

**NOTICE OF PRIVACY PRACTICES**  
**Beverly Farm Foundation**

***THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU OR YOUR WARD MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.***

Beverly Farm Foundation (“Beverly Farm”) has always highly valued and respected the privacy of the consumers that receive our services. Beverly Farm complies with the Health Insurance Portability And Accountability Act of 1996 (“HIPAA”) and its rules, as well as the Health Information Technology for Economic and Clinical Health Act (“HITECH Act”) and the HITECH Act Final Rule of 2013 which amended HIPAA.

Due to changes in Federal Regulations and our desire to continue our commitment to you/your ward’s privacy, we are providing you with this Notice of Privacy Practices (“Notice”) regarding you/your ward’s privacy of medical information. Beverly Farm is required by law to maintain the privacy of your protected health information (“PHI”) and to provide you with a notice of its legal duties and privacy practices. State and federal laws require Beverly Farm to: maintain the privacy of your health information; provide you with this Notice about its legal duties and privacy practices and your legal rights pertaining to health information it collects and maintains about you; to notify you following a breach of unsecured protected health information; follow the privacy practices described in this Notice while it is in effect; notify you if it is unable to agree to a requested restriction pertaining to your health information; and accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

Beverly Farm will abide by the terms of the Notice currently in effect. Beverly Farm reserves the right to change the terms of its Notice and to make the new Notice provisions effective for all PHI it maintains. If we change this Notice, the revised Notice will be posted in our facilities, offices, and on our website ([www.beverlyfarm.org](http://www.beverlyfarm.org)), or a copy of the revised Notice will be mailed to you or your ward. This Notice applies to all of the medical records generated or received by Beverly Farm.

**Use and Disclosure of Health Information**

Beverly Farm will not sell your PHI. We may use your health information for purposes of providing you treatment, obtaining payment for your care services and conducting health care operations. We have established a policy to guard against unnecessary disclosure of your health information. We will strive to disclose only necessary information to provide for the highest level of quality care. Using the professional judgment of management staff, we may also need to notify a family member that is not the legal guardian to assist in care, payment, or operational issues if you are unavailable or incapacitated at the time.

Federal privacy rules allow Beverly Farm to use or disclose your health information without your authorization for a number of reasons. The following is a summary of the circumstances under which, and purposes for which, your health information may be used and disclosed without the need for your authorization.

Treatment We are permitted to use or disclose your medical information without a signed consent for treatment purposes to provide you or your ward necessary services. Information provided will be limited to relevant topics for the provider to effectively treat or serve you or your ward. Disclosures may occur to attending or consulting physicians, therapists, dieticians, lab technicians, pharmacists, emergency technicians (including but not limited to: EMTs, ambulance, fire department, emergency room technicians), law enforcement, school systems, or day training programs. Disclosures may also occur to consultants retained by Beverly Farm to ensure quality services. These consultants include but are not limited to: nursing, psychological, social work, activities, and dietary. Disclosures may also be provided on a “need to know” basis to contractual or volunteer staff including but not limited to nursing, direct care, laundry and/or housekeeping, transportation providers, equipment vendors or private duty sitters.

Payment or Billing: Beverly Farm Foundation may disclose limited medical information without your consent for purposes of health care claims for services, verification of health care payment, for coordination of benefits, collections purposes, or quality review purposes. Health information is exchanged daily with various payers: Medicare, Medicaid, private insurances, third party payers, or other entities (or their authorized representatives) involved in the payment of your medical bill. This information is used to verify benefits, submit for payment, and project and arrange for future care. For example, a bill sent to an insurance company may include information that identifies you, your diagnosis, and any procedures or supplies used.

Healthcare Operations: Beverly Farm may use or disclose your health information as a part of healthcare operations. Examples of daily operations in which you or your ward’s PHI may be used include: quality assurance, internal auditing, certification, licensure, and educational purposes. Beverly Farm’s daily operations functions may include but are not limited to: annual/special staffings, psychotropic drug review meetings, quality assurance meeting, surveys, safety and infection control meetings, medical advisory meetings, Board of Director quality reviews, and human rights committee meetings. These meetings are utilized for review, planning, and improvement of services provided to you or your ward.

