

## Notice of Patient Privacy Practices

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EFFECTIVITY DATE: September 10, 2013

**This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review this notice carefully and completely.**

If you have any questions regarding this notice, please contact the Compliance and Privacy Officer for Wellspring Healthcare Services at (630)-968-7777.

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### Use & Disclosure of Protected Health Information

The Health Insurance Portability And Accountability Act of 1996 (HIPAA) and Affordable Care Act of 2010 (ACA) requires all health care records and other individually identifiable Protected Health Information (PHI) used or disclosed to us in any form, whether electronically, written, or orally be kept confidential. This federal law gives you, the patient, significant rights to understand and control how your health information is used. HIPAA provides penalties for covered entities that misuse your PHI. As required by HIPAA, we have prepared an explanation of how we are required to maintain the privacy of your health information and how we may use and disclose it.

Wellspring Healthcare Services, Inc., hereinafter known as “the Agency”, may use your health information for the purposes of providing your treatment, obtaining payment for your care, and conducting health care operation. Your health information may be used or disclosed only after the Agency has obtained your written consent.

**The following is a summary of the circumstances under which and purposes for your health information may be used and disclosed after you have provided your written consent.**

**To provide treatment:** The Agency may use your health information to coordinate care within the Agency and within others involved in your care, such as the attending physician, members of the Agency interdisciplinary team and other health care professionals who have agreed to assist the Agency in coordinating care. For example, physicians involved in your care will need information about your symptoms in order to prescribe appropriate medications. The Agency may also disclose your health care information to individuals outside of the Agency involved in your care such as family members, clergy whom you have designated, pharmacists, suppliers of medical equipment, or other health care professionals that the Agency uses in order to coordinate care.

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**To obtain payment:** The Agency may include your health information in invoices to collect payment from third parties for the care you receive from the Agency. For example, The Agency may be required by your health insurer to provide information regarding your health care status so that the insurer will reimburse you or the Agency. The Agency also may need to obtain prior approval from your insurer and may need to explain to the insurer your need for home care and the services that will be provided to you.

**To conduct health care operations:** The Agency may use and/or disclose health information for its own operations in order to facilitate the function of the Agency and, as necessary, to provide quality care to all of the Agency's patients. Health care operations include such activities as:

- Quality assessment and improvement activities of staff.
- Activities designed to improve health or reduce health care costs.
- Training programs, including those in which students, trainees, or practitioners in health care learn under supervision.
- Training of non-health care professionals.
- Protocol development, case management, and care coordination.
- Contacting health care providers and patients with information about treatment alternatives and other related functions that do not include treatment.
- Professional review and performance evaluation.
- 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 planning related analyses and formulary development.
- Business management and general administrative activities of the Agency.

**For fundraising activities:** The Agency may place your name and address on its mailing list to send you a copy of the Agency's newsletter and information about the Agency's development activities. In addition, The Agency may use your name, address, and phone number to contact you for your consent to use information about you and the services you received (e.g., nursing, homemaking, physical therapy) for the fundraising purposes of home health or home care. If you do not want the Agency to contact you by phone or send any literature via the mail, please notify The Administrator at the Agency in writing and indicate that you do not wish to be contacted or wish to "opt-out".

Federal privacy rules allow Agencies to use or to disclose your health information without your consent or authorization for a number of reasons.

**When legally required:** The Agency will disclose your health information when it is required to do so by any Federal, state, or local law.

**When there are risks to public health:** The Agency may disclose your health information for public activities and purposes in order to:

- Prevent or control disease or disability, report disease, injury, vital events such as birth or death, and the conduct of public surveillance, investigations and interventions.

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- Report adverse events, 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.
- Notify a person who has been exposed to a communicable disease or who may be at risk of contracting or spreading a disease.
- Notify an employer about an individual who is a member of the workforce as legally required.

**Report Abuse, Neglect, or Domestic Violence:** The Agency is federally mandated to notify government authorities if the Agency personnel believe a patient is the victim of abuse, neglect, or domestic violence. The Agency will make this disclosure only when specifically required, or authorized by law or when the patient agrees to the disclosure.

**Conduct Health Oversight Activities:** The Agency may disclose your health information to a Health Oversight Agency for activities including audits, civil administrative or criminal investigations, inspections, licensure, or disciplinary action. The Agency, however, may not disclose your health information if you are the subject of an investigation and your health information is not directly related to your receipt of health care or public benefits.

**In Connection With Judicial and Administrative Proceedings:** The Agency 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. The Agency may disclose your health information expressly authorized by such order or in response to a subpoena, discovery request, or other lawful process but only when the Agency makes reasonable efforts either to 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, the Agency may disclose your health information to a law enforcement official for certain law enforcement purposes.

**To Coroners, Medical Examiners and Funeral Directors:** The Agency may disclose your health information to coroners and medical examiners for purposes of determining your cause of death or for other duties, as authorized by law.

**To Funeral Directors:** The Agency may disclose your health information to funeral directors consistent with applicable law and if necessary to carry out their duties with respect to your funeral arrangements. If necessary to carry out their duties, the Agency may disclose your health information prior to, and in reasonable anticipation of, your death.

