

HIPAA 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.

OUR RESPONSIBILITIES

Midwest Palliative & Hospice CareCenter is required by law to maintain the privacy of your protected health information. "Protected health information" (PHI) is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related healthcare services. Midwest CareCenter also is required to give you this notice about our privacy practices, our legal duties and your rights concerning your PHI. We must follow the privacy practices that are described in this notice.

USES AND DISCLOSURES OF HEALTH INFORMATION

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) allows us to use and disclose your protected health information for treatment, to obtain payment for your care and to conduct our healthcare operations without permission.

To Provide Treatment. Midwest CareCenter may use your health information to coordinate care within Midwest CareCenter and with others involved in your care, such as your attending physician, members of the Midwest CareCenter interdisciplinary team and other healthcare professionals who have agreed to assist us in coordinating care. For example, physicians involved in your care will need information about your symptoms in order to prescribe appropriate medications. We also may disclose your healthcare information to individuals outside of Midwest CareCenter involved in your care, including family members, pharmacists and medical equipment suppliers.

To Obtain Payment. Midwest CareCenter may include your health information in invoices to collect payment from third parties for the care you receive from us. For example, we may be required by your health insurer to provide information regarding your healthcare status so that the insurer will reimburse you or Midwest CareCenter. We also may need to obtain prior approval from your insurer and may need to explain to the insurer your need for the services that will be provided to you.

To Conduct Healthcare Operations. Midwest CareCenter may use and disclose health information for our own operations in order to facilitate our functions and as necessary to provide quality care to all of our patients. For example, we may use your health information for quality assessment and improvement activities or contact you as part of general fundraising and community information mailings, unless you tell us you do not want to be contacted.

We provide some services through contracts with business associates. Examples include off-site storage of medical and billing records, billing services and attorneys. To protect your health information, however, we require the business associate to appropriately safeguard your information.

Other examples of possible disclosures for healthcare operations include:

- Protocol development, case management and care coordination.
- Professional review and performance evaluation.
- Training programs, including those in which students, trainees or practitioners in healthcare learn under supervision.
- Accreditation, certification, licensing or credentialing activities.
- Review and auditing, including compliance reviews, medical reviews, legal services and compliance programs.

- Business planning and development, including cost management and formulary development.

For Patient Directories. If you are admitted to our inpatient unit, Midwest CareCenter will list your name, your location in the facility, your general condition (good, fair, etc.) and your religious affiliation in our patient directory. We will release all but your religious affiliation to anyone who asks about you by name. Your religious affiliation will be disclosed only to a clergy member. Please inform us if you do not want your information included in the directory.

For Fundraising Activities. We may use information about you, including your name, address, phone number, and the dates your received care in order to contact you for fundraising purposes. If you do not want Midwest CareCenter to contact you, please notify us in writing at the following address: Vice President of Community Development, Midwest Palliative & Hospice CareCenter, 2050 Claire Court, Glenview, IL 60025.

For Appointment Reminders. We may contact you to remind you that you have an appointment.

For Treatment Alternatives. We may contact you to tell you about or recommend possible treatment options, alternatives, health-related benefits and services that may be of interest to you.

To Those Involved with Your Care. We may disclose health information about you to a friend or family member who is involved in your medical care. Our staff will use their professional judgment in determining what information they disclose and to whom.

Other Disclosures. We also may make disclosures under the following circumstances without your prior authorization:

- As required by law.
- For public health purposes, including disease and vital statistics reporting.
- To report abuse, neglect or domestic violence.
- To conduct health oversight activities.
- To authorities that monitor our compliance with these privacy requirements.
- In response to court and administrative orders and other lawful processes.
- To law enforcement officials pursuant to subpoenas and other lawful processes, concerning crime victims, suspicious deaths, crimes on our premises, reporting crimes in emergencies and for purposes of identifying or locating a suspect or other persons.
- To avert a serious threat to health or safety.
- To the military and to federal officials for lawful intelligence and national security activities and to correctional institutions.
- As authorized by and to the extent necessary to comply with state worker's compensation laws.
- To coroners, medical examiners and funeral directors.
- To organ procurement organizations.
- In connection with certain research activities.

In any other situation not covered by this notice, Midwest CareCenter will ask for your written authorization before using or disclosing medical information about you. If you choose to authorize use or disclosure, you can later revoke that authorization by notifying us in writing of your decision.

YOUR INDIVIDUAL RIGHTS

You have the following rights with regard to your health information:

To restrict certain uses and disclosures. You have a right to request, in writing, that we not use or disclose health information about you for treatment, payment, or healthcare operations except: 1) when specifically authorized by you, 2) when required by law, or 3) in an emergency.

We will consider your request but are not legally required to accept it. We will inform you of our decision about your request.

To confidential communications. You have the right to request that health information about you be communicated to you in a confidential manner by notifying us in writing of the specific means or location for us

to use to communicate with you. For example, you can request that we send you mail somewhere other than your home address or that we discuss your healthcare with you only when your family members are not present.

To access your records. In most cases, you have the right to review and/or request a copy of your medical information. These requests must be made in writing. If you request copies, Midwest CareCenter may charge a fee for the costs of copying, mailing or other related supplies. If we deny your request, you may submit a written request for a review of that decision under certain limited circumstances.

To amend your records. If you believe that medical information contained in your medical record is incorrect, missing or incomplete, you have the right to request an amendment for as long as the information is kept by or for Midwest CareCenter. Your request for an amendment of records must be made in writing and must explain why the amendment is necessary. We can deny your request if it is not in writing or if it does not include an explanation. We can also deny your request if we did not create the information you want amended and the originator remains available, or for certain other reasons. If we deny your request, we will provide a written explanation of our decision and explain your rights to have your request and our response included with all future disclosures of your information.

To an accounting of disclosures. You have a right to receive a listing from us in which we or our business associates have disclosed your health information for purposes other than treatment, payment, healthcare operations, or as authorized by you, and for certain other activities. Your request must be in writing and must specify the time period covered. The list will include only those disclosures made since April 14, 2003 and will only go back six (6) years. There may be a charge for accounting disclosures if requested more than once a year.

To a copy of this notice. You may request a copy of this notice at any time by contacting our privacy officer or by visiting our web site at www.carecenter.org. If you obtain this notice electronically, you are also entitled to request a paper copy. Midwest CareCenter reserves the right to change our privacy practices and the terms of this notice at any time, provided such changes are permitted by applicable law. We also reserve the right to make the changes in our privacy practices and the new terms of our notice effective for all PHI that we maintain, including PHI we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this notice and post it on our website, at our inpatient facility and make it available to you upon request.

All written requests or appeals should be submitted to our privacy officer listed below.

WHOM TO CONTACT FOR QUESTIONS AND COMPLAINTS

If you want more information about our privacy practices, wish to exercise any of your rights or have any questions about the information in this notice, please use the contact information below. If you believe we may have violated your rights or if you disagree with a decision that we made in connection with your health information, you may file a complaint using the contact information below. You also may submit a written complaint to: Office for Civil Rights, Region V, U.S. Department of Health and Human Services, 233 North Michigan Ave., Suite 240, Chicago, IL 60601. We fully support your right to the privacy of your health information, and will not retaliate in any way if you choose to file a complaint.

CONTACT

Privacy Officer

Midwest Palliative & Hospice CareCenter

2050 Claire Court

Glenview, IL 60025

(847) 467-7423

TTY (800) 526-0857

www.carecenter.org