Appointment Reminders: Beverly Farm may use and disclose health information to contact you as a reminder that you are scheduled for further treatment or medical care.

Directory Purposes: Unless you object, you or your ward’s name may be listed in directory format on paper, computerized lists, and program boards to identify basic information such as site of residence or room location. You or your ward’s name will also be utilized to identify you/your ward’s medical record or bedroom. Beverly Farm’s sites may have activity boards identifying scheduled activities for you or your ward,

birthdays, or significant events and may be posted unless you object to us in writing. We may also use your name, likeness, picture, photograph, or video for birthday celebrations, information used for the media or newspaper publications, or information for facility or community newsletters unless you object to us in writing.

Regulatory or Legal Obligation: Long-term care industry is a highly regulated field and therefore we have outside agencies to monitor every aspect. You or your ward's medical information may be disclosed without your consent to our regulatory bodies including but not limited to: Illinois Department of Public Health, Illinois Department of Public Aid, Department of Motor Vehicle, Department of Human Services, Office of Inspector General, Social Security Administration, PAS Agency, or Council of Accreditation of Rehabilitation Facilities. Your medical information may also be disclosed to accountants, attorneys for assistance in response to a court order or subpoenas or other administrative or judicial functions including reporting of communicable disease or abuse/neglect investigations.

Business Associates: Beverly Farm may use and disclose certain health information about you to business associates. A business associate is an individual or entity that works with the organization to perform or assist the organization in a function or activity, which necessitates the use or disclosure of health information. Examples of business associates include, but are not limited to, the medical director, consultants, lawyers, and third party billing companies. We require all our business associates to protect the confidentiality of your health information.

Fundraising: Beverly Farm may use your demographic information to contact you in an effort to raise funds for the organization. You have a right to opt out of receiving fundraising communications. If you choose not to receive these fundraising communications, we must provide you with a clear and conspicuous opportunity to elect not to receive any further fundraising communications and we may not condition treatment or payment on your choice with respect to the receipt of fundraising communications. We may not make fundraising communications to you if you have elected to opt out of receiving these communications, but we may provide you with a method to opt back in to receive these communications.

Law Enforcement/Litigation: The organization may disclose your health information for law enforcement purposes as required by law or in response to a valid subpoena, court order, or other lawful purpose.

Disaster Relief: We may disclose your personal health information to an organization assisting in a disaster relief effort.

National Security and Intelligence Activities: Beverly Farm may disclose health information to authorized federal officials conducting national security and intelligence.

Public Health: As required by law, Beverly Farm may disclose your health information to public health or other governmental authorities charged with preventing or controlling disease, injury, or disability.

Workers Compensation: We may release health information about you to Workers Compensation, which provides benefits for work-related injuries or illnesses.

Funeral Directors, Coroners, Medical Examiners, Organ Procurement Organizations: We may release your health information to a funeral director if needed to carry out funeral-related duties, to organizations that handle organ procurement or transplantation, or to an organ donation bank to support the process.

Reporting Victims of Abuse, Neglect, or Domestic Violence: If we believe that you have been a victim of abuse, neglect, or domestic violence, we may disclose your personal health information to notify a government authority if required or authorized by law.

To Individuals Involved in Your Care or Payment for Your Care: During times of treatment, we disclose your PHI only to you, a family member, personal representative, or another person responsible for your care. We may use or disclose your PHI to notify or assist in notifying a family member, personal representative, or another person responsible for your care, regarding your location and general condition.

To Provide You Notice of Breaches of Unsecured PHI: We may contact you to provide you with any notice of any breach of your unsecured PHI.

Advertising: Being that Beverly Farm is a private not-for-profit organization owned by our families, we may disclose information to describe the services and individuals we serve. We may also utilize information to market Beverly Farm as a residential or day training provider. Tours to non-family or non-consumers are given on a regular basis. Basic information may be disclosed during the course of the tours. Specific marketing activities involving you or your ward's PHI will occur only after you have provided consent to do so.

