



### Notice of Privacy Practices

*Note: If a use or disclosure of PHI is prohibited or materially limited by other applicable law, Chicago Methodist Senior Services must comply with the more stringent law. Please consult legal counsel regarding the applicability of any more stringent laws, and revise this Notice accordingly.*

**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.**

*Chicago Methodist Senior Services is required by law to maintain the privacy of your protected health information. Chicago Methodist Senior Services is required by law to provide you with a notice of its legal duties and privacy practices with respect to protected health information. Chicago Methodist Senior Services is required to abide by the terms of the Notice of Privacy Practices (Notice) currently in effect. Chicago Methodist Senior Services is required by law to notify affected individuals of a breach of unsecured protected health information.*

We reserve the right to change our practices and to make the new provisions effective for all PHI we maintain. Should our information practices change, we will provide a copy of the revised Notice to you when you come in for your next visit; make the revised Notice available upon request; post the revised Notice on our website.

### Your Health Information Rights

Although your health record is the physical property of the healthcare practitioner or facility that compiled it, you have the following rights with respect to your health information:

**The Right to request restrictions.** You have the right to request a restriction on certain uses and disclosures of your information. ***Suggested language:*** *For example, you may request that we limit the health information we disclose to someone who is involved in your care or the payment for your care. You could ask that we not use or disclose information about a surgery you had to a family member or friend.*

**We are not required to agree to your request, unless you have paid for services out of pocket in full.** If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

You must submit your request in writing to *Chicago Methodist Senior Services'* Privacy Officer. Please see the Privacy Officer to request a restriction request form.

**The Right to receive confidential communication.** You have the right to request that we communicate with you about medical matters in a confidential manner or at a specific location. ***Suggested language:*** *For example, you may ask that we only contact you via mail to a post office box.*

You must submit your request in writing to *Chicago Methodist Senior Services'* Privacy Officer. We will not ask you the reason for your request. Your request must specify how or where you wish to be contacted. We will accommodate all reasonable requests.

**The Right to inspect and copy your health information.** You have the right to review and copy your health information.

We may charge a fee for the costs of copying, mailing or other supplies associated with your request.

**The Right to request an amendment to your health information.** If you feel that health information in your record is incorrect or incomplete, you may ask us to amend the information. You have this right for as long as the information is kept by or for *Chicago Methodist Senior Services.*

You must submit your request in writing to *Chicago Methodist Senior Services'* Privacy Officer. In addition, you must provide a reason for your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the health information kept by or for *Chicago Methodist Senior Services*
- Is not available to you for inspection or copying
- Is accurate and complete.

**The Right to an Accounting of Disclosures.** You have the right to request an "accounting of disclosures". This is a list of certain disclosures we made of your health information. The following disclosures will not be included in a requested accounting: disclosures made for treatment, payment, or health care operations (unless such disclosures are made through an electronic health record); disclosures

made to you; disclosures incident to a permitted or required use or disclosure; disclosures made pursuant to a valid authorization; disclosures for *Chicago Methodist Senior Services*' directory or to people involved in your care or other notification purposes; disclosures for national security or intelligence purposes; disclosures to correctional institutions or law enforcement officials; disclosures as part of a limited data set; or disclosures made more than 6 years prior to your request.

You must submit your request in writing to *Chicago Methodist Senior Services*' Privacy Officer. Your request must state a time period which may not be longer than six years from the date the request is submitted (or, for disclosures made through an electronic health record, three years). Your request should indicate in what form you want the list (for example, on paper or electronically). The first list you request within a twelve month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

**The Right to a Paper Copy of This Notice.** You have the right to a paper copy of this Notice of Privacy Practices even if you have agreed to receive the Notice electronically. You may ask us to give you a copy of this Notice at any time.

To obtain a paper copy of this Notice, please contact the Privacy Officer.

### **Examples of Disclosures for Treatment, Payment and Health Operations (patient consent or authorization not required):**

**We will use your PHI for treatment.** For example, information obtained by a nurse, physician, therapist 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. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell the dietitian if you have diabetes so we can plan your meals. Different departments of *Chicago Methodist Senior Services* may share health information about you in order to coordinate your care and provide you with medication, lab work and x-rays. *Chicago Methodist Senior Services* may also disclose health information about you to people outside *Chicago Methodist Senior Services* who may be involved in your medical care after you leave.

**We will use your PHI for payment.** For example, a bill may be sent to you or your insurance company. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures and supplies used. In order to be paid, *Chicago Methodist Senior Services* may need to share information with your health plan about services provided to you. We may also tell

your health plan about a treatment you are going to receive to obtain prior approval or determine coverage.

**We will use your PHI for health care operations.** We may use and share your PHI for our health care operations, which include management, planning, and activities that improve the quality and lower the cost of the care that we deliver. For example, we may use PHI to review the quality and skill of our health care providers. As another example, we may use PHI to resolve any complaints you may have and make sure that you have a comfortable visit with us.

**Fundraising Activities:** We may use health information about you to contact you in an effort to raise money as part of a fundraising effort. We may also disclose health information to a business associate or a foundation related to *Chicago Methodist Senior Services* so that the foundation or business associate may contact you in raising money for *Chicago Methodist Senior Services*. You have the right to opt out of receiving fundraising communications from *Chicago Methodist Senior Services*.

