

NOTICE OF PRIVACY PRACTICES (NOPP)

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.

DATE OF NOTICE: This Notice is effective September 23, 2009.

1. **Introduction:** Water Tower Nursing and Home Care, Inc. (WTN) understands that health information about you is personal. Confidentiality of your personal health information is a mutually shared responsibility of all WTN employees and business associates. WTN is committed to protecting your personal health information in accordance with applicable law.

WTN is required to provide you and your representative with a copy of this NOPP to describe your rights and certain obligations WTN has regarding the use and disclosure of your personal health information. WTN is required to abide by the terms of this NOPP as may be amended from time to time.

2. **Primary Permitted Uses and Disclosures:** WTN may obtain your personal health information, information that constitutes protected health information (PHI) as defined in the Privacy Rule of the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996, for the purposes of documentation in your Client Record. WTN may also use your PHI for purposes of providing you care, obtaining payment for your care and conducting health care operations.

- ❖ **For the purpose of providing care,** WTN may use your PHI to ensure the coordination of quality care within the organization. WTN may also disclose your PHI to others involved in your care, such as your physician, family members, pharmacists, suppliers of medical equipment or other health care professionals who have agreed to assist WTN in coordinating care.
- ❖ **For the purpose of obtaining payment,** such use and disclosure may take place to obtain or provide reimbursement for services, such as when your case is reviewed by your long term care insurer to ensure that appropriate care was rendered. For reimbursement purposes, your PHI may be disclosed to one or several intermediaries employed by your plan sponsor including, but not limited to, insurers, claims administrators, case managers, and computer switching companies.
- ❖ **For the purpose of health care operations,** such use and disclosure may take place in a number of ways. This may include, but not be limited to, quality assessment and improvement, provider review and training, compliance activities, licensing activities and planning, development, management and administration of daily business operations.

3. **Electronic Storage Use and Disclosure:** WTN stores some of your PHI in electronic computer files. WTN backs up our electronic records and employs other precautions. In spite of these precautions, it is possible, but unlikely, that a technological failure could cause loss of data.

In addition, WTN may use your electronically stored PHI to contact you regarding scheduled home care visit reminders, notify you of health screenings, information about treatment alternatives or other health-related benefits and services that may be of interest to you.

NOTICE OF PRIVACY PRACTICES (NOPP)

4. **Storage of Physical PHI Records:** As requested by law, WTN also maintains physical records that contain your PHI. All physical records are stored in areas that are protected from outside parties and are accessed only for authorized purposes permitted in this NOPP. WTN maintains reasonable and appropriate safeguards to prevent intentional or unintentional disclosure of PHI. Such safeguards include the shredding of documents containing PHI before discarding them.
5. **Other Uses & Disclosures of PHI:** WTN, from time to time, may employ the services of business associates who may assist us in one or more tasks and who may need to use or update PHI without your permission. As required by law, WTN enters into agreements with all business associates who have access to your PHI. Such agreements require business associates to comply with all the privacy regulations on your behalf.

WTN may disclose PHI without your authorization to comply with workers compensation laws, as required by law enforcement, legal proceedings, public health requirements, health oversight activities, and as otherwise required by any Federal, State or Local law.

WTN may use your name to reference your client care services. You may be required to sign an acknowledgement for receipt of services or health care product(s), requests for PHI, or when obtaining additional copies of this NOPP. We may disclose PHI to other appropriate people who ask for you by name and/or another common identifier.

In the event of an emergency or your incapacity, WTN will do in our reasonable judgment what is consistent with your known preferences, and what we determine to be in your best interest. WTN will inform you or your designate of any such uses or disclosures if uses and disclosures require your signed authorization under such circumstances and give you an opportunity to object as soon as practicable.

Any other uses and disclosures will be made only with your written authorization, and you may revoke your authorization by notifying us as described below.

6. **Other Patient Rights Regarding PHI:** You may ask WTN to restrict uses and disclosures of your PHI to carry out care, payment, or health care operations, or to restrict uses and disclosures to family members, relatives, friends, or other persons identified by you who are involved in your care or payment for your care. However, WTN is not required to agree to your request if WTN determines it is not in the best interest of you, the caregiver(s) or WTN. If you wish to make a request for restrictions, please contact WTN's Director/Agency Manager.

You have the right to request the following with respect to your PHI: (i) inspection and copying; (ii) amendment or correction; (iii) an accounting of the disclosures of this information by us (although WTN is not required to account to you for disclosures listed in Sections 2, 3, and 5 of this NOPP); and (iv) the right to receive a paper copy of this notice upon request. WTN may require you to pay for any request to cover our costs of copying, labor and postage.

In addition, you may request, and we must accommodate the request, if reasonable, to receive communications of PHI by alternative means or at alternative locations such as a designated address or telephone number. To make a request, follow the instructions listed below in Section 9.

NOTICE OF PRIVACY PRACTICES (NOPP)

7. **Changes to the WTN's NOPP:** WTN reserves the right to change the terms of this NOPP and to make new NOPP provisions effective for all personal health information we maintain. You or your representative has a right to a separate copy of this NOPP at any time, even after receiving a copy with your service agreement. You may request an additional copy of this NOPP by contacting WTN as outlined in Section 9.
8. **If You Believe Your PHI Right's Have Been Violated:** WTN encourages you to express any concerns you may have regarding the privacy of your PHI. If you believe that your privacy rights have been violated, you may report to WTN as described in Section 9 of this NOPP, or to the Secretary of the Department of Health and Human Services, Hubert H. Humphrey Building, 200 Independence Avenue SW, Washington, DC 20201. You will not be retaliated against for filing a complaint.
9. **Contacting Us:** You may contact WTN for further information regarding this NOPP, to file a complaint, or to make a request as described in this NOPP by writing to:

**Mark Paley – Director/Agency Manager
Water Tower Nursing and Home Care, Inc.
845 N. Michigan Avenue, Suite 902W
Chicago, IL 60611**

If you have any questions, or for more information, please contact a WTN Supervisor at (312) 280-4980 or email info@WaterTowerNursing.com.