

NOTICE OF PRIVACY PRACTICES SUMMARY

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.

Home Bound Healthcare is committed to protecting the privacy of your medical information. This Notice tells you about the ways in which we may use and disclose medical information about you. It also describes your rights and certain obligations we have regarding the use and disclosure of your medical information. *This page is a summary of our Notice.* Please read the entire Notice, which follows this summary, as it contains important information about our privacy practices and your rights.

We may use or disclose your health information in the following situations:

- To provide health care services to you, to get reimbursed for those services and to operate our business.
- To assist law enforcement officials as part of an investigation in which you are the victim of a crime, abuse or domestic violence.
- To assist public health agencies in the event of a communicable disease or a defective product or device (for example, food or medication).
- To provide you with appointment reminders or information about our services.
- To measure your satisfaction with our services or provide you with information about our efforts to raise funds in support of our mission.
- If you otherwise give us permission, in the form of a written authorization.

Your rights include the following:

- To request restrictions on how we may use your health information.
- To receive confidential communications about your health care.
- To review and photocopy certain records we maintain containing your health information.
- To request amendments to your health information.
- To know who has accessed your health information and for what purpose.
- To request to restrict certain disclosures to a health plan when paying privately.
- To be notified in the event you are affected by a breach of unsecured protected health information.
- To opt out of receiving fundraising communications without penalty.

NOTICE OF PRIVACY PRACTICES

Full Document

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I. Our Agency

At Home Bound Healthcare (HBH) your care is overseen and supervised by a physician and provided by a team of health care professionals.

This Notice describes HBH's privacy practices including those of:

- Any health care professional authorized to enter information into your medical record;
- All departments and units of HBH; and
- All employees, volunteers, staff and other HBH personnel.

This Notice applies to information and records regarding your health care that are maintained by this facility, and, if the facility has an Organized Health Care Arrangement (OHCA) with its medical staff, the records maintained by those participating physician practices.

II. Our Commitment to Your Privacy

We understand that your health care and the medical information about you are important to you. HBH is committed to protecting the medical information we hold about you. We create a record of the care and services you receive at HBH in order to provide you with quality health care services.

This Notice tells you about the ways in which we may use and disclose medical information about you. It also describes your rights and certain obligations we have regarding the use and disclosure of your medical information.

We are required by law to:

- Make sure that your medical information is protected;
- Give you this Notice, which describes your medical privacy rights and our duties to maintain the privacy of your medical information; and
- Follow the terms of the Notice that is currently in effect.

III. How We May Use and Disclose Medical Information About You

In the following sections, we explain the different ways we may use and disclose your health information. All of the ways we are permitted to use or disclose your information will fall into one of the categories we describe below. In each section, we provide you with an example. However, we do not give you an example of every use and disclosure that may occur.

For Treatment. We may use your medical information to provide you with medical treatment or services. We may share information about you with doctors, nurses, technicians, medical students and residents or other HBH personnel who are involved in taking care of you. For example, if we treat you for a broken leg, we may need to know if you have diabetes because diabetes may affect your healing process. In addition, we may need to tell the dietician that you have diabetes so that we can arrange for appropriate meals. We also may share your medical information with certain employees or non-employees in order to coordinate the different services you need, such as prescriptions, X-Rays or blood work. We also may disclose your medical information to others in order to coordinate your care after you no longer need services from us. For example, we may need to share appropriate medical information about you to other health care providers, ambulance companies, community agencies, family members and others who are part of your continuity of care.

For Payment. We may use and disclose your medical information so that we can properly bill and collect payment for the health care services we provide to you. For example, we may need to give information to your insurance company about surgery you had in order for the company to pay for your surgery. We also may tell your insurance company about treatment you are going to have in order to make sure your insurance company will pay for the treatment. You have the right to restrict certain disclosures of protected health information to a health plan when you are paying privately for a service or treatment.

For Health Care Operations. We may use or disclose your medical information in order to run our business. These uses and disclosures are necessary in order for us to provide you with quality health care and to make sure our organization is well-run. We also need to use your information to:

- Comply with other state and federal laws;
- Comply with medical staff bylaws and rules and regulations;
- Keep contractual obligations;
- Follow up on patient grievances and claims;
- Perform health education;
- Obtain legal services;
- Conduct business planning and development;
- Obtain our facility's insurance coverage; and
- Operate our business.

