

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.

Understanding Your Health Record/Information

Each time you visit a nursing facility a record of your visit 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 a:

- basis for planning your care and treatment
- means of communication among the many health professionals who contribute to your care
- legal document describing the care you received
- means by which you or a third-party payer, including Medicare or Medicaid, can verify that services billed were actually provided
- a tool in educating health professionals
- 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 marketing
- 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: ensure its accuracy, better understand who, what, when, where, and why others may access your health information, and make more informed decisions when authorizing disclosure to others.

Our Responsibilities

Our nursing facility is required to:

- maintain the privacy of your health information
- provide you with a notice as to our legal duties and privacy practices while abiding 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

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will mail you a revised notice.

We will not use or disclose your health information without your authorization, except as described in this notice.

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. In that way, 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're discharged from our nursing facility. Treatment requests, test and laboratory results may also be faxed to your physician or other health care provider.
2. **Payment** – We will use your health information for payment. For example, a bill may be sent to you, your insurance company, or a third-party payer, 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. Other examples of health care providers that we may share your health information with for payment include, but are not limited to, pharmacies that supply medications on your behalf medical supply companies, ambulance companies, Medicaid, TransVAC, rehabilitation therapy providers, and consultants charged with responsibilities for your care.
3. **Health care operations** – We will use your health information for 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 outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the health care and service we provide. We may disclose information to physicians, nurses, staff members, medical and other students for review and learning purposes. Photographs of the residents are taken upon admission to the facility, at activities, and at other special events. Unless you object, these photographs may be utilized for resident identification, picture displays in the facility, newsletters, or for general public relations. DCRNC also recognizes and celebrates resident birth dates (not the year of the birth). Unless you object, birthdays are listed in our newsletters and posted in the facility. Birth dates and names may be given to social or religious organizations for recognition of these special days in the life of the resident. Public health surveyors may also have access to resident records for health care oversight purposes.
4. **Business associates** – There are some services provided in our organization through contacts with business associates. Examples include our accountants, 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.

Often business associates need information on residents to accomplish their business objectives. We also have the right to provide PHI to our business associates without your permission, provided that PHI has been de-identified. When we de-identify PHI we remove any data that could be used to identify an individual. The information that is de-identified customarily is name, birth date, telephone numbers, address, social security numbers, medical numbers, e-mail addresses and the like.

5. Directory – Unless you notify us that you object, we will use your name and location in the facility, for directory purposes. A general condition statement may also be provided to members of the clergy and to other people who ask for you by name. We may also use your name on a nameplate next to your door in order to identify your room, and on the nursing units unless you notify us that you object.
6. Notification – We may use or disclose information to assist in notifying a family member, personal representative, or another person responsible for your care, of your location, and general condition. If we are unable to reach your family member or personal representative, then we may leave a message for them at the phone number that they have provided us, e.g., on an answering machine.
7. Communication with family – Health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person’s involvement in your care or payment related to your care. A voice mail message may also be left on a telephone answering machine if we are unable to reach a family member/ personal representative.
8. Research – We may disclose information 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.
9. Funeral directors – We may disclose health information to funeral directors, medical examiners, and coroners to carry out their duties consistent with applicable law.
10. Organ procurement organizations – Consistent with applicable law, we may disclose 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.
11. Marketing – We may contact you or your family members to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.
12. Fund raising – We may contact you or your family members as part of a fund-raising effort, specific to our facility. We may disclose identifying information to a foundation affiliated with DCRNC to raise funds for our facility.
13. Food and Drug Administration (FDA) – We may disclose to the FDA health information relative to adverse events with respect to food, supplements, medications, product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.
14. 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.
15. Public health – 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.

16. Correctional institution – 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.
17. Law enforcement, Judicial and administrative proceedings – We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.
18. Reports – Federal laws makes provision for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public.
19. To Avert a Serious Threat to Health or Safety – When necessary to prevent a serious threat to your health or safety or the health and safety of the public or another person, we may use or disclose health information, limiting disclosures to someone able to help lessen or prevent the threatened harm.

Your Health Information Rights

Although your health record is the physical property of the nursing facility, the information in your health record belongs to you. You may access your health records by submitting a request to the facility Privacy Officer. Each of your rights to health information is subject to certain requirements, limitations and exceptions. At your request, the facility will supply you with the appropriate request form.

- You have the right to obtain a paper copy of our Notice of Privacy Practices upon request.
- If you are dissatisfied with the manner in which or the location where you are receiving communications from us that are related to your health information, you may request that we provide you with such information by alternative means or at alternative locations. 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 revoke an authorization to use or disclose health information, except to the extent that action has already been taken. Such a request must be made in writing.
- You may request to access, inspect and/or obtain copies of health information about you, as long as the information is contained in a designated record set. You have the right to request, either orally or in writing, your medical or billing records or other information that may be used to make decisions about your care. We must allow you to inspect your records within 24 hours of your request (excluding weekends and holidays). Access to medical records is supervised by the Director of Nursing, the Assistant Director of Nursing, or the Director of Social Services. If you request copies of the records, we must provide you with them within two working days of that request (excluding weekends and holidays). We may charge a reasonable fee consistent with state law for our costs in copying and mailing your requested information. We may deny access to records to certain types of information including therapy notes and information needed for civil, criminal or administrative actions. For more information about this right, see 45 C.F.R. § 164.524.

