



## ***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**

We are committed to protecting the confidentiality of our patients' health information. This Notice of Privacy Practices describes how we may use and disclose your health information and your rights concerning your health information. This Notice applies to Tabor Hills Healthcare Facility, Inc. and Tabor Hills Supportive Living Community, LLC (together, "Tabor Hills"), which have designated themselves as a single affiliated covered entity for purposes of compliance with the Health Insurance Portability and Accountability Act of 1996 and its implementing regulations ("HIPAA").

### **Understanding Your Health Record/Information**

Each time you apply for admission to Tabor Hills, a record is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as:

- the basis for planning your care and treatment;
- the means of communication among the many health professionals who contribute to your care;
- the legal document describing the care you received;
- the means by which you or a third party payor can verify that services billed were actually provided;
- a tool in educating health professionals;
- a source of data for medical research;
- a source of information for public health officials who oversee the delivery of health care in the United States;
- a source of data for facility planning; and
- a tool with which we can assess and continually work to improve the care we render and the outcome we achieve.

Understanding what is in your record and how your health information is used helps you to (i) ensure its accuracy; (ii) better understand who, what, when, where and why others may access your health information; and (iii) make more informed decisions when authorizing disclosure to others.

### **How We Will Use or Disclose Your Health Information**

1. **Treatment:** We will use your health information for treatment. For example, information obtained by a nurse, physician, or other member of your healthcare team will be recorded in your record and used to determine the course of treatment that should work best for you. Your physician will document in your record his or her expectations of the members of your healthcare team. Members of your healthcare team will then record the actions they took and their observations, so the physician will know how you are responding to treatment. We will also provide your physician, or a subsequent healthcare provider, with copies of various reports that should assist him or her in treating you once you are discharged from our facility.
2. **Payment:** We will use your health information for payment. For example, a bill may be sent to a third party payor, including Medicare or Medicaid. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures and supplies used.
3. **Health Care Operations:** We will use your health information for our regular health care operations. For example, members of the medical staff, the risk or quality improvement manager, or members of the quality improvement team, may use information in your health record to assess the care and outcome in your case and others like it. This information will then be used in a continued effort to improve the quality and effectiveness of the health care and service we provide.

4. **Affiliated Covered Entity:** Because Tabor Hills Healthcare Facility, Inc. and Tabor Hills Supportive Living Community, LLC are designated as a single affiliated covered entity (“ACE”), they may share information with each other as necessary to carry out treatment, payment and healthcare operations. For example, your health information may be shared across the ACE in order to assess quality, effectiveness and cost of care.
5. **Business Associates:** We may enter into contracts with persons or entities known as business associates that provide services to or perform functions on our behalf. Examples include our accountants, consultants and attorneys. We may disclose your health information to our business associates so they can perform the job we have asked them to do, once they have agreed in writing to safeguard your information.
6. **Directory:** Unless you notify us that you object, we may use your name, location in the facility, general condition, and religious affiliation for directory purposes. This information may be provided to members of the clergy and, except for religious affiliation, to other people who ask for you by name. We may also use your name on a nameplate next to or on your door in order to identify your room, unless you notify us that you object.
7. **Appointment Reminders / Health Benefits:** We may contact you to provide appointment reminders or information about treatment alternatives or other health benefits that may be of interest to you.
8. **Family and Friends:** We may disclose your health information to a family member or friend who is involved in your medical care or to someone who helps pay for your care. If you do not want us to disclose your health information to family members or others involved in your care, you may contact our Privacy Officer. We may also use or disclose your medical information to notify (or assist in notifying) a family member, legally authorized representative or other person responsible for your care of your location, general condition or death.
9. **Required By Law:** We may use or disclose your health information to the extent the use or disclosure is required by law. Any such use or disclosure will be made in compliance with the law and will be limited to what is required under the law.
10. **Funeral Directors and Coroners:** We may disclose your health information to funeral directors, and to coroners or medical examiners, to carry out their duties consistent with applicable law.
11. **Organ Procurement Organizations:** Consistent with applicable law, we may disclose your health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.
12. **Research:** We may disclose your health information (i) to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information; and (ii) to people preparing to conduct a research project, so long as the health information is not removed from us. We may also use and disclose your health information to contact you about the possibility of enrolling in a research study.
13. **Fundraising:** We may contact you as part of our fundraising efforts; however, you will be provided an opportunity to opt-out of receiving such communications in the future.
14. **Food and Drug Administration (FDA):** We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs or replacement.
15. **Workers’ Compensation:** We may disclose health information to the extent authorized by and to the extent necessary, to comply with laws relating to workers’ compensation or other similar programs established by law.
16. **Public Health Activities:** As required by law, we may disclose your health information to public health, or legal authorities, charged with preventing or controlling disease, injury or disability.

