

Lutheran Care Center Corporation

Notice of Privacy Practices

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This notice describes how medical information about you may be used and disclosed and how you can get access to this information.

Purpose of this Notice

This notice tells you 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 provide you with a copy of this notice and get your or your power of attorney's written acknowledgement of its receipt. This notice is given to you on the day of admission.

Lutheran Care Center will notify you if we change this notice. A copy of the revised notice will be available at the center as well as it will post on the website.

How we Use or Disclose your Medical Information

For Treatment

We will use medical information about you to provide you with treatments 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 Payment

We may use or disclose your medical information to bill and collect payment of the services we provided you. We may contact your insurance plan to confirm your coverage or request prior approval for a planned treatment or service.

Health Care Options

We may use or disclose your medical information for operational purposes. Your name and address may be used to send out patient satisfaction surveys. There are some services that are provided for us by our business associates such as accountants, consultants and attorneys. Whenever we share this information with our business associates we will have a written contract with them that requires they protect the privacy of your medical information.

Other Uses and Disclosures of your Medical Information

Fund-Raising

Your name and address may be added to a mailing list of patients in order to invite you a fund-raising event or to send you a newsletter. You are able to request that we not contact you again.

Treatment Alternatives

We may use and disclose medical information about you to contact you about other health care treatment that is available to you.

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.

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 there is a family member or other person whom you do not want us to disclose medical information, please notify our Designee in Writing.

NOTE: The following common uses and disclosures apply to facility based on services only.

Patient Directory

Your name and room number will be listed in our directory. This directory will be used when visitors ask for you by name.

Memorial Listings

Your name will be listed in our newsletter when a memorial gift is given in our behalf. Your name may be listed on other memorial listings/donations such as our “Tree of Life” or memory boards within the facility.

Birthday Listings on Calendars & Radio

Your name and birth date will listed on our monthly calendar and may be listed on the radio.

Miscellaneous Listings

Your name will be listed outside your room, above your bed and on your assigned dining table, in the visitor’s sign-in book, and other places necessary to assist in providing quality care.

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 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 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 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.

Your Rights

The information contained in your health of medical records is the physical property of Lutheran Care Center. 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 of 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 Our Designee. 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 Lutheran Care Center can stop a restriction at any time. If you pay for services or health care items out of pocket, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say yes unless a law requires us to share the information.

Right to Receive Confidential Communications

You have the right to ask that we communicate with you in a certain manner or at a certain place. If you want to request confidential communication the request must be made in writing to Our Designee.

Right to Inspect and Copy Your Medical Information

You have the right to request to inspect and obtain a copy of your medical information. You must submit your request in writing to Our Designee. We will provide a copy or a summary of your health information, usually within 30 days of your request. 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 to Our Designee.

We do not have to agree to your request. If we deny your request we will tell you why in writing within 60 days. 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.

Funeral Directors, Coroners, 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.

Worker's Compensation

We may disclose medical information about you to comply with worker's compensation laws that provide benefits for work related injury or illness.

Public Health or Safety

We may 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 disclose medical information about you for a required security clearance.

Inmates

We may disclose medical information about you to a correctional institution for law enforcement official who has custody of you.

Research

We may disclose 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 an authorization at any time by notifying Our Designee 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.

- A request to provide certain medical information to a drug for marketing purposes.
- A request to provide your medical information to an attorney for use in a civil law suit.

- A request for most sharing of psychotherapy notes.
- A sale of your information.

Right to 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 up to six (6) years prior to the date on which you request the accounting, but can not include disclosures before April 14, 2003.

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

Right to Obtain a Copy of this 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. We will not retaliate against you for filing a complaint.

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

Quality Assurance Coordinator
702 W. Cumberland Rd.
Altamont, IL 62411
618-483-6136

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

Office of Civil Rights
U.S. Department of Health and Human Services
200 Independence Ave., SW
Washington, D.C. 20201
1-877-696-6775
www.hhs.gov/ocr/privacy/hipaa/complaints/.

Questions and Information

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

Our Designee: Karen Hille, Administrator
702 W. Cumberland Rd.
Altamont, IL 62411
618-483-6136