### **Other Uses**

Uses and disclosures of an individual's health information for purposes other than those listed will be made only with you or your ward's written authorization, which later may be revoked. For example, a specific authorization will be required for use or disclosure of your PHI 1) if it involves certain psychotherapy notes, 2) for marketing (except if the communication is face-to-face, or is for a promotional gift of nominal value) or for any marketing that involves financial remuneration; or 3) for any sale of your PHI. In these situations, you may withdraw your authorization at any time and must do so in writing to Beverly Farm. Your withdrawal may not be effective in certain situations where we have already taken action in reliance on your authorization.

## **Health Information Rights**

Although Beverly Farm Foundation owns the medical record and the paper, computer, etc. that the information is on, the actual information regarding your health belongs to you. We at Beverly Farm will make every effort to protect your medical information.

You do have additional rights regarding your information based on HIPAA regulations:

1. The right to request restrictions on our use or disclosure of your personal health information. For example, you may request in writing that we not disclose parts of your medical information to a specific person or for a specific reason. We are not required to agree to your request. If we do agree, we will comply with your request unless (1) you are being transferred to another health care institution, (2) the release of records is required by law, or (3) the release of information is needed to provide you emergency treatment. The request must be in writing and sent to Beverly Farm (to the Privacy Officer, contact information provided at the end of this Notice). If you request, we must agree to restrict disclosures to health plans if you pay out of pocket in full for any service we provide.
2. The right to receive confidential communication of PHI by alternate means or at an alternate location (for example, your home).
3. The right to inspect and have copied your PHI. You have the right to request electronic copies of information held electronically by Beverly Farm. Charges may apply.
4. The right to amend PHI:
  - a. Your request must be in writing.
  - b. There are limitations to amendatory rights.
5. The right to receive an accounting of disclosures of PHI.
  - a. Your request must be in writing.
  - b. Charges may apply.
6. The right to receive a copy of this notice upon request or access it at [www.beverlyfarm.org](http://www.beverlyfarm.org).
7. The right to revoke your authorization to use or disclose your PHI, except where we have already taken action in reliance on your authorization.

## **Reporting of Concerns or Need for More Information**

If you have any concerns or complaints about improper disclosure of your or your ward's medical information, you may contact in writing our Privacy Officer directly at Beverly Farm, 6301 Humbert Road, Godfrey, IL 62035. You also may send a complaint to the U.S. Department of Health and Human Services ("DHHS"). Further information may be found at: [www.hhs.gov/ocr/privacy/hipaa/complaints/index.html](http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html). Complaints should be in writing and provide all known information regarding complaint including name, date, location, nature of disclosure, nature of complaint, and any witnesses. We support your right to protect the privacy of your medical information. You will not face any retaliation if you file a complaint. If you request additional information regarding our Notice please contact our Privacy Officer at (618) 466-0367.

-- Implemented 2003; revised 8/2013

Beverly Farm Foundation  
HIPAA/HITECH PRIVACY ACKNOWLEDGEMENT  
AND RESTRICTION FORM

**(Choose Option I or Option II. Choose only one option)**

RE: \_\_\_\_\_

I, \_\_\_\_\_ acknowledge receipt of Beverly Farm Foundation's privacy notice and understand that it informs me of information that may be discussed about me (if I am my own guardian) or my ward (if I am guardian of an individual receiving services from Beverly Farm Foundation). I understand that Beverly Farm Foundation will release my medical information only on a "need to know" basis and only to people that have that need to know. I understand Beverly Farm Foundation and their Business Associates has safety procedures in place to safeguard my medical information and that a Privacy Compliance Person is available to answer my questions or investigate complaints. I understand I have the right to request information regarding any disclosures of my/my wards medical information.

**Pick option I or II**

I. I accept Beverly Farm Foundation's Privacy Notice as written:

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Or

II. I accept Beverly Farm Foundation's Privacy Notice with the following restrictions or revisions (Attach a separate sheet if additional space is required). I understand I may put certain restriction(s) on disclosure of my/my wards medical information. For example, restrictions to disclose to a certain person or for a specific reason. I do understand these restrictions may be denied if they prevent or impair Beverly Farm's ability to provide treatment, maintain its operations, or conduct payment activities. I also understand that I am allowed to restrict disclosures of PHI to health plans if I pay out of pocket in full for any service Beverly Farm provides.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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