

**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.**

**About Us.** In this Notice, Christian Horizons' use of terms like "we," "us" or "our" to refer to Christian Horizons' medical directors, employees, staff, and other personnel. All Christian Horizons' communities and locations follow the terms of this Notice and may share health information for treatment, payment or health care operations purposes as described in this Notice.

**Purpose of this Notice.** This Notice describes how we may use and disclose your health information to carry out treatment, payment, or health care operations and for other purposes that are permitted or required by law. This notice also outlines our legal duties for protecting the privacy of your health information and explains your rights to have your health information protected. We will create a record of the services we provide you, and this record will include your health information. We need to maintain this information to ensure that you receive quality care and to meet certain legal requirements related to providing you care. We understand that your health information is personal, and we are committed to protecting your privacy and ensuring that your health information is not used inappropriately.

### **Our Uses and Disclosures**

**How do we typically use or share your health information?** We typically use or share your health information in the following ways:

**For Treatment.** We may use your health information to provide you with medical treatment or services. For example, a doctor may be treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell the dietician if you have diabetes so that we can plan your meals. Different departments in a Community also may share health information about you in order to coordinate your care and provide you medication, lab work and x-rays. We may also disclose your health information to people outside the Community who may be involved in your medical care after you leave a Community. This may include family members, visiting nurses or therapists to provide care in your home.

**For Payment.** We may use and disclose your health information to others so they will pay us or reimburse you for your treatment. For example, a bill may be sent to you, your insurance company or a third-party payer. The bill may contain information that identifies you, your diagnosis, and treatment or supplies used in the course of treatment. We may share your health information with pharmaceutical company patient assistance programs and patient support organizations in order to assist you in obtaining payment for your care or payment for certain parts of your care.

**For Health Care Operations:** We may use and disclose your health information in order to support our day to day healthcare business activities.

- For example, we may use health information for quality assessment and improvement activities and for developing and evaluating clinical protocols. We may also combine health information about many residents to help determine what additional services should offer, what services should be discontinued, and whether certain new treatments are effective.
- Health information about you may be used by our corporate office for business development and planning, cost management analyses, insurance claims management, risk management activities, and in developing and testing information systems and programs.
- We may also use and disclose information for professional review, performance evaluation, and for training programs.
- Other aspects of health care activities that may require use and disclosure of your health information include accreditation, certification, licensing and credentialing activities, review and auditing, including compliance reviews, medical reviews, legal services and compliance programs.
- Your health information may be used and disclosed for the business management and general activities of the Community including resolution of internal grievances, customer service and due diligence in connection with a sale or transfer of the Community.
- In limited circumstances, we may disclose your health information to another entity subject to HIPAA for its own health care operations.
- We may remove information that identifies you so that the health information may be used to study health care and health care delivery without learning the identities of residents.
- We may disclose your age, birth date and general information about you in the Community newsletter, on activities calendars, and to entities in the community that wish to acknowledge your birthday or commemorate your achievements on special occasions.
- If you are receiving therapy services, we may post your photograph and general information about your progress. .

### **How else can we use or share your health information?**

**Business Associates.** There are some services provided in our Community through contracts with business associates. Examples which could include but not limited to hospice, rehabilitation therapy, dietary consultants and outside attorneys or accountants. When these services are contracted, we may disclose your health information so that they can perform the job we've asked them to do. To protect your health information, however, we require the business associate to appropriately safeguard your information.

**Providers.** Many services provided to you, as part of your care at our Community, are offered by participants in one of our organized healthcare arrangements. These participants include a variety of providers such as physicians (e.g., MD, DO, Podiatrist, Dentist, Optometrist), therapists (e.g., Physical therapist, Occupational therapist, Speech therapist), portable radiology units, clinical labs, hospice caregivers, pharmacies, psychologists, LCSWs, and suppliers (e.g., prosthetic, orthotics).

**Treatment Alternatives.** We may use and disclose health information to tell you about possible treatment options or alternatives that may be of interest to you.

**Health-Related Benefits and Services Reminders.** We may use and disclose health information to tell you about possible treatment options or alternatives that may be of interest to you.

