

NOTICE OF PRIVACY PRACTICE

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.

Use and disclosure of health information

Wisconsin Lutheran Child & Family Service, Inc. (d.b.a. Wisconsin Lutheran Living Center) may use your health information, that is, information that constitutes protected health information as defined in the Privacy Rule of the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996, for purposes of providing you treatment, obtaining payment for your care and conducting health care operations. Wisconsin Lutheran Child & family Service has established a policy to guard against unnecessary disclosure of your health information.

THE FOLLOWING IS A SUMMARY OF THE CIRCUMSTANCES UNDER WHICH AND PURPOSES FOR WHICH YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED.

To Provide Treatment: Wisconsin Lutheran Living Center may use your health information to provide care to you and disclose your health information to others who provide care to you, such as your attending physician and other health care professionals who are involved in your care. For example, physicians involved in your care will need information about your symptoms in order to prescribe appropriate medications.

To Obtain Payment: Wisconsin Lutheran Living Center may use and disclose your health information to obtain payment for the care you may receive from Wisconsin Lutheran Living Center, and may disclose your health information to other providers so that they can obtain payment for care you may receive from them. For example, your long-term care insurer may require Wisconsin Lutheran Living Center to provide information regarding your health care status (for example, your diagnoses) so that the insurer will reimburse you or Wisconsin Lutheran Living Center for the costs associated with your care at Wisconsin Lutheran Living Center. Wisconsin Lutheran Living Center may need your additional written permission to disclose information taken from your mental health treatment records or HIV test results in order to obtain payment.

To Conduct Health Care Operations: Wisconsin Lutheran Living Center may use and disclose health information for its own operations in order to facilitate the functioning of Wisconsin Lutheran Living Center and as necessary to provide quality care to all of Wisconsin Lutheran Living Center residents. Health care operations for which Wisconsin Lutheran Living Center may use and disclose your health information without your written permission include quality assessment and improvement activities; credentialing or evaluating health care practitioners and training; underwriting; medical review; legal services and auditing; business planning and development; and business management and general administration activities. Health Care Operations will include:

- Customer service activities such as evaluation how to more effectively serve all of Wisconsin Lutheran Living Center residents.

- Activities designed to improve health or reduce health care costs.
- Protocol development, care management, and care coordination.
- Contacting health care providers and residents with information about treatment alternatives and other related functions that do not include treatment.
- Professional review and evaluation of our staff performance.
- Training programs including those in which staff, contracted personnel, students, trainees, or other practitioners in health care learn under supervision.
- Training of non-health care professionals.
- Certification, licensing, or credentialing activities.
- Review and audit, including compliance reviews, medical reviews, legal services, and compliance programs.
- Business planning and development, including cost management and planning-related analyses and formulary development.
- Business management and general administrative activities of Wisconsin Lutheran Living Center.

For Wisconsin Lutheran Living Center Directory: Wisconsin Lutheran Living Center may disclose certain information about you including your name, your religious affiliation, and where you are located in a directory distributed only to Wisconsin Lutheran Living Center staff. Wisconsin Lutheran Living Center may disclose this information to people who ask for you by name and appear in person at the front office. Religious affiliation will only be disclosed to clergy, ministers, and designated church representatives. Phone numbers are never disclosed over the phone or to guests in person. You may restrict or prohibit some or all disclosures unless emergency circumstances prevent your opportunity to object. We may not disclose your general medical condition or publicly post a directory without your written permission.

Persons Involved in Your Care: Wisconsin Lutheran Living Center may disclose limited information concerning you to persons involved with your care or payment for your care, provided you do not object after receiving notice of these disclosures. With your written permission, Wisconsin Lutheran Living Center may disclose to a family member, friend, or other person the health information that is directly relevant to their involvement in your care or payment for your care. We may use or disclose your name and location and with your written permission, general condition, or death, to notify, or assist in the notification of a family member, your personal representative, or another person involved in your care. If you have not previously given us written permission for such uses and disclosures and are present, we will provide you with an opportunity to object to such uses of disclosures. Wisconsin Lutheran Living Center may also use professional judgment and experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up filled prescriptions, medical supplies, medical records, or other similar forms or medical information. We may not disclose confidential medical information in these circumstances without your written permission.

