

## NOTICE OF PRIVACY PRACTICES

**THIS NOTICE OF PRIVACY PRACTICES DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY.**

This Notice of Privacy Practices has been created to inform you of how we may use your protected health information for treatment, payment and health care operations purposes and as otherwise permitted by law. Protected health information is information about you which can be used to identify you and which relates to your physical or mental condition, our provision of health care services to you, or the payment for health care services we provide to you. Psychotherapy notes, as such term is defined in 45 C.F.R. 164.501 (“Psychotherapy Notes”), are separated from the rest of your medical record. We are required by law to maintain the privacy of your protected health information, to provide you with notice of our legal duties and privacy practices with regard to accessing, amending and controlling the use of your protected health information and to provide with notice following a breach of unsecured protected health information. This Notice of Privacy Practices shall at all times be construed in a manner to comply with the Health Insurance Portability and Accountability Act of 1996, as amended (“HIPAA”).

The effective date of this Notice of Privacy Practices is September 25, 2020. We reserve the right to change the terms of this Notice of Privacy Practices at any time and such changes will apply to all protected health information we have about you. We will abide by the terms of our Notice of Privacy Practices, as revised, currently in effect. Upon the occurrence of any revision of the terms of the Notice of Privacy Practices currently in effect, you may obtain a revised copy of this Notice of Privacy Practices from our Privacy Officer by submitting a request to the following address: 3150 Salt Creek Lane, Arlington Heights, Illinois 60005 or [privacyofficer@lulife.org](mailto:privacyofficer@lulife.org).

Please direct all questions and requests to the Privacy Officer in writing at the address listed in the preceding paragraph.

In some situations, federal and state laws provide special protections for specific kinds of protected health information and require a written authorization from you before we can disclose protected health information subject to such special protections. For example, additional protections may apply in some states to genetic, mental health, drug and alcohol abuse, rape and sexual assault, sexually transmitted disease and/or HIV/AIDS-related information. In these situations, we will comply with the more stringent federal and state laws pertaining to such use or disclosure.

### **I. Uses and Disclosures of Your Protected Health Information**

We may use and disclose your protected health information to third parties that are involved in your care and treatment for the purpose of providing health care services to you. We may use and disclose your protected health information in order for us to obtain payment for the health care

services and goods which we provide to you. We may also use and disclose your protected health information in order to conduct our business.

The following are examples of the types of uses and disclosures of your protected health information that we are permitted to make. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures we may make.

**Treatment:** We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party that has already obtained your permission to have access to your protected health information. For example, we would disclose your protected health information, as necessary, to a hospital that provides care to you. We will also disclose protected health information to other physicians who may be treating you. For example, your protected health information may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you.

In addition, we may disclose your protected health information from time-to-time to another physician or health care provider (e.g., a specialist or laboratory) who becomes involved in your care by providing assistance with your health care diagnosis or treatment.

**Payment:** Your protected health information will be used, as needed, to obtain payment for your health care services. This may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services we recommend for you such as making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities. We will disclose to your health insurance company information about the goods and services rendered to you in order to obtain payment from your insurance company.

**Healthcare Operations:** We may use or disclose, as needed, your protected health information in order to support our business activities. These activities include, but are not limited to, quality assessment activities, employee review activities, marketing activities, and conducting or arranging for other business activities.

For example, we may use protected health information to evaluate our services, including the performance of our staff.

We may use or disclose your protected health information, as necessary, to contact you to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you. We may also use and disclose your protected health information for other marketing activities. For example, your name and address may be used to send you a newsletter about the services we offer. You may contact our Privacy Officer to request that these materials not be sent to you. In the event we receive payment for making the communication, and the communication does not describe either a drug or biologic currently prescribed for you, we will not use your protected health information without an authorization signed by you.

We will share your protected health information with third party “business associates” that perform various activities (e.g., billing) on our behalf. Whenever an arrangement between us and a business associate involves the use or disclosure of your protected health information, we will have a written contract that contains terms that will protect the privacy of your protected health information.