**For Organ, Eye, or Tissue Donation:** The Agency may use or disclose your health information to organ procurement organizations or any other entities engaged in the procurement, banking, or the transplantation of organs, eyes, or tissue for the sole purpose of facilitating donation and transplantation.

**In the Event of a Serious Threat to Health or Safety:** The Agency may, consistent with applicable law and ethical standards of conduct, disclose your health information if the Agency, 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.

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**Military and Veterans:** In certain circumstances, Federal regulations authorize the Agency to use or disclose your health information to facilitate specified government functions relating to military and veterans, national security, intelligence activities, protective services for the President and others, medical suitability determinations, and inmates and law enforcement custody.

**For Worker's Compensation:** The Agency may release your health information for worker's compensation or similar programs. These programs provide specific benefits for work related injuries or illness.

## **AUTHORIZATION TO USE AND/OR DISCLOSE HEALTH INFORMATION**

Other than what is stated above, The Agency will not disclose your health information other than with your written authorization. If you or your representative authorizes the Agency to use or disclose your health information, you may revoke that authorization in writing at any time.

## **YOUR RIGHTS WITH RESPECT TO YOUR PROTECTED HEALTH INFORMATION**

You have the following rights regarding your health information that the Agency maintains:

- **Right to Revoke Consent:** You have the right to revoke this consent at any time. Your revocation of this consent must be in writing. If you wish to revoke this consent, please contact The Agency to obtain a revocation form. Note that your revocation of this consent will not be effective for disclosures we have already made in reliance on your prior consent. We also have the right to refuse to provide further treatment if you revoke this consent.
- **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 the Agency's disclosure of your health information to someone who is involved in your care or the payment of your care. However, the Agency is not required to agree to your request. If you wish to make a request for restrictions, please contact the Administrator at Wellspring Healthcare Services.
- **Right to receive confidential communications:** You have the right to request that the Agency communicate with you in a certain way. For example, you may ask that the Agency 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 Administrator at Wellspring Healthcare Services, 3341 Hobson Rd, Suite B, Woodridge, IL 60517. The Agency will not request that you provide any reasons for your request and will attempt to honor your reasonable requests for confidential communications.
- **Right to inspect and copy your health information:** You have the right to inspect, copy, or electronically receive your health information (if electronically held), including billing records. A request to inspect and copy records containing your health information may be made to Wellspring Healthcare Services. If you request a copy of your health information, the Agency may charge a reasonable fee for copying and assembling costs associated with your request.
- **Right to amend health care information:** You or your representative has the right to request that the Agency amend your records, if you believe that your health information is incorrect or incomplete. This request may be made as long as the information is maintained by the Agency. A request for an amendment of records must be made in writing to Wellspring Healthcare Services. The Agency may deny the request if it is not in writing or does not include a reason for the amendment. The request also may be denied if your health information

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records were not created by the Wellspring Healthcare Services, if the records you are requesting are not part of the agency'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 the Agency, the records containing your health information are accurate and complete.

- **Right to a paper copy of this notice:** You or your representative has a right to a separate paper copy of this Notice at any time even if you or your representatives have received this Notice previously. To obtain a separate paper copy, please contact the Agency. (The patient or a patient's representative may also obtain a copy of the current version of the Agency's Notice of Privacy Practices at its website, [www.hhhc.org](http://www.hhhc.org).)
- **Right to an accounting:** You or your representative have the right to request an accounting of disclosures of your health information made by the Agency for any reason other than for treatment, payment, or health operations. The request for an accounting must be made in writing to The Administrator at Wellspring Healthcare Services, 3341 Hobson Rd, Suite B, Woodridge, IL 60517. The request should specify the time period for the accounting starting on or after April 13, 2007. Accounting requests may not be made for periods of time in excess of six (6) years. The Agency 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.

## DUTIES OF THE AGENCY

The Agency 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 in accordance with the ACA. The Agency is required to abide by the terms of this Notice as may be amended from time to time. The Agency 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. If the Agency changes its Notice, the Agency will provide a copy of the revised Notice to you or your appointed representative.

- **Breach Definition:** A breach is the acquisition, access use, or disclosure of protected health information in a manner not permitted which compromises the security or privacy of the protected health information.
- **Breach Notification:** Any breaches of health information will be reported, and breach policies need to be updated to reflect the new standard for determining whether or not a breach is reportable.

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## COMPLAINT PROCEDURE

You or your personal representative, have the right to express complaints to the Agency and to the Secretary of Department of Health and Human Services (DHHS) if you or your representative believe that your privacy rights have been violated. Any complaints to The Agency should be made in writing to the agency. The Agency encourages you to express any concerns you may have regarding the privacy of your information. Federal law prohibits from any retaliation against in a person in any way for filing a complaint.

For DHHS complaints contact:  
Region V, Office for Civil Rights  
US Department of Health and Human Services  
233 N. Michigan Ave., Suite 240  
Chicago, IL 60601  
Phone: (312) 886-2359  
Fax: (312) 866-1807  
TDD: (312) 353-5693

To file a complaint with the Agency, contact the contact the Compliance and Privacy Officer for WellSpring Healthcare Services at 3341 Hobson Rd, Suite B, Woodridge, IL 60517, (630)-968-7777. All complaints must be in writing.