For Fundraising Activities: Wisconsin Lutheran Living Center may use or allow Wisconsin Lutheran Child & Family Service, Inc., and its trained volunteers to use your demographic information (e.g., name, address, and other contact information, age, and gender) and your dates of health care service to raise funds on its behalf and may contact you for such fundraising purposes. You have a

right to opt out of having such information used by informing Wisconsin Lutheran Living Center of your objecting in writing or by telephone. Additionally, with any fundraising materials that Wisconsin Lutheran Child & Family Service, Inc., may provide to you, Wisconsin Lutheran Child & Family Service will also include an explanation of how you may elect to not receive future fundraising communications. Wisconsin Lutheran Living Center may also use, or allow Wisconsin Lutheran Child & Family Service and trained volunteers to use, demographic information about your contacts (e.g., family and friends), which is not considered PHI, to raise funds on its behalf, unless you or the individual informs Wisconsin Lutheran Child & Family Service, Inc. that you/he/she objects to this use. If you do not want us to contact you or your contacts for this purpose, please notify Wisconsin Lutheran Child & Family Service, Inc., at 262-345-5530.

When Legally Required: Wisconsin Lutheran Living Center will disclose health information when it is required to do so by any federal, state, or local law.

When There Are Risks to Public Health: Wisconsin Lutheran Living Center may disclose your health information for the following public health activities and purposes, as authorized or required by law.

- To prevent or control disease, injury, or disability; report disease, injury, death; and to conduct public health surveillance, investigations, and interventions.
- To report adverse events or product defects; to track products or enable product recalls, repairs, and replacements; and to conduct post-marketing surveillance and compliance with requirements of the Food and Drug Administration.
- To notify a person who has been exposed to a communicable disease or who may be at risk of contracting or spreading a disease.

Disaster Relief: Wisconsin Lutheran Living Center may use or disclose your name and location to a public or private entity authorized by law or by its charter to assist in disaster relief efforts. Wisconsin Lutheran Living Center may not disclose confidential medical information (except in response to a written request from a government agency to perform a legally authorized function) including any information taken from mental health treatment records or HIV tests in these circumstances without your written permission.

To Report Abuse or Neglect: Wisconsin Lutheran Living Center may disclose your health information to government authorities if Wisconsin Lutheran Living Center believes you are the victim of abuse or neglect. Wisconsin Lutheran Living Center will make this disclosure only when specifically required or authorized by law, or when you agree to the disclosure.

To Conduct Health Oversight Activities: Wisconsin Lutheran Living Center may disclose your health information to a health oversight agency for activities including audits; civil, administrative or criminal investigations; licensure or disciplinary action; or in response to a written request of a government agency to perform a legally authorized function. Wisconsin Lutheran Living Center, however, may and is not directly related to your receipt of health care or public benefits.

In Connection with Judicial and Administrative Proceedings: As permitting or required by state law, Wisconsin Lutheran Living Center may disclose your health information in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal as expressly authorized by such order or in response to other lawful process that constitutes a written

request for a government agency to perform a legally authorized function, but only when Wisconsin Lutheran Living Center makes reasonable efforts to either notify you about the request or to obtain an order protecting your health information.

For Law Enforcement Purposes: As permitted or required by state law, Wisconsin Lutheran Living Center may disclose limited information to a law enforcement official concerning the medical information of a suspect, fugitive, material witness, crime victim, or missing person, or when necessary to assist law enforcement officials to capture an individual who has admitted to participation in a crime or has escaped from lawful custody. We may not disclose to law enforcement officials information drawn from HIV test results, certain confidential medical information, and certain mental health treatment records for these purposes without your written permission, unless required by law.

