that may be of interest to you, to make face-to-face communications with you about a service or product, or to provide you with a promotional gift of nominal value. Otherwise, we will obtain a specific written authorization from you or your personal representative before using or disclosing PHI for marketing purposes.

**17. Sale of PHI**

We may disclose your PHI for remuneration in certain limited circumstances, such as where a government agency reimburses us for our expenses in providing information for public health purposes. Otherwise, we will obtain a specific written authorization from you or your personal representative before receiving reimbursement for using or disclosing your PHI.

**18. Coroner, Medical Examiner, or Funeral Director**

We may disclose PHI to a coroner or medical examiner where the coroner or medical examiner requests the information to identify a decedent or to investigate deaths that may involve public health concerns, suspicious circumstances, elder abuse, or in other instances authorized by law. We may disclose PHI to a funeral director to allow them to carry out their duties.

**19. Organ Procurement**

If you are an organ donor, we may disclose your PHI following your death to an organ procurement agency or tissue bank in order to aid in using your organs or tissues in transplantation.

**20. Research**

We may disclose your PHI for research purposes, provided that an outside institutional review board (IRB) overseeing the research approves the disclosure of the information without a written authorization.

**21. National Security and Intelligence Activities**

We will disclose PHI about a resident to authorized federal officials conducting national security and intelligence activities or as needed to protect federal and foreign officials.

**22. Preventing Danger to Identified Persons**

We may disclose your PHI to prevent an immediate, serious threat to the safety of an identified person.

**23. Workers' Compensation**

We may disclose your PHI in order to comply with workers' compensation laws.

**24. Other Disclosures Required or Permitted by Law**

We will disclose PHI about a resident when otherwise required or permitted by law.

**25. Additional Restrictions for Substance Use Disorder Records**

Records related to treatment of substance use disorders are subject to more stringent use and disclosure requirements than what HIPAA permits or requires. These rules are set forth in the federal regulations at 42 CFR Part 2. You can provide a single consent for all uses and disclosures of substance use disorder records for purposes of treatment, payment, and our health care operations. For other uses, we may only use and disclose these records with your written consent. We will not use or disclose any substance use disorder records in the context of records in the context of civil, criminal, administrative, or legislative proceedings about you without: (a) your written consent, or (b) a court order and subpoena that complies with the requirements of 42 CFR Part 2.

**E. YOUR RIGHTS REGARDING PHI**

You have the following rights with respect to your PHI. To exercise these rights, contact us at the following address: Vi at Grayhawk, 7501 E. Thompson Peak Pkwy., Scottsdale, AZ 85255, Attention: Privacy Official.

**1. Right to Request Access**

You have the right to inspect and copy your health records maintained by us. This includes the right to have electronic records made available in electronic format to you or to someone whom you designate. In certain limited circumstances, we may deny your request as permitted by law. However, you may be given an opportunity to have such denial reviewed by an independent licensed health care professional.

**2. Right to Request Amendment**

You have the right to request an amendment to your health records maintained by us. If your request for an amendment is denied, you will receive a written denial, including the reasons for such denial, and an opportunity to submit a written statement disagreeing with the denial.

**3. Right to Request Special Privacy Protections**

You have the right to request restrictions on the use and disclosure of your PHI for treatment, payment, or health care operations, or providing notifications regarding your identity and status to persons inquiring about or involved in your care. You also have the right to request that we communicate PHI to the recipient by alternative means or at alternative locations. And, at your request, we will not disclose your PHI to a health plan or other insurer for payment or our health care operations where your information relates to a health care item or service for which you have paid us out of pocket in full. We are not required to agree to every request made by you

for special privacy protections, but if we do, we will comply with your request, except in an emergency situation or until the restriction is terminated by you or us.

**4. Right to an Accounting**

You have the right to receive an accounting of disclosures of your PHI created and maintained by us over the six years prior to the date of your request or for a lesser period. We are not required to provide an accounting of certain routine disclosures or of disclosures of which you are already aware. You also have the right to receive an accounting of electronic disclosures made up to three years from the date of your request where such disclosures were made for purposes of treatment, payment, or health care operations.

**5. Right to Receive a Copy of the Notice of Privacy Practices**

You have the right to request and receive a copy of our Notice of Privacy Practices for PHI in written or electronic form. If you have received this Notice of Privacy Practices in electronic form, you also have a right to receive a copy in written form upon request.

**F. NOTICE OF SECURITY BREACHES**

We will provide you with written notification (either by mail or email) in the event of a security breach involving your PHI. The notification will describe what happened, the types of information involved, the steps that we are taking to deal with the situation, what you should do to protect yourself against any harmful consequences, and contacts for obtaining further information.

**G. COMPLAINTS**

If you believe that your privacy rights have been violated, you may file a complaint with us at the following address: Vi at Grayhawk, c/o Classic Residence Management Limited Partnership, 233 S. Wacker Drive, Suite 8400, Chicago, IL 60606, Attention: General Counsel. You also have the right to submit a complaint to the Secretary of the U.S. Department of Health and Human Services. For information on how to do this, go to [www.hhs.gov/hipaa](http://www.hhs.gov/hipaa). **We will not retaliate against you if you file a complaint.**

**H. FURTHER INFORMATION**

If you have questions about this Notice of Privacy Practices or would like further information about your privacy rights, contact us at the following address: Vi at Grayhawk, 7501 E. Thompson Peak Pkwy., Scottsdale, AZ 85255, Attention: Privacy Official.

**The effective date of this HIPAA Notice of Privacy Practices is February 13, 2026.**

## **Acknowledgment of Receipt of HIPAA Notice of Privacy Practices**

I hereby acknowledge receipt from Vi at Grayhawk of a copy of its HIPAA Notice of Privacy Practices effective February 13, 2026.

**RESIDENT:**

\_\_\_\_\_  
(Printed or typed name)

\_\_\_\_\_  
(Signature)

Date:\_\_\_\_\_

**RESIDENT'S PERSONAL  
REPRESENTATIVE:**

(if signed on resident's behalf)

\_\_\_\_\_  
(Printed or typed name)

\_\_\_\_\_  
(Signature)

Date:\_\_\_\_\_

Relationship to Resident:\_\_\_\_\_

☐ I agree that Vi may send me notices electronically at the following email address:

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