Further, we are prohibited from selling your protected health information, without your authorization, in exchange for any sort of remuneration, including any in-kind remuneration.

## **II. Use of Psychotherapy Notes.**

Notwithstanding anything contained herein to the contrary, we may not, without your written authorization, use or disclose your Psychotherapy Notes, except to carry out the following treatment, payment, or health care operations: (i) use by originator of the notes for treatment; (ii) for our own training programs in which trainees or practitioners in mental health learn under supervision to practice or improve their skills in group, joint, family, or individual counseling; or (iii) to defend ourselves in a legal action or other proceeding brought by you. In addition, we may use or disclose the Psychotherapy Notes, as required by state or federal law or as permitted for 45 C.F.R. 164.508, as amended.

## **III. Uses and Disclosures of Protected Health Information Based upon Your Written Authorization**

Other uses and disclosures of your protected health information for purposes other than treatment, payment and health care operations will be made only with your written authorization, unless otherwise permitted or required by law as described below. For example, if you wish to have a life insurance company have access to your protected health information which is in our files, you will need to sign a written authorization permitting us to disclose such information. You may revoke an authorization at any time in writing, except to the extent that we have taken an action in reliance on the use or disclosure indicated in the authorization.

## **IV. Uses and Disclosures for Which You Have the Opportunity to Agree or Object.**

We may use or disclose your protected health information, without seeking an authorization, provided we first give you an opportunity to object to such use or disclosure. If you are present, we may either obtain your agreement to use or disclose your protected health information as described below, or we may provide you with an opportunity to object and accept your failure to object as your agreement, or we may reasonably infer from the circumstances that you do not object. If you are not present or are unable to agree or object to such use or disclosure of your protected health information, we may use our professional judgment to determine whether the use or disclosure of your protected health information is in your best interest. All communications described in this Section III may be done orally.

- A. Individuals Involved in your Care. Unless you object, we may disclose your protected health information to your family member, other relative or close

personal friend or any other individual identified by you as being a person who is directly involved with your care or payment relating to your care or treatment.

- B. Disaster Relief. Unless you object, we may use or disclose your protected health information to a public or private entity authorized to assist in disaster relief efforts for the purpose of coordinating with such entities the notification of your family or other persons involved in your care.
- C. Notification of Family or Friends. Unless you object, we may use or disclose protected health information to notify or assist in the notification of a family member, a personal representative, or other person responsible for your care of your location and general condition.

**V. Uses and Disclosures of Protected Health Information Which Do Not Require Your Authorization or an Opportunity to Object**

We are permitted to make the following uses and disclosures of your protected health information without having to obtain your authorization, or give you an opportunity to object:

- 1. Uses and Disclosures Required by Law. We may use or disclose your protected health information when the use or disclosure is required by law, as long as the use or disclosure meets all applicable requirements of such law.
- 2. Uses and Disclosures for Public Health Activities.

A. Governmental Authorities. We may disclose your protected health information to a public health authority, including but not limited to: the reporting of disease, injury, vital events such as birth or death, and the conduct of public health surveillance, public health investigations, and public health interventions; or at the direction of a public health authority, to an official of a foreign government agency that is acting in collaboration with a public health authority; the reporting of child abuse or neglect; reporting to the Food and Drug Administration adverse events, product defects or problems, any biological deviations, to track products, to enable product recalls, repairs or replacements, or to conduct post marketing surveillance to comply with Food and Drug Administration requirements; reporting a person who may have been exposed to a communicable disease or otherwise be at risk for contracting or spreading a disease or condition as authorized by law.

B. Employers. We may disclose your protected health information to an employer if you are a member of the employer's workforce and we have been requested by the employer to conduct an evaluation relating to medical surveillance of the workplace or to evaluate whether you have a work-related illness or injury. This only applies if the employer needs such findings to comply with requirements of federal or state law regarding recording of illness or injury or to carry out responsibilities for workplace medical surveillance. In such an instance, we will provide you with written notice at the time we provide health care to you that your protected health information relating to medical surveillance or the workplace and work-related injuries will be disclosed to the employer.

