

The Tillers Health Care Residence  
Summary Notice of Privacy Practices

The following information is a summary of the **NOTICE OF PRIVACY PRACTICES**, which is attached, in full text. **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 required by law to maintain the privacy of your medical information. We must provide you with a copy of this notice. We must follow the terms of this notice. If the notice is changed in any material way, a revised notice will be available upon request.

We will use your medical information for **Treatment**. For example, a nurse who is providing your care will report any changes in your condition to your doctor. We will use your medical information for **Payment**. For example, we may need to give your insurance plan information about your diagnosis, treatment and the supplies used. We will use your medical information for **Health Care Operations**. For example, we may use your medical information to evaluate our services. We may contact you at any phone number, e-mail or address you have provided to us to remind you of an appointment or other health care matters or to obtain payment for our services.

We may use your name and address for fund raising activities. We may use and disclose your medical information to inform you of treatment alternatives or other health related benefits and services. We may disclose your medical information to family members or others who are involved in your care or payment for that care. If we have a resident directory, we will include information about you in that directory. You must notify the Admissions/Guest Relations Coordinator in writing if you do not want us to communicate with you in any of these ways.

We may use your medical information for any uses that are required or permitted by law. Other uses and disclosures will be made only with your written authorization. You may cancel an authorization at any time by notifying the Admissions/Guest Relations Coordinator in writing.

You have the following rights: **Right to privacy notice; Right to request restrictions on uses and disclosures of your medical information; Right to receive confidential communications; Right to inspect and copy your medical information; Right to request an amendment to your medical information; and Right to an accounting of disclosures of your medical information.**

**Contact Information.** If you feel that your privacy rights have been violated, please contact the Privacy Officer at (630) 554-1001 or the U.S. Secretary of Health and Human Services.

As indicated by my signature below I hereby acknowledge receipt and understanding of the *Notice of Privacy Practices*.

\_\_\_\_\_  
Signature of Resident or Personal Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Resident or Personal Representative

\_\_\_\_\_  
Description of Personal Representative's Authority to Act on Resident's Behalf

**The Tillers Health Care Residence  
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.**

**Purpose of This Notice**

This notice tells you about how we use and disclose your medical information. It tells you about your rights and our responsibilities to protect the privacy of your medical information. It also tells you how to complain to us, or the government if you believe that we have violated any of your rights or any of our responsibilities.

We are required by law to maintain the privacy of your medical information. We must give you a copy of this notice and get your signature that you have received it. We must follow the terms of this notice that are currently in effect.

If we revise this notice, a copy of the revised notice will be available upon request, posted at our location and on our website. We may change our practices and those changes may apply to medical information we already have about you as well as any new information.

This notice will be given to you on the date that you first receive treatment from The Tillers Health Care Residence. In an emergency, we will give you the notice as soon as possible after the emergency treatment has been given.

## **How We Use or Disclose Your Medical Information**

### **For Treatment**

We will use medical information about you to provide you with treatment and services. We may share this information with members of our healthcare staff or with others involved in your care such as doctors, nurses, or health care facilities. For example, a nurse who is caring for you will report any changes in your condition to your doctor. We may also disclose your health information to a member of your family or other person who is involved in your care.

### **For Payment**

We may use or disclose your medical information to bill and collect payment for the services we provide to you. For example, we may need to give your health insurance plan information about your diagnosis, treatment and supplies used. We may also contact your insurance plan to confirm your coverage or to request prior approval for a planned treatment or service.

### **Health Care Operations**

We may use or disclose your medical information for operational purposes. For example, we may use your medical information to evaluate our services, including the performance of our staff in caring for you. We may also use this information to learn how to continually improve the quality and effectiveness of the health care services that we provide to you.

### **Common Disclosures for Treatment, Payment or Health Care Operations**

Your name and address may be used to send you resident satisfaction surveys.

We may contact you by telephone, e-mail or by mail at The Tillers Health Care Residence, your home or your office to remind you of an appointment you have with us or anything else about the health care services we provide or payment for your health care services. We may leave messages for you. If you want us to contact you in a certain way or at a certain location, see "Right to Receive Confidential Communications" in this notice.