For example, we may use your medical information to review the treatment we provided you and evaluate (and improve upon) the performance of our staff. We also may share your information with other doctors, nurses, technicians and students for educational purposes. We may combine medical information about many patients to decide what other services we should offer, what services are not needed and what services are most effective. In addition, a representative may contact you after your services to evaluate the care we provided and find out how we can make improvements on the services we offer.

Appointment Reminders. We may use and disclose your medical information in order to remind you that you have an upcoming appointment for medical treatment with us.

Treatment Alternatives. We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

Facility Directory. We may include certain limited information about you in a directory while you are a patient/resident with us. We may compile this information so that your family, friends and clergy can visit you while you are with us and know how you are doing. This information may include your name, location, your general condition (for example, fair, stable, critical, etc.) and your religious affiliation. This directory information, except for your religious affiliation, may be released to people who ask for you by name. Your religious affiliation may be given to a member of the clergy, such as a priest, pastor, cleric or rabbi, even if they don't ask for you by name. We also may contact your place of worship to advise them of your stay. You may restrict or prohibit the use or disclosure of this information by notifying our registration staff.

Fundraising. HBH may use or disclose limited medical information about you in order to contact you about fundraising activities. In addition, we may disclose limited health information about you to an HBH business associate, who may conduct fundraising activities on our behalf. In the course of such fundraising activities, we would use or disclose only: (i) demographic information (for example, your name, age, gender, address and telephone number) and (ii) the dates you received health care services from us. You have the right to opt out of receiving fundraising communications. Treatment or payment is not conditional upon your choice with respect to the receipt of fundraising communications. Should you not wish to receive information from us for fundraising purposes, please notify the appropriate office in writing, **Privacy Officer:**

LEMONT OFFICE 14216 McCarthy Road Unit A Lemont IL 60439 Ph: 708.798.0800 800.444.7028 Fax: 708.798.0870	MOLINE OFFICE 3401 16th Street Moline IL 61265 Ph: 309.762.7900 866.541.0900 Fax: 309.762.6909	PERU OFFICE 4231 Progress Blvd Suite 3 Peru IL 61354 Ph: 815.220.8808 877.220.8808 Fax: 815.220.8828
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Funds raised will be used to expand and improve the services we provide to our community.

Marketing. We may use your medical information to provide you with information:

- Describing or explaining the products and services offered by us;
- Regarding treatment services for you;

- For case management or to coordinate your medical care; and
- To direct or recommend alternative treatment, therapies, health care providers or settings of care for you.

We also may use your medical information to give you details about a product or service in a face-to-face communication. In addition, we may use your medical information in order to provide you with a promotional gift of nominal value. We will not communicate information about your treatment and health care operations in exchange for your financial remuneration from a third party whose product or service is being marketed without your authorization.

To Avert a Serious Threat to Health or Safety. We may use or disclose your medical information if necessary to prevent a serious threat to your health or safety or the health and safety of another person or the general public. Any disclosure, however, would only be to someone able to prevent the threat.

Disaster Relief Efforts. We may disclose medical information about you to an entity assisting in a disaster recovery relief effort so that your family can be notified about your condition, status and location.

Research. We may at times be involved in conducting medical research. In such a case a special committee would approve all research projects conducted within HBH in order to protect patient safety, welfare and confidentiality. Your medical information may be important to further research efforts and the development of new knowledge. We may use and disclose medical information about our patients for research purposes.

On occasion, researchers may contact patients to ask them if they would like to participate in a research study. Your participation in these studies may occur after you have been told about the study, have the opportunity to ask questions, and have indicated on a consent form that you would like to participate in the study.

IV. Special Situations

Military and Veterans: If you are or were a member of the armed forces, we may release medical information about you to military command authorities, as required by law. We also may release medical information about foreign military personnel to the appropriate foreign military authority, as required by law.