- 17. Health Oversight Activities:** We may disclose your health information to health oversight agencies for purposes of legally authorized health oversight activities, such as audits and investigations necessary for oversight of the health care system and government benefit programs.
- 18. Correctional Institutions:** Should you be an inmate of a correctional institution, we may disclose to the institution, or agents thereof, health information necessary for your health and the health and safety of other individuals.
- 19. Judicial and Administrative Proceedings:** We may disclose your health information in a judicial or administrative proceeding if the request for the information is through an order from a court or administrative tribunal. Such information may also be disclosed in response to a subpoena or other lawful process if certain assurances regarding notice to the individual or a protective order are provided.
- 20. Law Enforcement:** We may disclose your medical information to law enforcement in limited circumstances, such as to identify or locate suspects, fugitives, witnesses or victims of a crime, to report deaths from a crime, to report crime on our premises or in emergency treatment situations.
- 21. To Avert a Serious Threat to Health or Safety:** We may use or disclose your 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.
- 22. Disaster Relief Efforts:** We may use or disclose your health information to an authorized public or private entity to assist in disaster relief efforts. You may have the opportunity to object unless it would impede our ability to respond to emergency circumstances.
- 23. Victims of Abuse, Neglect and Domestic Violence:** In certain circumstances, we may disclose your health information to appropriate government authorities if there are allegations of abuse, neglect or domestic violence.
- 24. Essential Government Functions:** We may disclose your health information for certain essential government functions (e.g., military activity and for national security purposes).

The following uses and disclosures will be made only with your authorization: (i) most uses and disclosures of psychotherapy notes; (ii) most uses and disclosures of your health information for marketing purposes; (iii) disclosures that constitute a sale of your health information; and (iv) other uses and disclosures not described in this notice. You may revoke your authorization at any time in writing, except to the extent that we have taken action in reliance on the use or disclosure indicated in the authorization.

### **Your Health Information Rights**

Although your health record is the physical property of Tabor Hills, the information in your health record belongs to you. You have the following rights:

- You have the right to request that we not use or disclose your health information for a particular reason related to treatment, payment or our general healthcare operations, and/or to a particular family member, other relatives or close personal friend. We ask that such requests be made in writing to the Privacy Officer on a form provided by Tabor Hills. Although we will consider your request, we are under no obligation to accept it or to abide by it, except if you have paid for services out-of-pocket in full, and you ask us not disclose information related solely to those services to your health plan. We are required to abide by such a request, except where we are required by law to make a disclosure. For more information about this right, see 45 Code of Federal Regulations (C.F.R.) § 164.522(a).
- You have the right to receive confidential communications from us by alternative means or at an alternative location. Such a request must be made in writing, and submitted to the Privacy Officer. We will attempt to accommodate all reasonable requests. For more information about this right, see 45 C.F.R. § 164.522(b).
- You may request to inspect and/or obtain copies of health information about you, which will be provided to you in the time frames established by law. We ask that such requests be made in writing to the Privacy Officer on a form provided by Tabor Hills. If we maintain your health information electronically in a designated record set, you may obtain an electronic copy of the information. If you request a copy (paper or

electronic), we may charge you a reasonable, cost-based fee. For more information about this right, see 45 C.F.R. § 164.524.

- If you believe that any health information in your record is incorrect, or if you believe that important information is missing, you may request that we correct the existing information or add the missing information. We ask that such requests be made in writing to the Privacy Officer on a form provided by Tabor Hills. Such requests must provide a reason to support the amendment. For more information about this right, see 45 C.F.R. § 164.526.
- You may request that we provide you with a written accounting of all disclosures made by us during the time period for which you request (not to exceed six years), as required by law. We ask that such requests be made in writing to the Privacy Officer on a form provided by Tabor Hills. Please note that an accounting does not include all disclosures, *e.g.*, disclosures to carry out treatment, payment or healthcare operations and disclosures made to you or your legal representative or pursuant to an authorization. You will not be charged for your first accounting request in any 12-month period. However, if you make additional requests in the same 12-month period, you may be charged a reasonable, cost-based fee. For more information about this right, see 45 C.F.R. §164.528.
- You have the right to obtain a paper copy of our Notice of Privacy Practices upon request.

### **Our Responsibilities**

Tabor Hills is required to:

- maintain the privacy of your health information
- provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you
- abide by the terms of this notice
- notify you if we are unable to agree to a requested restriction
- accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations
- notify you following a breach of your unsecured health information.

We reserve the right to change the terms of this notice and to make the new provisions effective for all protected health information we maintain.

### **For More Information or to Report a Problem**

You have the right to complain to us and to the Secretary of the U.S. Department of Health and Human Services (HHS) if you believe we have violated your privacy rights. Tabor Hills will not retaliate against you for filing a complaint.

For more information about our privacy practices or to file a complaint with us, contact Tabor Hills' Privacy Officer at 1347 Crystal Avenue, Naperville, IL 60563 or by telephone: (630) 778-6677.

To file a complaint with the Secretary of HHS, send your complaint to the U.S. Department of Health and Human Services, Office for Civil Rights, Region V, 233 North Michigan Avenue, Suite 240, Chicago, IL 60601.

**Acknowledged By:** \_\_\_\_\_

**Signature** of Resident/Patient or Responsible Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
**Printed** Name of Resident/Patient

The instituted date of this privacy notice is:	April 14, 2003
The revision date of this privacy notice is:	September 23, 2013