There are some services that are provided for us by our business associates such as accountants, consultants and attorneys. Whenever we share information with our business associates we have a written contract with them that requires that they protect the privacy of your medical information.

## **Other Use and Disclosures of Your Medical Information**

**Fund-raising** --Your name and address and the dates you received treatment or services may be added to a mailing list of residents in order to invite you to a fund-raising event or to send you a newsletter. If you do not want to receive these communications, please notify the Admissions/Guest Relations Coordinator in writing.

**Treatment Alternatives** --We may use and disclose medical information about you to tell you about other health care treatment available to you. If you do not want to receive these communications, please notify the Admissions/Guest Relations Coordinator in writing.

**Health Related Benefits and Services** --We may use and disclose medical information about you to tell you about other health care benefits or services that may interest you. If you do not want to receive these communications, please notify the Admissions/Guest Relations Coordinator in writing.

**Individuals Involved in Your Care** --We may disclose medical information about you to a family member, other relative, close friend or any other person identified by you if they are involved in your care or payments related to your care. We may also use or disclose medical information about you to notify these persons of your location, general condition or death. If there is a family member, other relative or close friend to whom you do not want us to disclose medical information about you, please notify the Admissions/Guest Relations Coordinator in writing.

**Resident Directory** --Your name, room number, and your medical condition described in general terms will be listed in our directory. This directory will be used when visitors ask for you by name. We will also list your religious affiliation in the directory. Your religious affiliation will only be given to members of the clergy who ask for this information. If you do not want to be included in our directory, or you wish to limit the information we include in the directory you must notify the Admissions/Guest Relations Coordinator of your objection.

### **Use or Disclosures That Are Required or Permitted by Law**

**Disaster Relief** --We may use or disclose medical information about you to assist in disaster relief efforts. This will be done to notify family members or others of your location, general condition or death in case of a natural or man-made disaster.

**Required by Law** --We may use or disclose medical information about you when the law requires us to do so.

**Communicable Diseases** -- We may disclose your medical information to a person who may have been exposed to an infectious disease or who is at risk of spreading the disease or condition.

**Public Health Activities** --We may disclose medical information about you for public health activities to prevent or control disease.

**Victims of Abuse, Neglect or Domestic Violence** --We may disclose medical information about you to a government agency if we believe you are the victim of abuse, neglect or domestic violence.

**Health Oversight Activities** --We may disclose medical information about you to a health oversight agency.

**Food and Drug Administration** -- We may disclose medical information about you to monitor drugs or devices controlled by the Food and Drug Administration.

**Legal Activities** --We may disclose medical information about you in response to a court proceeding, in response to a subpoena or other legal process.

**Disclosures for Law Enforcement Purposes** --We may disclose medical information about you to law enforcement officials for law enforcement purposes:

- As required by law.
- In response to a court order or other legal proceeding.
- To identify or locate a suspect, fugitive, material witness or missing person.
- When information is requested about an actual or suspected victim of a crime.
- To report a death as a result of possible criminal conduct.
- About crimes that occur on our premises.
- To report a crime in emergency circumstances.

**Funeral Directors, Coroners and Medical Examiners** --We may disclose medical information about you as needed to allow these people to do their jobs.

**Organ Donation** --We may disclose medical information about you to organ procurement organizations if you are an organ donor.

**Workers' Compensation** --We may disclose medical information about you to comply with workers' compensation laws that provide benefits for work-related injuries or illnesses.

**Public Health or Safety** --We may use or disclose medical information about you if we believe it is necessary to prevent a threat to the health or safety of a person or the general public.

**Military** -- If you are a member of the Armed Forces, we may use and disclose medical information about you to your military command.

**National Security and Intelligence** -- We may disclose medical information about you to authorized federal officials for national security and intelligence activities.