Organ and Tissue Donation. If you are an organ donor, we may release appropriate medical information about you to organizations that handle organ and tissue procurement in order to facilitate organ or tissue donation.

Workers' Compensation. We may use or disclose medical information about you for workers' compensation or similar programs, as permitted or required by law. These programs provide benefits for work-related injuries or illness.

Public Health Risks. We may disclose medical information about you for public health purposes. These purposes generally include the following:

- Preventing or controlling disease (such as cancer and tuberculosis), injury or disability;
- Reporting vital events, such as births or deaths;
- Reporting abuse or neglect;
- Reporting adverse events or surveillance related to food, medications or defects or problems with products;
- Notifying persons of recalls, repairs or replacements of products they may be using
- Notifying a person who may have been exposed to a disease or who may be at risk of contracting or spreading a disease or condition;
- Notifying the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence and share this information as required or authorized by law; and
- Reporting quality, safety or effectiveness data on a FDA-regulated device or product to an authorized party.

Health Oversight Activities. We may disclose your medical information to agencies that oversee the health care system. This oversight might be done by the government, licensing groups, accreditation groups and other agencies authorized by law.

Lawsuits and Other Legal Action. If you are involved in a lawsuit or other similar proceeding, we may disclose your medical information under a subpoena or court or administrative order. A subpoena or court order may also require us to disclose your medical information to another party to a lawsuit. We will only disclose information in this situation after we have tried to ensure you have been informed of the request or tried to obtain an order to protect the information requested.

Law Enforcement. We may release your medical information if law enforcement officials require us to do so. For example:

- To identify or locate a suspect, fugitive, material witness, or missing person;
- To provide information about a suspected victim of a crime if, under certain circumstances, we are unable to obtain the person's agreement;
- To provide information about a death that may be the result of criminal conduct;
- In response to a subpoena, court order, warrant, summons or similar process;
- About criminal conduct at our facility; and
- In emergency situations to report a crime; the location of a crime or victims; or the identity, description or location of the person who committed a crime.

Coroners, Medical Examiners and Funeral Directors. We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We also may disclose medical information about our patients to funeral directors in order for them to carry out their duties.

National Security and Intelligence Activities. As required by law, we may disclose your medical information to authorized federal officials so they may provide protection to the President, other officials, or foreign heads of state, or to conduct investigations.

Inmates. If you are an inmate of a correctional institution or under the custody of law enforcement officials, we may release medical information about you to the correctional institution, as required by law.

State Laws. Unless otherwise specifically described, we will follow all state laws currently in effect that further protect your privacy rights to your health information. These state laws include those that protect the confidentiality of patient information related to HIV, AIDS, mental health, developmental disabilities and substance abuse treatments.

Other Uses. Other uses and disclosures not described in this Notice of Privacy Practices will be made only with authorization from you.

V. Your Rights Regarding Your Medical Information

Your medical information is the property of the facility that maintains it. However, you have the following rights regarding the medical information we create or maintain about you.

Right to Inspect and Copy. With certain exceptions, you have the right to inspect and /or receive a copy of your medical information that is contained in our records. To inspect or receive a copy of your medical information, you must give us a request in writing to **Privacy Officer:**

LEMONT OFFICE 14216 McCarthy Road Unit A Lemont IL 60439 Ph: 708.798.0800 800.444.7028 Fax: 708.798.0870	MOLINE OFFICE 3401 16th Street Moline IL 61265 Ph: 309.762.7900 866.541.0900 Fax: 309.762.6909	PERU OFFICE 4231 Progress Blvd Suite 3 Peru IL 61354 Ph: 815.220.8808 877.220.8808 Fax: 815.220.8828
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If you request a copy of the information, we may charge you a fee to cover the cost of providing you with copies.

In some circumstances, we may deny your request to inspect and/or receive a copy. In most cases, if you are denied access to the medical information, you may have the denial reviewed. Another licensed health care professional chosen by us will review your request and the denial. The person conducting the review will not be the same person who denied your request. We will comply with the outcome of the review.

Right to Request an Amendment or Addendum. You may ask us to amend your record if you believe that the medical information we have about you is incomplete or incorrect. You have the right to request an amendment or addendum for as long as the information is kept by or for us.