To Coroners and Medical Examiners: Wisconsin Lutheran Living Center may disclose health information to coroners and medical examiners for purposes of determining cause of death or for other duties, as authorized by law.

For Organ, Eye, or Tissue Donation: With your written permission, Wisconsin Lutheran Living Center may use or disclose your health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of eyes or tissue for the purpose of facilitating the donation and transplantation. Wisconsin Lutheran Living Center may disclose HIV test results without your written permission for purposes of assuring the suitability of the donation.

For Research Purposes: Wisconsin Lutheran Living Center may, under very select circumstances, use your health information for research. Before Wisconsin Lutheran Living Center discloses any of your health information for such research purposes, the project will be subject to an extensive approval process. Wisconsin Lutheran Living Center will almost always request your written authorization before granting access to your individually identifiable health information.

In the Event of a Serious Threat to Health or Safety: Wisconsin Lutheran Living Center may, consistent with applicable law and ethical standards of conduct, disclose your health information if Wisconsin Lutheran Living Center, in good faith, believes that such disclosure is necessary to prevent or lessen a serious and imminent threat to your health or safety or to the health and safety of the public.

For Specified Government Functions: In certain circumstances, Wisconsin Lutheran Living Center may use or disclose your health information to facilitate specified government functions relating to the military and veterans, national security and intelligence activities, protective services for the President and others, medical suitability determinations, and inmates and persons in law enforcement custody. We may not disclose to military authorities or government officials information drawn from HIV test results, certain confidential medical information, and certain mental health treatment records for these purposes without your written permission, unless required by law.

For Worker's Compensation: Wisconsin Lutheran Living Center may release your health information for worker's compensation or similar programs.

HIV Test Results: Your HIV results, if any, may be disclosed as set forth in Wisconsin Statutes 252.15(5)(a). A listing of the persons to whom this information may be disclosed or circumstances under which it may be disclosed as set forth in that statute is available upon request.

Other Uses and Disclosures of PHI: We will obtain your written authorization for disclosure of psychotherapy notes, use or disclosure of PHI for marketing, and for the sale of PHI, except in limited circumstances where applicable law allows such use or disclosure without your authorization.

AUTHORIZATION TO USE OR DISCLOSE HEALTH INFORMATION

You may give Wisconsin Lutheran Living Center written authorization to use your medical information or to disclose it to anyone for any purpose. If you give Wisconsin Lutheran Living Center an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give Wisconsin Lutheran Living Center a written authorization, Wisconsin Lutheran Living Center cannot use or disclose your medical information for any reason except those described in this notice.

You have the following rights regarding your health information that Wisconsin Lutheran Living Center maintains:

Right to Request Restrictions: You may request restrictions on certain uses and disclosures of your health information. You have the right to request a limit on Wisconsin Lutheran Living Center's disclosure of your health information for treatment, payment, or health care operations or to someone who is involved in your care or the payment of your care. However, Wisconsin Lutheran Living Center is not required to agree to your request, except when you request that Wisconsin Lutheran Living Center not disclose to a health plan for payment or health care operations purposes health information about you that pertains to health care provided to you for which you, or someone on your behalf, besides your health plan, has paid in full. If you wish to make a request for restrictions, please contact the facility Administrator. **(Any agreement Wisconsin Lutheran Living Center may make to a request for additional restrictions must be in writing signed by a person authorized to make such an agreement on our behalf. Wisconsin Lutheran Living Center will not be bound unless our agreement is so memorialized in writing.)**

Right to Receive Confidential Communications: You have the right to request that Wisconsin Lutheran Living Center communicate with you in a certain way. You may ask that Wisconsin Lutheran Living Center only conduct communications pertaining to your health information with you privately with no other family members present. If you wish to receive confidential communications, please contact the facility Administrator. Wisconsin Lutheran Living Center must accommodate your request if it is reasonable, specifies the alternative means or location of communication, and provides satisfactory explanation of how payments will be handled under the alternative means or location of your request. Wisconsin Lutheran Living Center will not request that you provide any reason for your request.