3. Uses and Disclosures about Victims of Abuse, Neglect or Domestic Violence. We may disclose your protected health information, to a governmental authority if we reasonably believe that you are a victim of abuse, neglect or domestic violence. Such disclosure is only allowed if it is required by law or if it is expressly authorized by law and certain other requirements are met.
4. Uses and Disclosures for Oversight Activities. We may disclose your protected health information to health oversight agencies (e.g., the U.S. Department of Health and Human Services) for oversight activities authorized by law, including the following: audits; civil, administrative, or criminal investigations; inspections; licensure or disciplinary actions; civil, administrative, or criminal proceedings or actions; or other appropriate oversight activities.
5. Disclosures for Judicial Proceedings. We may disclose your protected health information in a judicial or administrative proceeding if the request for such protected health information is made through or pursuant to: (A) an order from a court or administrative tribunal or (B) in response to a subpoena or discovery request from a party to the proceeding if certain assurance have been provided to us.
6. Disclosures for Law Enforcement Purposes. Under certain circumstances, we may disclose your protected health information to law enforcement officials.
7. Uses and Disclosures Concerning Decedents. We may disclose protected health information to coroners and medical examiners for the purpose of identifying a deceased person, determining a cause of death, or other duties as authorized by law. We may also disclose protected health information to funeral directors to carry out their duties in accordance with applicable laws.
8. Uses and Disclosures for Cadaveric Organ, Eye or Tissue Donation Purposes. We may disclose protected health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of cadaveric organs, eyes, or tissue for the purpose of facilitating organ, eye or tissue donation or transplantation.
9. Uses and Disclosures for Research Purposes. We may use or disclose your protected health information for research purposes, provided, the research has been approved appropriate oversight entities and sufficient privacy protections have been implemented.
10. Uses and Disclosures to Avert a Serious Threat to Health or Safety. We may disclose your protected health information if we believe the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public, and the disclosure is made to person(s) able to prevent or lessen the threat including the target of the threat; or the disclosure is necessary for law enforcement authorities to identify or apprehend an individual.
11. Military Activities. If you are a member of the Armed Forces we may use and disclose your protected health information for activities deemed necessary by appropriate military command authorities.

12. National Security and Intelligence Activities. We may disclose your protected health information to authorized federal officials for the conduct of lawful intelligence, counterintelligence and other national security activities authorized by the National Security Act or for the provision of protective services to the President.
13. Correctional Authorities. We may disclose protected health information of persons in the custody of correctional authorities under certain circumstances if requested by those authorities.
14. Workers' Compensation. We may disclose your protected health information as authorized to comply with workers' compensation laws.

## **VI. Emergencies.**

We may use or disclose your protected health information in order to treat you or assist with coordinating your treatment in an emergency situation.

## **VII. Your Rights**

With regard to your protected health information, you have the following rights:

1. The Right to Request Restriction of Uses and Disclosures. You have the right to request that we restrict the uses or disclosures of your protected health information to carry out treatment, payment or health care operations and to family members, other relatives or persons directly involved in your care or payment. We are not required to agree to any such restrictions, but if we do, we must comply with such restrictions, other than in emergency or certain other circumstances permitted or required by law. Notwithstanding the foregoing, we will comply with a requested restriction in the event that you wish to restrict disclosure of your protected health information to a health plan for payment or health care operations where the protected health information relates solely to a health care item or services for which you paid for out of pocket.
2. The Right to Confidential Communications. You have the right to request that we provide you with an alternative means of communication in the event you tell us that our customary methods of communication may not preserve the confidentiality of your information. You may request that we send such communications to you to alternative locations.

This request must be made by you, in writing, to our Privacy Officer. The request must specify how or where you wish to be contacted. We will attempt to accommodate all reasonable requests.