- You have the right to request restrictions on our use or disclosure of your personal health information for treatment, payment or health care operations. You may request that we not use or disclose your health information for a particular reason related to treatment, payment, or the Facility's general health care operations. 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. To obtain a request form, contact the facility Privacy Officer. For more information about this right, see 45 Code of Federal Regulations (C.F.R.) § 164.522(a).
- 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. Such requests must be made in writing, and must provide a reason to support the amendment. We ask that you use the form provided by our facility to make such requests. For a request form, please contact the Privacy Officer. We may deny the request if the information a) was not created by DCRNC or the originator is no longer able to act on your request; (b) is not part of the information maintained by DCRNC; (c) is not part of the information you have a right to access; or (d) is already accurate and complete. For more information about this right, see 45 C.F.R. § 164.526.
- You also have the right to restrict the personal health information we disclose about you to a family member, friend or other person who is involved in your care or the payment for your care. We are required to agree to your requested restriction with respect to release of your health information to any individual outside the Facility unless you are being transferred to another health care institution, unless the release of records is required by law or by a third party payor (insurance company, for example), or unless you require emergency care.
- 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 6 years). We ask that such requests be made in writing on a form provided by our facility. Please note that an accounting will not apply to any of the following types of disclosures: disclosures made for reasons of treatment, payment or health care operations; disclosures made to you or your legal representative, or any other individual involved with your care; disclosures to correctional institutions or law enforcement officials; and disclosures for national security purposes. 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. For more information about this right, see 45 C.F.R. § 164.528.

For More Information or to Report a Problem

If you have questions or would like additional information, you may contact our facility's Privacy Officer, Michele Green, at 815-758-2477, ext.156. The location is DCRNC, 2600 North Annie Glidden Road, DeKalb, Illinois 60115. If you believe that your privacy rights have been violated, you may file a complaint with us. These complaints must be filed in writing on a form provided by our DCRNC. The complaint form may be obtained by contacting the Privacy Officer. When completed, the complaint form should be returned to the Privacy Officer.

You may also file a complaint with the Office of Civil Rights, U.S. Department of Health and Human Services, 233 N. Michigan Avenue, Suite 240, Chicago, Il. There will be no retaliation for filing a complaint.

Effective Date: 2/1/2003, 3/19/04

Revised: 1/10/03

DeKalb County Rehab and Nursing Center
Acknowledgement of Receipt of Notice of Privacy Practices

Print Name of Resident

I have received a copy of DCRNC's Notice of Privacy Practices.

Signature of Resident/ Resident's Representative

Date Signed

Print name of the above signed individual

I request the following restrictions to the use or disclosure of my health information:
(If no restrictions please write "None")

Please initial choices below:

I give my consent _____
I withhold my consent _____

To have my name and room number in a directory
in the lobby and on the nursing units.

I give my consent _____
I withhold my consent _____

To DeKalb County Rehab and Nursing Center to utilize
or disclose protected health information (PHI) to third
parties as may be required to carry out treatment , payment
or healthcare operations. Such disclosure will be limited to
third parties whose sole purpose is the performance of
functions related to your stay at the Facility. Examples
include pharmacies that supply medications on your
behalf; medical supply companies; Medicare; insurance,
Illinois Public Aid; Trans VAC; rehabilitation therapy
providers, consultants charged with specific
responsibilities for your care.

I give my consent _____
I withhold my consent _____

To DCRNC to take a photo for identification purposes
at DCRNC

I give my consent _____
I withhold my consent _____

To have my picture taken while participating in special
activities. These may be used for newspaper releases
concerning DCRNC.

I give my consent _____
I withhold my consent _____

To post my picture in the facility

I give my consent _____
I withhold my consent _____

To print my picture in the Gazette

I give my consent _____
I withhold my consent _____

To possibly have my name or birthdate (no year) given to social organizations, or religious organizations

I give my consent _____
I withhold my consent _____

To announce my birthday (not the year)

I give my consent _____
I withhold my consent _____

To post my birthday (not the year)

I give my consent _____
I withhold my consent _____

To print my birthday(not the year)

I authorize the specific use of my protected health information as described in the Privacy Practice Notices.

Signature of Resident/Resident's Representative

I give my consent for the DeKalb County Rehab and Nursing Center Foundation to place my name, the names of family or friends on a mailing list designed to raise funds solely for DCRNC.

Signature of Resident/Resident's Representative

For Facility Use Only

Response of facility: _____ Restrictions accepted _____ Restrictions denied

Facility Representative Signature: _____
_____ Check if **no** restrictions requested

(To be completed by facility Privacy Officer only if resident's acknowledgment not obtained)

Good faith efforts were made to obtain the resident/resident's personal representative written acknowledgment that the resident /representative received DCRNC's Notice of Privacy Practices as follows:

The reason the resident's acknowledgement was not obtained is as follows:

Documented by: _____
Print Name

Signature

Title

Date