### **Other Uses or Disclosures (patient consent or authorization not required):**

#### **Business Associates**

There are services provided in our organization through contracts with Business Associates. Examples include: accountants, transcription or typing services, and a copy service we use when making copies of your PHI. When these services are contracted, we may disclose your PHI to our Business Associate so that they can perform the job we have asked them to do. So that your health information is protected, however, we require the Business Associate to appropriately safeguard your information.

#### **Notification**

We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, of your location, general condition, or death.

#### **Communication with the Family**

Health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend, or any other person identified by you, health information relevant to that person's involvement in your care or payment related to your care. After your death, *Chicago Methodist Senior Services* may disclose to a family member, other relative, close personal friend, or other person identified by you, who were involved in your care or payment for your care, PHI relevant to such person's involvement, unless doing so is inconsistent with any prior expressed preference of you that is known to *Chicago Methodist Senior Services*.

## **Directory**

We may include information about you in Chicago *Methodist Senior Services'* directory while you are a resident. This information may include your name, location in the facility, your general condition (e.g., fair, stable, etc.) and your religion. The directory information, except for your religion, may be disclosed to people who ask for you by name. Your religion may be given to a member of the clergy, such as a priest or rabbi, even if they don't ask for you by name. This is so your family, friends and clergy can visit you in the facility and generally know how you are doing. If you do not want your information in the directory, or if you would like to limit the types of information included about you in the directory, please contact program Administration.

## **Public Health**

We may disclose health information about you for public health purposes, including:

- Prevention or control of disease, injury or disability
- Reporting births and deaths
- Reporting child abuse or neglect
- Reporting reactions to medications or problems with products
- Notifying people of recalls of products
- Notifying a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease.

## **Reporting Abuse, Neglect or Domestic Violence**

We may disclose health information to a government authority authorized to receive reports of abuse, neglect or domestic violence.

## **To Avert a Serious Threat to Health or Safety.**

We may use and disclose health information about you to prevent a serious threat to your health and safety or the health and safety of the public or another person. We would do this only to help prevent or lessen the threat.

## **Research**

We may disclose information to researchers when their research has been approved by an Institutional Review Board or qualified privacy board that has reviewed the research proposal and established protocols to ensure the privacy of your health information. We may disclose health information about you to people preparing to conduct a research project so long as the health information they review does not leave *Chicago Methodist Senior Services*.

## **Coroners/Funeral Directors**

We may disclose PHI to coroners or medical examiners to identify a deceased person, determine cause of death, or to perform other duties as authorized by law. We may also disclose PHI to funeral directors consistent with applicable law, as

necessary to carry out their duties with respect to a deceased person.

### **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.

### **Workers Compensation**

We may disclose PHI 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.

### **National Security and Intelligence Activities**

We may disclose health information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

### **Military and Veterans**

If you are a member of the armed forces, we may disclose health information about you as required by military authorities. We may also disclose health information about foreign military personnel to the appropriate foreign military authority.

### **Protective Services**

We may disclose health information to authorized federal officials for the provision of protective services to the President or certain other persons.

### **Law Enforcement**

We may disclose PHI for law enforcement purposes as required by law, or in response to a valid subpoena, summons or court order.

### **Judicial or Administrative Proceedings**

We may disclose PHI in response to an order of a court or administrative tribunal. We also may disclose PHI in response to a subpoena, discovery request, or other lawful process, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

### **As Required By Law**

We will disclose health information about you when required to do so by federal, state or local law.

### **Health Oversight Agency**

We may disclose your PHI to a health oversight agency for oversight activities authorized by law (audits, licenses, inspection, etc.)

### **Correctional Institution**

Should you be an inmate of a correctional institution, we may disclose PHI to the institution or agents thereof for the health and safety of you or other individuals.

### **Schools**

We may disclose proof of immunization to a school where you are a student or prospective student, if the school is required by law to have such proof before admitting you. We will only disclose proof of immunization to a school if we first obtain and document your oral agreement (or the oral agreement of your parent, guardian, or other person acting *in loco parentis*, if you are an unemancipated minor).

### **Secretary**

We may disclose PHI to the Secretary of Health and Human Services if requested.

**The following uses and disclosures will only be made with your written authorization:**

**1) some uses and disclosures for marketing purposes; 2) uses and disclosures that constitute the sale of protected health information; 3) most uses and disclosures of psychotherapy notes (if maintained by *Chicago Methodist Senior Services*; and 4) other uses and disclosures not described in this Notice. You have the right to revoke your authorization at any time, except to the extent that *Chicago Methodist Senior Services* has already used or disclosed your PHI in reliance on your authorization.**

### **For More Information or To Report a Problem**

If you have questions and would like additional information, you may contact the Privacy Officer by calling 773-769-5500.

If you believe your privacy rights have been violated, you can file a complaint with the Privacy Officer or with the Secretary of Health and Human Services. There will be no retaliation for filing a complaint.

Effective Date: August 1, 2017