To request an amendment, you must give us a request in writing to **Privacy Officer:**

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In addition, you must tell us why you want to make the change.

We may deny your request to amend your record if you do not make the request in writing or you not give us a reason for your request. We also may deny your request if you ask us to amend information that:

- Was not created by us;
- Is not part of the medical information that is kept by us;
- Is not part of the information you are allowed to inspect or copy; or
- Is already correct and complete in your record.

Right to An Accounting of Disclosures. You have the right to request an "accounting of disclosures." This is a list of the disclosures we have made of medical information about you for purposes other than treatment, payment, health care operations and certain other purposes. We are not required to make an accounting for those disclosures we make under an authorization signed by you or your legal representative. To request this accounting of disclosures, you must tell us in writing that you want this information. You must send your request to **Privacy Officer:**

LEMONT OFFICE 14216 McCarthy Road Unit A	MOLINE OFFICE 3401 16th Street	PERU OFFICE 4231 Progress Blvd Suite 3
Lemont IL 60439 Ph: 708.798.0800 800.444.7028 Fax: 708.798.0870	Moline IL 61265 Ph: 309.762.7900 866.541.0900 Fax: 309.762.6909	Peru IL 61354 Ph: 815.220.8808 877.220.8808 Fax: 815.220.8828

Your request must tell us how far back in time you want us check for disclosures. In addition, your request cannot go back farther than the past 6 years and cannot include any dates before September 23, 2004. We reserve the right to charge you for the cost of providing you with the accounting. We will notify you of the cost involved. You may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions. You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment and operations purposes. You also have the right to request that we limit our disclosure of your medical information in order to treat you or get paid for the services we provide. For example, you can request that we do not tell your family or friends about a surgery you had.

Right to Restrict Private Pay Health Data. You have the right to restrict certain disclosures of protected health information to a health plan where you pay out of pocket in full for the health care item or service.

Rights Regarding HITECH Breach Notifications. You have the right to be notified following an event where you are affected by a breach of unsecured protected health information.

You must request confidential communications in writing. Send your request to **Privacy Officer:**

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We are not required to agree to your request. However, if we agree with your request, we must do so in writing. We will comply with your request unless we must disclose your medical information in order to provide you with emergency treatment or as required by law.

Right To Request Confidential Communications. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or only contact you by mail. You must request confidential communications in writing. Send your request to **Privacy Officer:**

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We will accommodate all reasonable requests. You must tell us how or where you want us to contact you.

VI. Changes to HBH's Privacy Practices and This Notice

We reserve the right to change our privacy practices and this Notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as for medical information we may obtain in the future. We will post a copy of our current notice at our facility or office. We also post a copy of our current notice on our website (for example, at www.reshealth.org). The notice will contain the effective date. In addition, each time you register for service with us or are admitted as one of our patients, you may request a copy of the current notice.

VII. Questions or Complaints

If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the Department of Health and Human Services. If you have questions about this notice or wish to file a complaint with us, you may contact **Privacy Officer**:

LEMONT OFFICE 14216 McCarthy Road Unit A Lemont IL 60439 Ph: 708.798.0800 800.444.7028 Fax: 708.798.0870	MOLINE OFFICE 3401 16th Street Moline IL 61265 Ph: 309.762.7900 866.541.0900 Fax: 309.762.6909	PERU OFFICE 4231 Progress Blvd Suite 3 Peru IL 61354 Ph: 815.220.8808 877.220.8808 Fax: 815.220.8828
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You will not be penalized for filing a complaint.

VIII. Authorizations

Other disclosures not covered in this Notice or required by law will only be made after we receive your written permission. This written permission is called an authorization. You may revoke this permission to disclose your medical information to another party. You must inform us of your revocation in writing. Once we receive your request to revoke your authorization, we will no longer use or disclose your medical information to the person or entity contained in your authorization. Of course, we cannot take back any disclosures we may have made before you revoked your authorization. Most uses and disclosures of psychotherapy notes (where appropriate), uses

Effective 9/23/13

Medical Records Release Authorization

In order to protect your privacy, we require written authorization to release your medical records to another person or organization.