**Security Clearance** -- We may use medical information about you for a required security clearance.

**Research** - We may disclose your medical information to researchers under certain limited circumstances.

### **Uses or Disclosures That Require Your Authorization**

Other uses and disclosures will be made only with your written authorization. You may cancel your authorization at any time by notifying the Admissions/Guest Relations Coordinator in writing of your desire to cancel it. If you cancel an authorization it will not have any affect on information that we have already disclosed. Some examples of uses or disclosures that may require your written authorization are:

- A request to provide your medical information to an attorney for use in a civil law suit.
- A request to photograph you for our marketing materials.

## Your Rights

The information contained in your health or medical record is the physical property of The Tillers Health Care Residence. The information in it belongs to you. You have the following rights:

**Right to Request Restrictions** -- You have the right to ask us not to use or disclose your medical information for a particular reason related to treatment, payment or our operations. You may ask that family members or other individuals not be informed of specific medical information. That request must be made in writing to the Admissions/Guest Relations Coordinator. We do not have to agree to your request. If we agree to your request, we must keep the agreement, except in the case of a medical emergency. Either you or The Tillers Health Care Residence can stop a restriction at any time.

**Right to Receive Confidential Communications** -- You have the right to request that we communicate with you in a certain way or at a certain place. If you want to request confidential communications the request must be made in writing to the Admissions/Guest Relations Coordinator. We must agree to your request if it is reasonable.

**Right to Inspect and Copy Your Medical Information** -- You have the right to ask to inspect and obtain a copy of your medical information. You must submit your request in writing to the Medical Records Coordinator. If you request a copy of the information or we provide you with a summary of the information we may charge a fee for the costs of copying, summarizing and/or mailing it to you.

If we agree to your request we will tell you. We may deny your request under certain limited circumstances. If your request is denied, we will let you know in writing and you may be able to request a review of our denial.

**Right to Request Amendments to Your Medical Information** -- You have the right to request that we correct your medical information. If you believe that any medical information in your record is incorrect or that important information is missing, you must submit your request for an amendment in writing to the Medical Records Coordinator.

We do not have to agree to your request. If we deny your request we will tell you why. You have the right to submit a statement disagreeing with our decision. We may deny your request if we determine that the information:

- Was not created by us
- Is not part of the medical information that we maintain
- Is in records that you are not allowed to inspect and copy
- Is already accurate or complete

**Right To An Accounting of Disclosures of Health Information** -- You have the right to find out what disclosures of your medical information have been made. The list of disclosures is called an accounting. The accounting may be for up to six (6) years prior to the date on which you request the accounting, but can not include disclosures made before April 14, 2003.

We are not required to include disclosures for treatment, payment or healthcare operations or certain other exceptions. Requests for an accounting of disclosures must be submitted in writing to the Medical Records Coordinator. You are entitled to one free accounting in any twelve (12) month period. We may charge you for the cost of providing additional accountings. If there will be a charge we will notify you in advance.

**Right To Obtain a Copy of the Notice** – You have the right to request and get a paper copy of this notice and any revisions we make to the notice at any time.

## **Complaints**

You have the right to complain to us and to the United States Secretary of Health and Human Services if you believe we have violated your privacy rights. There is no risk involved if you file a complaint.

**To file a complaint with us, contact by phone or by mail:**

Brett Saxon, Assistant Administrator  
P.O. Box 950  
Oswego, IL 60543  
(630) 554-1001  
(630) 554-1668 fax

**To file a complaint with the United States Secretary of Health and Human Services send your complaint to him or her in care of:**

Office of Civil Rights, Region V  
Department of Health and Human Services  
233 North Michigan Avenue, Suite 240  
Chicago, IL 60601

## **Questions and Information**

If you have any questions or want more information about this Notice of Privacy Practices, please contact:

Brooke Saxon-Spencer, Privacy Officer  
P.O. Box 950  
Oswego, IL 60543  
(630) 554-1001

Contact us by mail with written requests for information as defined under the **Your Rights** section of this notice.

<b>The current effective date of this Privacy Notice is:</b>	<b>April 14, 2003</b>
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