

NOTICE OF PRIVACY PRACTICES THE GARLANDS OF BARRINGTON

Revised 2-9-17

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.

The Garlands of Barrington is committed to protecting the privacy and security of your health information, including individually identifiable information that relates to your past, present, or future health, treatment, or payment for health care services (including long-term care).¹ Accordingly, we provide this Notice of Privacy Practices (“Notice”) to all our patients as required under federal law. This Notice describes how The Garlands of Barrington may use or disclose health information we maintain about you, including the circumstances under which your authorization may or may not be required for us to use or disclose this information. This Notice also describes your rights under the federal Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) related to the use and disclosure of your health information.

The Garlands of Barrington is required by law to:

- Maintain the privacy of your health information.
- Provide you this Notice of our legal duties and privacy practices with respect to your health information.
- Follow the terms of this Notice.
- Notify you if a breach occurs that compromises the privacy or security of your health information.

We reserve the right to change the terms of this Notice at any time. A change may apply to health information we already have about you, as well as any health information we receive in the future. If we make a material change to this Notice while you are a resident at The Garlands of Barrington, we will send you a revised Notice.

How We Use and Disclose Health Information

Federal and state law allows us to use your health information for certain purposes and share your health information with outside parties under limited circumstances. This section describes the ways in which The Garlands of Barrington may use or disclose your health information. Regardless of the reason for the use or disclosure, however, we will only use or disclose what is reasonably necessary for the particular purpose outlined in this Notice.

¹ The term “health information,” as used in this Notice, has the same meaning as “protected health information” as defined at 45 C.F.R. § 160.103.

Treatment, Payment, or Health Care Operations

Treatment. We may use and disclose your health information to provide you with medical treatment and other services in connection with your stay at The Garlands of Barrington. For example, we may need to use or disclose your health information to order medications for you (e.g., sharing your information with a pharmacist) or evaluate your health status with other health care providers so you receive the treatment you need. We may also share your health information with individuals outside of The Garlands of Barrington if you receive treatment from an outside health care provider.

- **Billing and Payment.** We may also use and disclose your health information so that we and others who have provided services to you can bill and collect payment for those services. For example, we may share your health information with your health plan so your plan will pay for care you have received at The Garlands of Barrington, to receive pre-approval from your health plan before performing a procedure on you, or so your plan can verify it has made accurate payments to us.
- **Health Care Operations.** We may use and disclose your health information to administer our organization and for other business purposes related to our health care operations. For example, we may use your health information to evaluate and improve the quality of care you have received from The Garlands of Barrington. We may also use your health information for training and education purposes, for credentialing, licensure, certification, and accreditation, to conduct internal audits, to maintain our computer systems, to assess patient satisfaction. ***Federal MDS Electronic Data Transfer***

The federal government and the State of Illinois require us to electronically submit certain information about you from your health care record. The government has assured us that this information will remain completely confidential. The information collected will be used to improve the health care system in the United States. We are required by the government to notify you of this data submission.

This information being supplied to the government is known as the Minimum Data Set (“MDS”) assessment of health information for the resident. This standardized MDS is collected for every resident in a long-term care center throughout the country.

Even though the MDS includes identification and background information, we have put in place security measures to ensure the privacy and confidentiality of each resident’s medical records.

Other Uses and Disclosures Permitted or Required by Law

In some limited situations outside of treatment, payment, or health care operations, the law allows or requires us to use or disclose your health information without your specific authorization. Such uses and disclosures include:

- When a federal, state, or local law requires that certain health information be reported or used for a specific purpose.
- For public health purposes, such as contagious disease reporting, investigation or surveillance; and notices to and from the federal Food and Drug Administration regarding drugs or medical devices.
- Disclosures to governmental authorities about victims of suspected abuse, neglect, exploitation or domestic violence.

- Uses and disclosures for health oversight activities, such as for the licensing of doctors; for audits by Medicare or Medicaid; or for investigation of possible violations of health care laws.
- Disclosures for judicial and administrative proceedings, such as in response to subpoenas or orders of courts or administrative agencies. We may disclose health information in response to a subpoena, discovery request, or other lawful process initiated by someone other than you, but only if efforts have been made by us, or on our behalf, to tell you about the request or to obtain an order protecting the health information requested. We may also disclose health information to any governmental agency or regulator with whom you have filed a complaint or as part of a regulatory agency examination.
- Disclosures for law enforcement purposes, such as to provide information about someone who is suspected to be a victim of a crime; to provide information about a crime at our office; or to report a crime that occurred elsewhere.
- Disclosures to a medical examiner to identify a dead person, to determine the cause of death, or perform other duties; or to funeral directors to aid in burial or to perform other duties; or to organizations that handle organ or tissue donations.
- Uses and disclosures to prevent or reduce a serious threat to health or safety.
- Uses or disclosures for specialized government functions, such as for the protection of high ranking government officials; for lawful national intelligence activities; for military purposes; or for the evaluation and health of members of the foreign service.
- Disclosures relating to worker's compensation programs.
- Uses or disclosures for research, if certain requirements are met.
- Creation of de-identified information sets.
- Creation, use or disclosure of a "limited data set" for research, public health, or health care operations.
- Disclosures to "business associates" who perform health care operations for us and who agree to abide by the terms of this Notice as well as relevant HIPAA rules protecting the privacy and security of your health information.
- Uses or disclosures that are incidental to otherwise permitted or required uses or disclosures.