Right to Inspect and Copy Your Health Information: With a few exceptions, you have the right to inspect and copy your health information, including billing records. A request to inspect and copy

records containing your health information may be made to the Administrator or Nurse Manager. If you request a copy of your health information, Wisconsin Lutheran Living Center may charge a reasonable fee for copying and assembling costs associated with your request.

Right to Amend Your Health Information: You have the right to request that Wisconsin Lutheran Living Center amend your records, if you believe your health information records are incorrect or incomplete. That request may be made as long as the information is maintained by Wisconsin Lutheran Living Center. A request for an amendment of records must be made in writing to the Administrator. Wisconsin Lutheran Living Center may deny the request if it is not in writing or does not include a reason for the requested amendment. The request may also be denied if your health information records were not created by Wisconsin Lutheran Living Center, if the records you are requesting to amend are not part of Wisconsin Lutheran Living Center's records, if the health information you wish to amend is not part of the health information you or your representative are permitted to inspect and copy, or if, in the opinion of Wisconsin Lutheran Living Center, the records containing your health information are accurate and complete. If we deny your request, we will provide you with a written explanation. You may respond with a statement of disagreement to be appended to the information you wanted amended. If we accept your request to amend the information, we will make reasonable efforts to inform others, including people you name, of the amendment and to include the changes in any future disclosures of that information.

Right to an Accounting: You have the right to request an accounting of disclosures of your health information made by Wisconsin Lutheran Living Center, except for disclosures made for treatment, payment, or health operation, pursuant to an authorization, and in certain other circumstances. You also have the right to request a disclosure accounting of all written disclosures of your mental health treatment records. The request for an accounting must be made in writing to the Administrator. The request should specify the time period for the accounting starting on June 1, 2009. Accounting requests may not be made for periods of time in excess of six (6) years. Wisconsin Lutheran Living Center will provide the first accounting you request during any 12-month period without charge. Subsequent accounting requests may be subject to a reasonable cost-based fee.

Right to a Paper Copy of the Notice: You have the right to a separate paper copy of this Notice at any time even if you or your representative have previously received this Notice electronically. To obtain a separate paper copy, please contact the Administrator. A resident or a resident's representative may also obtain a copy of the current version of Wisconsin Lutheran Living Center's Notice on its website at www.ChristianFamilySolutions.org.

DUTIES OF WISCONSIN LUTHERAN LIVING CENTER

Wisconsin Lutheran Living Center is required by law to maintain the privacy of your health information and to provide to you and your representative this Notice of its duties and privacy practices and your rights. Wisconsin Lutheran Living Center is required to notify affected individuals following a breach of unsecured protected health information. Wisconsin Lutheran Living Center is required to abide by the terms of this Notice as it may be amended from time to time. Wisconsin Lutheran Living Center reserves the right to change the terms of its Notice and to make the new Notice provisions effective for all health information that it maintains, including information we received or created before we made the changes. If Wisconsin Lutheran Living Center changes its

Notice, Wisconsin Lutheran Living Center will provide a copy of the revised Notice to you or your appointed representative. You or your representative has the right to express complaints to Wisconsin Lutheran Living Center and to the Secretary of Health and Human Services if you or your representative believes that your privacy rights have been violated. Any complaints to Wisconsin Lutheran Living Center should be made in writing to the Administrator using the contact information specified below. Wisconsin Lutheran Living Center encourages you to express any concerns you may have regarding the privacy of your information. You will not be retaliated against in any way for filing a complaint.

CONTACT PERSON

Wisconsin Lutheran Living Center has designated the Administrator as its contact persona for all issues regarding resident privacy and your rights under the Federal privacy standards.

IF YOU HAVE ANY QUESTIONS REGARDING THIS NOTICE, PLEASE CONTACT:

**WISCONSIN LUTHERAN LIVING CENTER
ADMINISTRATOR
9035 North 97th Street
Milwaukee WI 53224-1603
262-345-5588**

Effective date: October 1, 2013.