



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.

Clark-Lindsey Village, Inc. is providing this Notice of Privacy Practices because the privacy of your health information is very important to you and to us, and in compliance with federal regulations.

By “your health information” we mean the information that we maintain that specifically identifies you and your health status.

Summary

This Notice describes how we use your health information within Clark-Lindsey Village, Inc. and disclose it outside Clark-Lindsey Village, Inc., and why.

Uses or Disclosures Which Do Not Require Your Written Authorization

Treatment, Payment, and Health Care Operations

We use or disclose your health information to carry out your treatment; to obtain payment for your treatment; and to conduct health care operations. For example:

- >> For **treatment**, we use your health information to plan, coordinate, and provide your care. We disclose your health information for treatment purposes to physicians and other health care professionals outside our facility who are involved in your care.
- >> For **payment**, we use your health information to prepare documentation required by your insurance company or HMO or by Medicare or Medicaid. We disclose that part of your health information that these organizations require for payment.
- >> For **health care operations**, we use or disclose your health information, for example, to improve the quality of our services, to plan better ways of treating residents, and to evaluate staff performance.

Uses or Disclosures of Your Health Information to Which You May Object

We may use or disclose your health information for the following purposes, unless you ask us not to.

- Facility directories: We maintain a resident directory including for each resident; name, location in our facility, health condition in general terms, and religious affiliation. We may disclose this information to people who ask for you by name. We will make known your religious affiliation only to clergy. We may also have your name posted on the directory at the entrance to the health center. We may also use your name on a name plate next to your door in order to identify your room.
- Informing family and friends. We may disclose your health information to family, friends, or others identified by you who are involved in your care. If we are unable to reach your family member or personal representative, then we may leave a message for them at the phone number or via email that they have provided to us.
- Assistance in disaster relief efforts.
- For fundraising activities. We may contact you or your family for fundraising purposes. If you do not wish to be contacted for this purpose, please contact the Social Services Director and indicate that you do not wish to receive fundraising communication from us.
- Confirming appointments.
- Informing you about treatment alternatives or other health-related benefits and services that may be of interest to you, e.g., support group information.

If you object to our use of your health information for any of these purposes please contact our Privacy Officer or designee.

Uses or Disclosures Required or Permitted

Where we are required or permitted to do so, we may use or disclose your health information in the following circumstances without your written authorization.

- Business associates: There are some services provided in our organization through contacts with business associates. Examples include our consultants and attorneys. When these services are contracted, we may disclose your health information to our business associates so that they can perform the job we've asked them to do. To protect your health information, however, we require the business associates to appropriately safeguard your information.
- Federal government investigation, when required by the Secretary of Health and Human Services to investigate or determine our compliance with federal regulation.
- Federal, state or local law requirements.
- Public health activities, for example to report communicable diseases or death; or for matters involving the Food and Drug Administration.
- Reporting of abuse, neglect or domestic violence.

- Health oversight activities by a health oversight agency. (A health oversight agency is an organization authorized by the government to oversee eligibility and compliance and to enforce civil rights laws.)
- Judicial or administrative proceedings, for example responding to a court order or subpoena.
- Law enforcement purposes, for example to report certain types of wounds or other physical injuries or to identify or locate a suspect, fugitive, material witness, or missing person.
- Use by coroners, medical examiners, or funeral directors.
- Facilitating organ, eye, or tissue donation.
- Research, provided that very strict controls are enforced.
- Averting a serious threat to your health or safety or that of the public.
- Specialized government functions such as military or veterans' affairs; national security, and intelligence activities.
- Workers' compensation.

Uses or Disclosures Which Require Your Written Authorization

Your written authorization is required if we use or disclose your health information for any other purpose, in particular:

- Our use of psychotherapy notes beyond treatment, payment, and health care operations.
- Marketing of goods or services to you.

You may revoke an authorization for use or disclosure of health information, except to the extent that action has already been taken. Such a request must be made in writing to our Privacy Officer.

