



SUMMARY NOTICE OF PRIVACY PRACTICES

The following information is a summary of the **Notice of Privacy Practices**, which is attached in full text. 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.

We are required by law to maintain the privacy of your medical information. We must provide you with a copy of this notice and follow the terms set up in the notice. If the notice is changed in any material way, a revised notice will be available upon request.

You have the following rights: right to privacy notice; right to request restrictions on uses and disclosures of your medical information; right to receive confidential communications; right to inspect and copy your medical information; right to request an amendment to your medical information; and right to an accounting of disclosures of your medical information.

If you do not want your information to be used in any of the ways included in this notice, please notify our Designee, Kathy Kauffman, in writing. Maple Lawn may use your medical information for any uses that are required or permitted by law. 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.

Contact Information. If you have questions or feel that your privacy rights have been violated, please contact Kathy Kauffman at 309.467.2337 Ext 213.

I acknowledge that I have received the Notice of Privacy Practices and understand how medical information about me may be used at The Communities of Maple Lawn, my right to privacy protection and how to access my medical information.

I give consent for my medical information to be used and disclosed for the purpose of treatment, payment or health care operations. Maple Lawn may use and disclose my medical information to inform me of treatment alternatives or other health related benefits and services. Maple Lawn may disclose my medical information to family members or others who are involved in my care or payment for that care. I understand my name and address may be used in the resident directory and/or also for fund raising activities.

Resident's Name

Resident's or Resident Representative's Signature

Resident Representative's relationship or authority

NOTICE OF PRIVACY PRACTICES

700 NORTH MAIN, EUREKA, IL 61530, 309.467.2337



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

This notice informs you how The Communities of Maple Lawn uses and discloses your medical information. It informs you about your rights and our responsibilities to protect the privacy of your medical information. It also instructs you how to file a complaint with the government or us if you believe that we have violated any of your rights or any of our responsibilities.

Maple Lawn is required by law to maintain the privacy of your medical information. We are required to give you a copy of this notice and gain proof of receipt with your signature. We are required to follow the terms of this notice.

Maple Lawn will notify you of any changes to this notice. A copy of the revised notice will be made available upon request. We maintain the right to revise any of our practices that may or may not apply to your medical information already on file as well as any new information given to us.

This notice will be given to you on the date you first receive medical products or treatment from Maple Lawn. In an emergency, we will give you the notice as soon as possible after treatment for the emergency 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 caring for you 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(s) involved in your care.

For Payment

We may use or disclose your medical information to bill and collect payment for the services we provide to you. For example, we may need to give your health insurance company information about your diagnosis, treatment and supplies used. We may also contact your insurance company 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 Disclosures for Treatment, Payment or Health Care Operations

Your name and address may be used to send you resident satisfaction surveys. We may contact you by telephone or by mail at Maple Lawn, your home or your office to remind you of an appointment you have with us, health care services we provide or payment for your health care services. We may leave messages for you. If you would like us to contact you in a specific way or at a specific location, see "Right to Receive Confidential Communications" in this notice.

There are some services provided for us by our business associates such as accountants, consultants and attorneys. Whenever we share information with our business associates, we have a written contract with them requiring them to 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 residents in order to invite you to a fund-raising event or to send you a newsletter. If you do not want to receive these communications, please notify our Designee, Kathy Kauffman, in writing.

Treatment Alternatives - We may use and disclose medical information about you to tell you about other health care treatment available to you. If you do not want to receive these communications, please notify our Designee, Kathy Kauffman, in writing.

Health Related Benefits and Services - We may use and disclose medical information about you to tell you about other health care benefits or services that may interest you. If you do not want to receive these communications, please notify our Designee, Kathy Kauffman, 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 our Designee, Kathy Kauffman, in writing.

Note: The following common uses and disclosures apply to facility-based services only.

Resident Directory - Your name and room number will be listed in our directory. This directory is posted in our front entrance. Your name and room number will be given if there is a phone call asking for you personally.

Welcome Board - As a new admission, your name will be placed on a welcome board in the front entryway.

Activity Calendar - Your name, birth date, or anniversary will be listed on our calendar during the month it occurs. This calendar is posted in our main lobby by the nurse's station and in the lower lobby. Birthday and anniversary signs will be posted on resident's doors during the time of the celebration.

Photo Albums - Your pictures taken during Health Center functions are kept in albums in the library, lobby and lounge.

Outings - Names of residents attending outings will be posted at the nurse station and given to the kitchen staff.
Birthday dinner list - Names of residents attending birthday dinners will be posted by elevators.

Volunteers - Your name, birthday, special needs, and common interests will be shared with volunteers who will be directly involved in your care.

NACC - Your name, birth date, anniversary special needs, and common interests will be shared with the Noah's Ark Children Center for adopt a resident program.

Churches - Your name and birth date will be shared with sponsoring churches for the monthly birthday party. Your religious affiliation will only be given to members of the clergy who ask for this information.

Memorial - Your name and date of services will be posted if your family/responsible party desires a memorial service.

Maple Leaves Newsletter - Your name, birth date, or anniversary date, new admission, illness, discharges, and death will be posted in our facility newsletter which is distributed facility wide and in the community.

Dining Room - Your name and diet will be revealed on diet cards that come to the Multi-purpose Room or resident room on trays. Your name will be placed on the table in the main dining room.

If you do not want to be included in any of the above disclosures, or you wish to limit the information used, you must notify Kathy Kauffman of your objection.

USES 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. We may need to notify family members or others of your location, general condition or death in case of a natural or man-made disaster.

Required by Law - We may use or disclose medical information about you when the law requires us to do so.
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, in response to a subpoena or other legal process.

Funeral Directors, Coroners and Medical Examiners - We may disclose medical information about you as needed to allow these people to do their jobs.

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.

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 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.

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.

USES OR DISCLOSURES THAT REQUIRE YOUR AUTHORIZATION

Other uses and disclosures will be made only with your written authorization. You may cancel your 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. Some examples of uses or disclosures that may require your written authorization are:

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

YOUR RIGHTS

The information contained in your health or medical record is the physical property of Maple Lawn. 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 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 Maple Lawn can stop a restriction at any time.

Right to Receive Confidential Communications - You have the right to ask that we communicate with you in a certain way or at a certain place. If you want to request confidential communications the request must be made in writing to our Designee. We must agree to your request if it is reasonable.

Right to Inspect and Copy Your Medical Information - You have the right to ask to inspect and obtain a copy of your medical information. You must submit your request in writing to our Designee. 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 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 in writing to our Designee. 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 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

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, but cannot include disclosures made before April 14, 2003.

We are not required to include disclosures for treatment, payment or healthcare operations or certain other 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 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 ask for and get a paper copy of this notice and any revisions we make to the notice at any time.

QUESTIONS AND INFORMATION

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

Charles Rinne, CEO
309.467.2337 Ext 240

or

Donna Farragher, Director of Nursing
309.467.2337 Ext 212



FILING A COMPLAINT

If you discover a problem with the confidentiality of your private health information, please notify our Designee for assistance to resolve the problem:

Kathy Kauffman
700 North Main
Eureka, Illinois 61530
Telephone 309.467.2337 Ext 213
Fax 309.467.2594

To file a complaint with the United States Secretary of Health and Human Services, please send the complaint to:

Office of Civil Rights
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Washington, D.C. 20201

You have the right to file a complaint with The Communities of Maple Lawn and to the United States Secretary of Health and Human Services if you believe we have violated your privacy rights. There is no risk involved should you decide to do so.

Please contact us by mail 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 contacts above.