

**HI Care Management, Inc.**

**Doctors Nursing & Rehabilitation Center  
Douglas Nursing & Rehabilitation Center  
Evergreen Nursing & Rehabilitation Center  
Tammerlane Health Care Centre  
Transitions Nursing & Rehabilitation Center**

**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.

At HI Care Management, Inc., 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. We’re required to maintain the privacy of your health information and to provide you with this Notice of Privacy Practices (“Notice”). Also, we’re required to abide by the terms of the Notice that’s currently in effect. We reserve the right to change the terms of this Notice and to make the new Notice provisions effective for all PHI we maintain. If we change this Notice, the revised Notice will be posted in our facilities, offices, and on our website ([www.hicaremanagement.com](http://www.hicaremanagement.com), [www.doctorsnursingrehab.com](http://www.doctorsnursingrehab.com), [www.douglasrehab.com](http://www.douglasrehab.com), [www.evergreennursingrehab.com](http://www.evergreennursingrehab.com), and [www.transitionsnursingrehab.com](http://www.transitionsnursingrehab.com)), or a copy of the revised Notice will be mailed to you.

This Notice applies to all residents of Doctors Nursing & Rehabilitation Center, Douglas Nursing & Rehabilitation Center, Evergreen Nursing & Rehabilitation Center, Tammerlane Health Care Centre, and Transitions Nursing & Rehabilitation Center. It describes how we may collect, use, and disclose your health information, and your rights.

State and federal laws require us to: maintain the privacy of your health information; provide you with this 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.

As you read this notice, you’ll see an important term: “**protected health information**” or **PHI**. PHI is information about you, including health and demographic information created and received by us that can reasonably be used to identify you. PHI includes information that relates to your past, present, and future physical or mental condition, the provision of health care, and payment for that care.

## How We Use or Share Protected Health Information (PHI)

Below are some examples of ways we may use or share information about you without your consent or authorization. We use and disclose health information about you for treatment, payment, healthcare operations, and for other purposes. We may use or share your PHI as follows:

(1) **Treatment.** We may disclose health information about you to physicians, hospitals, medical technicians or other healthcare providers who are or who may be providing treatment to you.

(2) **Payment.** We may use and disclose your health information to obtain payment for services we provide to you.

(3) **Healthcare operations.** We may use and disclose your health information in connection with our healthcare operations including quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, investigating claims, conducting training programs, accreditation, certification, licensing or credentialing activities.

(4) **Business associates.** We may disclose your health information to our business associates so that they can perform services for us. To protect your health information, we require our business associates to keep your information confidential.

(5) **Directory, Newsletters, and Webpage.** Unless you notify us that you object, we may use your name, location in the facility, and general condition for directory purposes. This information may be provided to people who ask for you by name. We may also use your name on a facility directory, name plate next to or on your door in order to identify your room, unless you notify us that you object. Furthermore, 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.hicaremanagement.com](http://www.hicaremanagement.com). 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.

(6) **Notification of Persons Involved in Care.** 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 and general condition.

(7) **Communication with family.** We may disclose to a family member, relative, personal friend, or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care.

(8) **Research.** We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.

(9) **Funeral directors.** We may disclose health information to funeral directors and coroners to carry out their duties.

(10) **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.

(11) **Marketing.** We may use your health information to inform you about treatment alternatives or other health related benefits and services that may be of interest to you. We will not disclose your health information to others for the purpose of marketing.

(12) **Fundraising.** We may use your 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.

(13) **Food and Drug Administration (FDA).** We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

(14) **Workers compensation.** We may disclose health information 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.

(15) **Public health.** As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

(16) **Law enforcement.** We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.

(17) **Reports.** Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more residents, workers or the public.

(18) **Required by Law.** We may use or disclose your health information as may be required by law.

(19) **National Security.** We may disclose your health information to federal and state officials as may be required for national security activities.

(20) **Breaches of Unsecured PHI.** We may contact you to provide you with any notice of any breach of your unsecured PHI.

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### **Other Uses**

Uses and disclosures of an individual's health information 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 us. Your withdrawal may not be effective in certain situations where we have already taken action in reliance on your authorization.

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### **What Are Your Rights?**

You have the following rights regarding the protected health information ("PHI") we maintain about you.

**You have the right to ask us to restrict** our use and disclosure of PHI for the purposes of treatment, payment or health care operations. This includes uses and disclosures to family members, relatives, close personal friends, or other persons identified by you who may be involved with your care or payment for your care. We'll consider your request, but we aren't required to agree to restrict the information. 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.

**You have the right to inspect and obtain a copy** of the PHI that we maintain about you (with limited exceptions). If you request copies, we will charge you a reasonable copying and administrative fee according to law. Requests to access the information must be made in writing, and we'll respond within 30 days of receipt of your request. We may charge a reasonable, cost-based fee to provide you with the information. There are exceptions as to what information can be accessed.

**You have the right to ask us to amend** protected health information about you. All amendment requests must be in writing and include a reason for the request. We'll respond within 60 days of receiving the request. If the request is approved, we'll amend the information in our records and notify any other individual(s) whom we know and/or whom you have told us have received the information, and we'll provide them with the amendment as well. In certain cases, your request may be denied. We'll notify you in writing of any denial.

**You have the right to request an accounting of certain disclosures** of protected health information. An accounting will show you to whom we provided your PHI. The first accounting request in a 12-month period of time will be provided free of charge. Subsequent requests are subject to a reasonable, cost-based fee, of which you will be made aware of in advance. All requests for disclosures must be made in writing, and we'll respond within 60 days of receipt.

There are some accountings we aren't required to provide. For example, we aren't required to account for disclosures made for purposes of treatment, payment, or health care operations. Also, we won't provide accountings for disclosures that you have authorized, and certain other disclosures such as for national security purposes.

**You have the right to a paper copy of this notice** upon request. This Notice is posted at our facilities and it is on our websites: [www.hicaremanagement.com](http://www.hicaremanagement.com), [www.doctorsnursingrehab.com](http://www.doctorsnursingrehab.com), [www.douglasrehab.com](http://www.douglasrehab.com), [www.evergreennursingrehab.com](http://www.evergreennursingrehab.com), and [www.transitionsnursingrehab.com](http://www.transitionsnursingrehab.com). You have the right to obtain a paper copy of our Notice.

For more information, or to begin the formal process connected with these rights, please contact the Privacy Officer, Derek R. Hedges at HI Care Management, Inc., 1625 South Sixth Street Springfield, IL 62703, Phone: (217)528-2244.

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### Complaints and Inquiries

You may register a complaint to us or to the Secretary of the U.S. Department of Health and Human Services ("DHHS") if you believe that your privacy rights have been violated. To file a complaint with us, please submit it in writing and address it to:

Derek R. Hedges  
Privacy Officer  
HI Care Management, Inc.  
1625 South Sixth Street  
Springfield, IL 62703  
Phone: (217) 528-2244  
Fax: (217) 528-3412

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/).

**Please note:** We support your right to protect the privacy of your medical information. You will not face any retaliation if you file a complaint. If you request additional information regarding our Notice please contact our Privacy Officer listed above.

Effective Date: April 14, 2003.  
Updated: September 23, 2013.

**Acknowledgement of Receipt of Notice of Privacy Practices (updated September 23, 2013):**

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

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