Your Rights As A Resident to Privacy Of Your Health Information

- **Right to Request Restrictions:** You may request that we not use or disclose your health information for a particular reason related to treatment, payment, or healthcare operations, and/or to a particular family member, other relative or personal friend. We ask that such requests be made in writing on a form provided by our facility. Although we will consider your request, please be aware that we are under no obligation to accept it or to abide by it. We must notify you if we are unable to agree to a requested restriction. For more information about this right, see 45 Code of Federal Regulations (C.F.R. 164.522(a)).
- **Right to Request Confidential Communications:** You have the right to request that we communicate with you confidentially, for example to speak with you only in private; to send

mail to an address you designate; or to telephone you at a number you designate. Your request must be in writing to the Privacy Officer. We will make every attempt to honor your request.

- **Right to Request Access to Your Health Information:** You have the right to request access to your health information in order to inspect or obtain copies of it. Your request must be in writing. We may deny your request and, if so, you may request a review of the denial. However, we will make every attempt to honor your request. If you request copies of your medical record, we will charge you a reasonable fee.
- **Right to Request an Amendment of Your Health Information:** You have the right to request an amendment to your health information. Your request must be in writing and must provide a reason for the amendment. We may deny your request and, if so, you may submit a statement of disagreement. We will make every attempt to honor your request.
- **Right to Request an Accounting of Disclosures of Your Health Information:** You have the right to request an accounting of our disclosures of your health information for purposes other than treatment, payment, and health care operations. We will make every attempt to honor your request. The accounting will include the date of the disclosure, to whom the disclosure was made, the purpose of the disclosure and a brief description of the disclosure. We are not required to provide an accounting for disclosures before April 14, 2003 or for more than 6 years prior to the date of your request. You will not be charged for your first accounting request in any 12-month period. However, for any requests that you make thereafter, you will be charged a reasonable, cost-based fee.
- **Right to Obtain a Paper Copy of this Notice:** If you received this Notice electronically, you have the right to receive a paper copy.

To exercise any of these rights please write or telephone the Privacy Officer.

Our Duties in Protecting Your Health Information

- We are required by law to maintain the privacy of your health information.
- We must inform residents or their legal representatives of our legal duties and privacy practices with respect to health information.
- We must abide by the terms of the Notice currently in effect.
- We reserve the right to change the terms of this Notice and to make the new Notice provisions effective for all health information that we maintain. At any time, you may obtain a copy of the current notice from the Privacy Officer.

Complaints, Contact Person, Effective Date, and Acknowledgement

- You may complain to us and to the Secretary of Health and Human Services if you believe your privacy rights have been violated.

- You will not be retaliated against for filing a complaint.
- You may file your complaint with our facility by writing to:

ATTN: Ashlee Phillips, Privacy Officer
Clark-Lindsey Village
101 West Windsor Road
Urbana IL 61802

- You may file a complaint in writing with the Secretary of Health and Human Services:

Region V, Office for Civil Rights
U.S. Department of Health and Human Services
233 North Michigan Avenue, Suite 240
Chicago IL 60601
Voice Phone (312) 886-2359
TDD (312) 353-5693
FAX (312) 886-1807

- For further information you may write or call:

Ashlee Phillips
Privacy Officer
Clark-Lindsey Village
101 West Windsor Road
Urbana IL 61802
(217) 344-2144

- This notice is effective May 3, 2007.
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Acknowledgment of Receipt of Notice

Resident name: _____

I have received a copy of Clark-Lindsey Village, Inc.'s Notice of Privacy Practices.

Signature: _____ Date _____

If personal representative: Name: _____

Relationship to Resident: _____

Reason signature not obtained:

Resident too sick to sign at this time.

Resident would not sign.

Other: _____

Name of Clark-Lindsey Village, Inc. employee attempting unsuccessfully to obtain signature:

Date: _____
