



*Live the Life You Want™*

**CEDAR CREST, INC.**

**NOTICE OF FACILITY'S PRIVACY PRACTICES**

**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.**

**I. USE AND DISCLOSURE OF HEALTH INFORMATION**

Cedar Crest, Inc. (the "Facility") is required by law to maintain the privacy of your health information, to provide to you (or your representative) this Notice of our duties and privacy practices, and to notify you (or your representative) following a breach of your unsecured health information. The Facility is required to abide by the terms of this Notice as may be amended from time to time. The Facility has the right to change the terms of our Notice. Any revisions to this Notice will be effective for all of your health information that the Facility created or maintained in the past, and for any health information the Facility may create or maintain in the future. The Facility will post a copy of our current Notice in a prominent location in our facility as well as on our website, [www.cedarcrestnet.com](http://www.cedarcrestnet.com).

THE FOLLOWING IS A SUMMARY OF THE CIRCUMSTANCES UNDER WHICH AND PURPOSES FOR WHICH THE FACILITY MAY USE OR DISCLOSE YOUR HEALTH INFORMATION:

**A. TO PROVIDE TREATMENT**

The Facility may use your health information to treat you and coordinate care within the Facility. For example, your attending physician or other health care professionals involved in your care may use information about your symptoms in order to prescribe appropriate medications. The Facility also may disclose your health information to individuals outside of the Facility involved in your care including family members, pharmacists, suppliers of medical equipment, or other health care professionals.

**B. TO OBTAIN PAYMENT**

The Facility may use or disclose your health information in order to bill or collect payment for services or items you receive from the Facility. For example, the Facility may be required by your health insurer to provide information regarding your health care status so that the insurer will reimburse you or the Facility. The Facility also may need to obtain prior approval from your insurer and may need to explain to the insurer your need for health care and the services that will be provided to you.

**C. TO CONDUCT HEALTH CARE OPERATIONS**

The Facility may use or disclose your health information for our own operations and as necessary to provide quality care to all of the Facility's residents. For example, the Facility may use your health information to evaluate its staff performance, combine your health information to evaluate our staff performance, combine your health information with other Facility residents to evaluate how to more effectively serve all of the Facility's residents, disclose your health information to Facility staff and contracted personnel for training purposes, or use your health information to contact you or your family as part of general community information mailings. The Facility also may disclose your health information to a health oversight agency performing activities authorized by law, such as investigations or audits. These agencies include governmental agencies that oversee the health care system, government benefit programs, and organizations subject to government regulation and civil rights laws. In addition, the Facility may disclose your health information to another health care provider subject to Federal privacy protection laws, as long as the provider has or has had a relationship with you and the health information is for that provider's health care operations.

**D. FOR THE FACILITY DIRECTORY**

If you are receiving care at the Facility, unless you request otherwise, the Facility may disclose certain information about you (*e.g.*, your name, your general health status, your religious affiliation, and your room number) that is contained in the Facility directory to anyone who asks for you by name. However, religious affiliation will be disclosed only to clergy.

**E. FOR FUNDRAISING ACTIVITIES**

In support of our charitable mission, the Facility may use certain health information about you (*e.g.*, demographic information, dates of health care

provided, department of service information, treating physician, outcome information and health insurance status) to contact you or your family to raise money for the Facility. The Facility may also release this information to an organizationally-related foundation for the same purpose. You may choose to "opt-out" of receiving these fundraising communications by notifying the Social Services Department that you do not wish to be contacted at: 608-373-6319.

**F. TO INFORM YOU ABOUT INFORMATION THAT MAY BE OF INTEREST TO YOU**

The Facility may use or disclose your health information to tell you about or recommend possible options or alternatives for your care, or to inform you of other information that may be of interest to you.

**G. RELEASE OF INFORMATION TO FAMILY/FRIENDS**

Unless you specifically request in writing that the Facility not communicate with such person(s), the Facility may release your health information to a family member or friend who is involved in your treatment or who is helping you pay for your care.

**H. BUSINESS ASSOCIATES**

The Facility may disclose your health information to our business associates that perform functions on our behalf or provide us with services if the information is necessary for them to provide such functions or services. The Facility requires our business associates to agree in writing to protect the privacy of your health information and to use and disclose your health information only as specified in that written agreement.

THE FOLLOWING IS A SUMMARY OF THE CIRCUMSTANCES UNDER WHICH, AND PURPOSES FOR WHICH, THE FACILITY MAY USE OR DISCLOSE YOUR HEALTH INFORMATION WITHOUT YOUR WRITTEN CONSENT OR AUTHORIZATION:

**A. WHEN LEGALLY REQUIRED**

The Facility will disclose your health information to the extent that it is required to do so by any Federal, State or local law.

**B. WHEN THERE ARE RISKS TO PUBLIC HEALTH**

The Facility may disclose your health information for the following public activities and purposes:

- To prevent or control disease, injury or disability, report disease, injury, vital events such as death, and the conduct of public health surveillance, investigations and interventions.
- To 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.
- To notify a person who has been exposed to a communicable disease or who may be at risk of contracting or spreading a disease.
- To an employer about an individual who is a member of the workforce as legally required.

**C. TO REPORT ABUSE, NEGLECT OR DOMESTIC VIOLENCE**

The Facility is allowed to notify government authorities if the Facility reasonably believes a resident is the victim of abuse, neglect or domestic violence. The Facility will make this disclosure only when specifically required or authorized by law or when you authorize the disclosure.