3. The Right to Access Protected Health Information. You have a right to access to inspect and copy your protected health information, including protected health information contained in any electronic health records. Under certain circumstances, we may deny your request for access to inspect and copy your protected health information. Depending on the circumstances, our denial of your request for access may be reviewable by a licensed health care professional who

was not involved in the original decision to deny your request to review your information.

To request access to your protected health information in our custody, you must submit your request in writing to our Privacy Officer. If you request a copy of your information, to the extent permitted by law, we may charge a fee for the cost of copying, postage or other items or services involved with your request. You may not remove our records from the premises.

4. The Right to Amend Protected Health Information. You have the right to request that we amend your protected health information in our custody. We may deny your request to amend your protected health information if a) we did not create the information unless the individual or entity that created the information is no longer available to make the requested amendment, b) the information is not maintained by or in our custody, c) you do not have the right to access such information, or d) we have determined that such information is accurate and complete.

You must submit a request for an amendment to your protected health information in writing to our Privacy Officer and explain the basis for your request.

5. The Right to an Accounting of the Disclosures of Protected Health Information. You have the right to an accounting of how we have disclosed your protected health information for the six (6) year period (three years for disclosures from the electronic health record) prior to the date of your request for the accounting.

We are not required to account for uses and disclosures of your protected health information by us:

1. To carry out treatment, payment or health care operations,
2. To you pursuant to your rights to access your protected health information,
3. To friends and family involved in your care and treatment or payment for your care and treatment, or for certain notification purposes,
4. For national security or intelligence purposes,
5. To correctional authorities with respect to persons in custody, or
6. That occurred prior to April 13, 2003.

Your request for an accounting must be made in writing to our Privacy Officer at 3150 Salt Creek Lane, Arlington Heights, Illinois 60005 or [privacyofficer@lulife.org](mailto:privacyofficer@lulife.org). Your first request in any twelve (12) month period will be provided to you at no charge, however, additional requests will be charged to you based on our cost to conduct the accounting. We will inform you of the fee for the additional accountings prior to our conducting the accounting so that you may consider whether to modify or withdraw your request before you incur any fees.

6. Right to Receive Paper Notice. If you have agreed to receive this notice electronically, you have the right to receive a paper copy of this notice from our Ministry Center located at 3150 Salt Creek Lane, Arlington Heights, Illinois 60005

or you may email our Privacy Officer at [privacyofficer@lulife.org](mailto:privacyofficer@lulife.org) and ask that a paper copy be mailed to you.

7. Fundraising Communications/Right to Opt Out. We may use the following categories of your protected health information for the purposes of raising funds for our community: (i) demographic information, including name, address, other contact information, age, gender, and date of birth; (ii) dates of health care provided; (iii) department of service information; (iv) treating physician; (v) outcome information; and (vi) health insurance status. In connection with such use, we may disclose your protected health information to our business associates, the Lutheran Life Communities Foundation or any other institutionally related foundation. You have the right to opt out of receiving any such fundraising communications by contacting the Lutheran Life Communities Foundation at (847)368-7371 or [foundation@lulife.org](mailto:foundation@lulife.org).
8. Right to Be Notified In the Event of Breach. You have the right to and will be notified by us following a Breach of unsecured protected health information, to the extent required by HIPAA.

## **VIII. Complaints.**

If you believe your privacy rights have been violated or that we have not complied with this Notice of Privacy Practices, you may file a written complaint with our Privacy Officer at 3150 Salt Creek Lane, Arlington Heights, Illinois 60005 or [privacyofficer@lulife.org](mailto:privacyofficer@lulife.org) or with the Secretary of the Department of Health and Human Services at 200 Independence Avenue, S.W./ Washington, D.C. 20201/ telephone 202-619-0257 or toll free 877-696-6775. There will be no retaliation for filing a complaint. Our Privacy Officer can also be reached by calling 877-874-8416, 800-826-6762 or 800-297-8592 (Spanish).

Our current version of our Notice of Privacy Practices is also available on our web page at [www.lutheranlifecommunities.org](http://www.lutheranlifecommunities.org).