**Fundraising Activities.** We may use certain health information about you to contact you in an effort to raise money as part of a fundraising effort. We may disclose certain health information to a foundation related to the Community so that the foundation may contact you in raising money for the Community. We can release contact information, such as your name, address and phone number, the dates you received treatment services at the Community as well as your treating physician and treatment outcome. You have the option to opt out of all fundraising activities or a specific activity and we must honor your request. If you do not want us to contact you for fundraising activities, please notify:

**Christian Horizons**  
200 North Postville Drive  
Lincoln, IL 62656  
info@chliving.org

**Community Directory.** We may include information about you in a Community directory while you are a resident. This information may include your name, location in the Community, your general health condition expressed in general terms that does not communicate specific medical information about you, and religious affiliation. The directory information, except for your religion, may be disclosed to people who ask for you by name. Your religion may be given to a member of the clergy, such as a priest or rabbi, even if they don't ask for you by name. This is so your family, friends and clergy can visit you in the Community and generally know how you are doing. You have the opportunity to restrict the information or to whom it is disclosed, or opt out of being included in the directory. You may make your preferences known, orally or in writing.

**Public Good.** We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html)

**Help with public and health issues.** We may use and disclose your health information for public health activities, including the following:

- To prevent or control disease, injury, or disability.
- To report suspected abuse, neglect, or domestic violence.
- To report adverse reactions to medications.
- To assist with product recalls.
- To prevent or reduce serious threat to anyone’s health or safety.

**Research.** Under certain circumstances, we may use and disclose health information about you for research purposes. For example, a research project may involve comparing the health and recovery of all residents who received one medication to those who received another, for the same condition. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of health information, trying to balance the research needs with residents’ need for privacy of their health information. Before we use or disclose health information for research, the project will have been approved through this research approval process. We may, however, disclose health information about you to people preparing to conduct a research project so long as the health information they review does not leave a Community.

**Comply with the law.** We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we’re complying with federal privacy law.

**Address worker’s compensation, law enforcement and other government requests.** We can use or share health information about you:

- For workers’ compensation claims.
- For law enforcement purposes or with a law enforcement official.
- With health oversight agencies for activities authorized by law.
- For special government functions such as military or national security

**Respond to organ and tissue donation requests.** We can share health information about you with organ procurement organizations.

**Work with medical examiner or funeral director.** We can share health information about you with organ procurement organizations.

**Respond to lawsuits and legal actions.** If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to a court or administrative order. We may also disclose health information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

**When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.**

### Your Rights

#### **Get a copy of your medical record.**

- You can ask to see or get a copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request unless other regulations require shorter time frames. We may charge a reasonable, cost-based fee.

#### **Ask us to correct your medical record.**

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

#### **Request confidential communications.**

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.

#### **Ask us to limit what we use or share.**

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, 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 that information.

## **Get a list of those with whom we've shared information.**

- You can ask for a list (accounting) of the times we've shared your health information for 6 years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

## **Get a copy of this privacy notice.**

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.
- You may obtain a copy of this Notice at our website, [www.christianhorizonliving.org](http://www.christianhorizonliving.org).

## **Choose someone to act for you.**

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

## **File a complaint if you feel your rights are violated.**

- You can complain if you feel we have violated your rights by contacting the Community Administrator/Executive Director or contact the Privacy Officer at:

**Connie Rhoads, Privacy Officer**  
**622 Emerson Suite 310**  
**St. Louis MO 63141**  
**(314) 587-7900**  
**[crhoads@chliving.org](mailto:crhoads@chliving.org)**

- You can 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 <http://www.hhs.gov/ocr/privacy/hipaa/complaints/>.
- We will not retaliate against you for filing a complaint.

### **Your Choices.**

**For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.**

**In these cases, you have both the right and choice to tell us to:**

- Share information with your family, close friends, or others involved in your care.
- Share information in a disaster relief situation.

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

**In these cases we never share your information unless you give us written permission:**

- Marketing purposes.
- Sale of your information.
- Most sharing of psychotherapy notes.

### **Our Responsibilities.**

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see:

<https://www.hhs.gov/hipaa/for-individuals/notice-privacy-practices/index.html>

**Changes to this Notice.** We reserve the right to change the terms of this Notice at any time. We reserve the right to make the new Notice provisions effective for all health information we currently maintain, as well as any health information we receive in the future. If we make material or important changes to our privacy practices, we will promptly revise our Notice. The Notice is posted conspicuously in each Community. You may ask the receptionist for the exact location. Each version of the Notice will have an effective date listed on the Notice. Updates to this Notice are also available at our web site [www.christianhorizonsliving.org](http://www.christianhorizonsliving.org)

**Previous Revision Dates.**

- 9/13/13
- 2/21/14
- 4/13/16