

APOSTOLIC CHRISTIAN RESTMOR, INC.

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

At Apostolic Christian Restmor, Inc. (“ACR”), 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 ACR 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.

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.

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.acrestmor.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 ACR. In an emergency, we will give you the notice as soon as possible after the emergency treatment has been given.

How We Use or Disclose Your Medical Information

For Treatment

We will use medical information about you to provide you with treatment 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 example, a nurse who is providing your care will report any changes in your condition to your doctor. We may also disclose your health information to a member of your family or other person who is involved in your care.

For Payment

We may use or disclose your medical information to bill and collect payment for the services we provided to you. For example, we may need to give your health insurance plan information about your diagnosis, treatment and supplies used. We may also contact your insurance plan to confirm your coverage or to request prior approval for a planned treatment or service.

Health Care Operations

We may use or disclose your medical information for operational purposes. For example, we may use your medical information to evaluate our services, including the performance of our staff in caring for you. We may also use this information to learn how to continually improve the quality and effectiveness of the health care services that we provide to you.

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 ACR, 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 “Right to Receive Confidential Communications” 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

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.

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 Kelley Stone, Director of Social Services, 1500 Parkside Ave., Morton, IL 61550 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.

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, 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.

Facility Directory – Your name, room number, and your medical condition described in general terms will be listed in our directory unless you notify us that you object. This directory will be used when visitors ask for you by name. We will also list your religious affiliation in the directory. Your religious affiliation will only be given to members of the clergy who ask for this information. 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 and Webpage – Unless you notify us that you object, we may use your name, likeness and information for publication in our newsletters or on our webpage at www.acrestmor.org. The newsletters or webpage may include birthdays, pictures 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 webpage 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.

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 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 ACR. Your withdrawal may not be effective in certain situations where we have already taken action in reliance on your authorization.

Your Rights

The information contained in your health or medical record is the physical property of ACR. 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 or 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 the Privacy Officer. 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. Also, if you request, we must agree to restrict disclosures to health plans if you pay out of pocket in full for any service we provide.

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 communications the request must be made in writing to the Privacy Officer. We must agree to your request if it is reasonable.

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 may submit your request orally or in writing to the Privacy Officer. If you request a copy of the information or we provide you with a summary of the information we may charge a fee for the costs of handling, copying, summarizing, and/or mailing it to you. You also have a right to receive an electronic copy of your records, if available.

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 in writing to the Director of Social Services.

We do not have to agree to your request. If we deny your request we will tell you why. You have the right to submit a statement disagreeing with our decision. We may deny your request under certain circumstances--for example, if we determine that the information you seek to amend:

- 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, or
- Is already accurate or complete

Right To An 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 for up to six (6) years prior to the date on which you request the accounting.

We are not required to include 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. Requests for an accounting of disclosures must be submitted in writing to the Director of Social Services. You are entitled to one free accounting in any twelve (12) month period. We may charge you for the cost of providing additional accountings. If there will be a charge, we will notify you in advance.

Right To Obtain a Copy of the Notice – You have the right to obtain a paper copy of our Notice. This Notice is posted at ACR and it is on our website: www.acrestmor.org.

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: **Kelley Stone, BS**
Director of Social Services
Apostolic Christian Restmor, Inc.
1500 Parkside Dr.
Morton, IL 61550
Phone 309-284-1454
Fax 309-266-7877

Retaliation and Waiver – Apostolic Christian Restmor, Inc. may not retaliate against a person for exercising rights provided by the Privacy Rule, for assisting in an investigation by HHS or another appropriate authority, or for opposing an act or practice that the person believes in good faith violates the Privacy Rule.

Apostolic Christian Restmor, Inc. may not require an individual to waive any right under the Privacy Rule as a condition for obtaining treatment, payment, and enrollment, or benefits eligibility.

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/.

PHI will be provided to the Secretary of US Department of Health and Human Services at your request.

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:

December 2018

Non-Discrimination Notice

Apostolic Christian Restmor complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Apostolic Christian Restmor does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Apostolic Christian Restmor:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Kelley Stone at 309-284-1454

If you believe that Apostolic Christian Restmor has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Kelley Stone
1500 Parkside Ave.
Morton, IL 61550
309-284-1454
KelleyS@acrmorton.org.

You can file a grievance in person or by mail or email. If you need help filing a grievance, Kelley Stone is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Proficiency of Language Assistance Services

[NOTE: This notice includes taglines in the top 15 languages spoken in ILLINOIS.]

ENGLISH: ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-877-696-6775

SPANISH: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-696-6775

POLISH: UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-877-696-6775

CHINESE: 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-877-696-6775

KOREAN: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-877-696-6775 번으로 전화해 주십시오.

TAGALOG: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-877-696-6775.

ARABIC: ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-877-696-6775 (رقم هاتف الصم والبكم:)

RUSSIAN: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-877-696-6775.

GUJARATI: સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિઃશુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-877-696-6775.

URDU: خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں 1-877-696-6775.

VIETNAMESE: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-877-696-6775.

ITALIAN: ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-877-696-6775.

HINDI: ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-xxx-xxx-xxxx (TTY: 1-xxx-xxx-xxxx) पर कॉल करें।

FRENCH: ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-877-696-6775.

GREEK: ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-877-696-6775.

GERMAN: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-877-696-6775.