Uses and Disclosures Subject to Your Permission

Unless you object, we may also use or disclose your health information in the following circumstances:

- We may disclose to a family member, relative, friend or other person identified by you, health information directly related to that person's involvement in your care or payment for your care. We may also disclose to a family member, personal representative or other person responsible for your care health information necessary to notify such individuals of your location, general condition or death.
- We may disclose your health information for disaster relief purposes.

If you are not able to tell us your preference (for example, if you are unconscious), we may share your health information if we believe it is in your best interest. If you would like to tell us your preferences about the disclosure of your health information in the above circumstances, please contact us using the information listed at the end of this Notice.

Uses and Disclosures You Authorize

We will not make any other uses or disclosures of your health information unless you sign a written “authorization form.” For instance, we will never share your health information for marketing or sell your information without your written authorization. The content of an “authorization form” is determined by federal law. At times, we may initiate the authorization process, but you may also initiate the process if you wish to share your health information with others.

If we initiate the process and ask you to sign an authorization form, you do not have to sign it. If you do not sign the authorization, we cannot make the use or disclosure. However, if you do sign an authorization form, you may revoke it at any time unless we have already acted in reliance upon it. You must revoke authorization forms in writing by contacting us using the information listed at the end of this Notice.

Your Rights Regarding Your Health Information

The law gives you certain rights regarding your health information. In particular, you have the right to:

- Ask us to restrict our uses and disclosures of your health information for purposes of treatment (except emergency treatment), payment, or health care operations. We do not have to agree to such requests, but if we agree, we must honor the restrictions you request. If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our health care operations with your health insurer, and we must agree unless a law otherwise requires us to share the information. To request a restriction, please send a written request using the contact information listed at the end of this Notice.
- Ask us to communicate with you confidentially—for example, by calling you at work rather than at home, by mailing you at a particular address, or by using a personal e-mail address. We will accommodate these requests if they are reasonable. If you would like to request confidential communications, please send us a written request using the contact information listed at the end of this Notice.
- Ask to see or get a paper or electronic copy of your health information. By law, we may refuse to permit access or copying of your health information under limited circumstances. If these situations do not apply and we grant your request, we will provide you access or a copy of your health information within 30 days of your request (or 60 days if we inform you of the reason for the delay), unless a shorter period is required by law. We may charge you a reasonable cost-based fee in advance to copy or provide access to your health information. If we deny your request, we will also send you a written explanation. Additionally, we may give you a written or electronic summary or explanation of your health information instead of providing you with a full copy, if you agree in advance to the form and cost of the summary or explanation. If you want to review or obtain a copy of your health information, please send a request using the contact information listed at the end of this Notice.
- Ask us to amend your health information if you think it is incorrect or incomplete. If we agree, we will amend the information within 60 days. In addition, we will make reasonable efforts to send the corrected information to persons who we know received the incorrect or incomplete

information, and others that you specify. If we do not agree, you can write a statement of your position, and we will include it with your health information along with any rebuttal we may write. Once your statement of position and/or our rebuttal is included in your health information, we will send them whenever we make a permitted disclosure of your health information. By law, we can have one 30-day extension to consider a request for amendment if we notify you in writing of the extension. If you would like us to amend the health information we maintain about you, please send a written request, including your reasons for the amendment, to the contact information listed at the end of this Notice.

- Obtain a list of the disclosures of your health information we have made within the past six years (or a shorter period, if requested). By law, the list will not include: disclosures for purposes of treatment, payment or health care operations; disclosures made to you or with your authorization; incidental disclosures; and some other limited disclosures. You are entitled to one such list within a twelve month period free of charge. If you want lists more frequently, you will have to pay a reasonable cost-based fee in advance. We will respond to your request within 60 days; however, we may have one 30-day extension under law if we notify you of the extension in writing. If you would like to request a list of disclosures, send a written request to the contact information listed at the end of this Notice.
- Obtain additional paper copies of this Notice of Privacy Practices upon request. If you want additional paper copies, send a written request to the contact information listed at the end of this Notice.

Complaints

You have the right to submit a complaint to us or the U.S. Department of Health and Human Services, Office for Civil Rights if you believe we have not complied with this Notice or respected the privacy of your health information. We will not retaliate against you if you submit a complaint. If you want to submit a complaint to us, please do so in writing to the contact information listed at the end of this Notice.

Contact Information

If you have any questions regarding this Notice, would like to exercise your rights as described in this Notice, would like to lodge a complaint, please contact:

Dawn L. Kempf
Vice President and Privacy Officer
The Garlands of Barrington
1000 Garlands Lane
Barrington, IL 60010
(847) 756-3246
privacy@thegarlands.com