

# **APOSTOLIC CHRISTIAN LIFEPOINTS**

## **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.

At APOSTOLIC CHRISTIAN LIFEPOINTS (“ACLP”), we respect your privacy and will protect your health information responsibly and professionally in compliance with the Health Insurance Portability And Accountability Act of 1996 (“HIPAA”) and its rules, as well as the Health Information Technology for Economic and Clinical Health Act (“HITECH Act”) and the HITECH Act Final Rule of 2013 which amended HIPAA.

State and federal laws require ACLP to: maintain the privacy of your health information; provide you with this Notice of Privacy Practices (“Notice”) about our legal duties and privacy practices and your legal rights pertaining to health information we collect and maintain about you; to notify you following a breach of unsecured protected health information; follow the privacy practices described in this Notice while it is in effect; notify you if we are unable to agree to a requested restriction pertaining to your health information; and accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

We are required by law to maintain the privacy of your medical information. We must provide you with 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, or on our website [www.aclifepoints.org](http://www.aclifepoints.org). 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 or before the date that you first receive medical products or treatment from ACLP. In an emergency, we will give you the notice as soon as possible after the emergency treatment has been given.

### **Understanding Your Health Record/Information**

When you are admitted to a long term care facility a record is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information includes your health or medical record, and your Individual Service Plan and 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 can verify that services billed were actually provided
- a tool in educating health professionals
- a source of data for medical research
- 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.

### **How We Will Use or Disclose Your Health Information**

**Treatment and Training.** We will use your health information for treatment and training. For example, information obtained by a nurse, physician, or other member of your professional team will be recorded in your record and used to determine the course of treatment and training that should work best for you. Your physician will document in your record his or her expectations of the members of your professional team. Members of your professional 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 if you are discharged from our facility.

**Payment.** We will use your health information for payment. For example, a bill may be sent to you 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.

**Health Care Operations.** We will use your health information for regular health operations. For example, members of the nursing staff, direct care staff, professional staff and the interdisciplinary 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.

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

Your name and address may be used to send out resident and/or family satisfaction surveys.

We may contact you either by telephone or by mail at ACLP, your home or your office to remind you of an appointment that you have with us or any other matter related to the health care services we provide, or for 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 Your Rights below 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 will 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**

**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.

**Directory.** Unless you notify us that you object, we may use your name, location in the facility, general condition, and religious affiliation for directory purposes. This information may be provided to members of the clergy and, except for religious affiliation, to other people who ask for you by name. We may also use your name on a name plate next to or on your door in order to identify your room, unless you notify us that you object. We also may place your name and room number on our facility resident directory board. 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 Privacy Officer of your objection.

**Newsletters, Website and Social Media.** Unless you notify us that you object, we may use your name, likeness and information for publication in our newsletters, on our website at [www.aclifepoints.org](http://www.aclifepoints.org) or on our social media accounts. The newsletters or webpage may include birthdays, pictures or videos of you, background information about you, dates of discharge or transfer, and other newsworthy information about your stay at our home. We believe our newsletters and website are a necessary part of our health care operations, fostering a collegial, family-type atmosphere for the benefit and welfare of our residents and the individuals we serve.

**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 those persons of your location, general condition or death. 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. 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 Privacy Officer in writing.

**Treatment Alternatives.** We may use and disclose medical information about you to contact you about other health care treatment that is available to you. If you do not want to receive these communications, please notify the Privacy Officer in writing.

**Health Related Benefits and Services.** We may use and disclose medical information about you to contact you about other health care benefits or services that may interest you. If you do not want to receive these communications, please notify the Privacy Officer in writing.

**Fundraising.** Your name and address 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. We may use your demographic information to contact you in an effort to raise funds for the organization. You have a right to opt out of receiving fundraising communications. If you choose not to receive these fundraising communications, we must provide you with a clear and conspicuous opportunity to elect not to receive any further fundraising communications and we may not condition treatment or payment on your choice with respect to the receipt of fundraising communications. We may not make fundraising communications to you if you have elected to opt out of receiving these communications, but we may provide you with a method to opt back in to receive these communications. If you do not want to receive these communications, please notify our Privacy Officer in writing.

### **Uses 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 the event of a natural or man-made disaster.

**Required by Law.** We may use or disclose medical information about you when we are required to do so by law.

**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. We may also disclose medical information about you in response to a subpoena or other legal process.

**Disclosures for Law Enforcement Purposes.** We may disclose 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 necessary to allow these individuals to carry out their responsibilities.

**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.

**To Provide You Notice of Breaches of Unsecured PHI.** We may contact you to provide you with any notice of any breach of your unsecured PHI.

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

Uses and disclosures of an individual's PHI for purposes other than those listed will be made only with the resident's written authorization, which later may be revoked. For example, a specific authorization will be required for use or disclosure of your PHI 1) if it involves certain psychotherapy notes, 2) for marketing (except if the communication is face-to-face, or is for a promotional gift of nominal value) or for any marketing that involves financial remuneration; or 3) for any sale of your PHI. In these situations, you may withdraw your authorization at any time and must do so in writing to ACLP. Your withdrawal may not be effective in certain situations where we have already taken action in reliance on your authorization.

### **Your Rights**

Although your health record is the physical property of the ACLP, the information in your health record belongs to you. You have the following rights:

- You may request that we not use or disclose your health information for a particular reason related to treatment, payment, the Facility's general health care operations, and/or to a particular family member other relative or close 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 no obligation to accept it or to abide by it.
- 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 administrator. We will attempt to accommodate all reasonable requests.
- You may request to inspect and/or obtain copies of health information about you, which will be provided to you in the time frames established by law. If you request copies, we will charge you a reasonable fee.

- 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.
- 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.
- You have the right to obtain a paper copy of our Notice of Privacy Practices upon request.
- 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.

### **Complaints**

You may register a complaint to us or to the Secretary of the U.S. Department of Health and Human Services if you believe that your privacy rights have been violated.

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

Privacy Officer:	Christina Wiegand 2125 Veterans Rd. Morton, IL 61550 Phone 309-266-9781 Fax 309-266-9468
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You can also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).

### **Questions and Information**

If you have any questions or want more information about this Notice of Privacy Practices, please contact the Privacy Officer listed above by phone with questions or with written requests for information as defined under the **Your Rights** section of this notice.

Complaints or questions may be made by phone or in writing to the Privacy Officer listed above.

The effective date of this Notice is:	April 14, 2003
The effective date of the last revision is:	August 23, 2018

**Acknowledgement of Receipt of Notice of Privacy Practices:**

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_