**D. TO CONDUCT HEALTH OVERSIGHT ACTIVITIES**

The Facility may disclose your health information to a health oversight agency for activities including audits, civil, administrative or criminal investigations, inspections, licensure or disciplinary action. If you are the subject of a health oversight agency investigation, the Facility may disclose your health information only if it is directly related to your receipt of health care or public benefits.

**E. IN CONNECTION WITH JUDICIAL AND ADMINISTRATIVE PROCEEDINGS**

As permitted or required by State law, the Facility 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. Under certain conditions, the Facility may also disclose your health information in response to a subpoena, discovery request or other lawful process.

**F. FOR LAW ENFORCEMENT PURPOSES**

As permitted or required by State law, the Facility may disclose your health information to a law enforcement official for certain law enforcement purposes, including, under certain limited circumstances, if you are a victim of a crime or in order to report a crime.

**G. TO CORONERS AND MEDICAL EXAMINERS**

The Facility 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.

**H. TO FUNERAL DIRECTORS**

The Facility 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 Facility may disclose your health information prior to and in reasonable anticipation of your death.

**I. FOR ORGAN, EYE OR TISSUE DONATION**

The Facility may use or disclose your health information to organ procurement organizations or other entities engaged in the procurement, banking or transplantation of organs, eyes or tissue for the purpose of facilitating the donation and transplantation.

**J. FOR RESEARCH PURPOSES**

The Facility may, under very select circumstances, use your health information for research. Before the Facility discloses any of your health information for such research purposes, the project will be subject to an extensive approval process.

**K. IN THE EVENT OF A SERIOUS THREAT TO HEALTH OR SAFETY**

The Facility may, consistent with applicable law and ethical standards of conduct, disclose your health information if the Facility, 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.

#### **L. FOR SPECIFIED GOVERNMENT FUNCTIONS**

In certain circumstances, the Federal regulations authorize the Facility to 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 law enforcement custody.

#### **M. FOR WORKER'S COMPENSATION**

The Facility may release your health information for worker's compensation or similar programs.

### **II. AUTHORIZATION TO USE OR DISCLOSE HEALTH INFORMATION**

Other than is stated above, the Facility will not use or disclose your health information other than with your written authorization. Your authorization (or the authorization of your representative) is specifically required before the Facility: (1) uses or discloses your psychotherapy notes; (2) uses your health information to make a marketing communication to you for which it received financial remuneration from a third party, unless such communication is face-to-face or in other limited circumstances; or (3) discloses your health information in any manner that constitutes the sale of such information under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). Also, some types of health information are particularly sensitive and the law, with limited exceptions, may require that the Facility obtain your authorization to use or disclose that information. Sensitive information may include information dealing with genetics, HIV/AIDS, mental health, developmental disabilities, and alcohol and substance abuse. If required by law, the Facility will ask that you (or your representative) authorize the Facility to use or disclose your health information, you (or your representative) may revoke that authorization in writing at any time, except to the extent that it has already been acted upon.

### **III. YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION**

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

#### **A. RIGHT TO RECEIVE CONFIDENTIAL COMMUNICATIONS**

You (or your representative) have the right to request that the Facility communicate with you about your health and related issues in a particular manner or at a certain location. Such requests shall specify the requested method of contact or the location where you wish to be contacted. For instance, you (or your representative) may ask that the Facility only communicate with you pertaining to

your health information privately with no other family members present. All requests for confidential communications must be in writing using the appropriate Facility form. The form can be requested by contacting the Social Services Department at **608-373-6319**. The Facility will accommodate reasonable requests. You (or your representative) do not need to give a reason for your request.

#### **B. RIGHT TO REQUEST RESTRICTIONS**

You (or your representative) have the right to request restrictions on certain uses and disclosures of your health information. You (or your representative) have the right to request a limit on the disclosure of your health information to someone who is involved in your care or the payment of your care. All requests for restrictions must be in writing using the appropriate Facility form. The form can be requested by contacting the Social Services Department at **608-373-6319**. The Facility is not required to agree to your request; however, if we do agree, we are bound by that agreement except when otherwise required by law or in emergencies. Except as otherwise required by law, the Facility must agree to a restriction if: (1) the disclosure is to a health plan for purposes of carrying out payment or health care operations (and not for purposes of carrying out treatment); and (2) the health information pertains solely to a health care item or service for which the Facility has been paid out of pocket, in full by you or someone else on your behalf (not the health plan). If you self-pay and request a restriction, it will apply only to those health records created on the date that you received the item or service for which you, or another person (other than the health plan) on your behalf, paid in full, and which document the item or service provided on such date.

#### **C. RIGHT TO INSPECT AND COPY YOUR HEALTH INFORMATION**

You (or your representative) have the right to inspect and copy your health information, including billing records. All requests to inspect and copy records must be in writing using the appropriate Facility form. The form can be requested by contacting the Social Services Department at **608-373-6319**. If you (or your representative) request a copy of your health information, the Facility will provide you (or your representative) copies of your health information in the format you request unless we cannot practicably do so. The Facility may charge a reasonable fee for copying and assembling costs associated with your request. The Facility may deny your request to inspect and/or copy your health information in certain limited circumstances. If the Facility denies your request, you (or your representative) may request that we provide you with a review of our denial. Reviews will be conducted by a licensed health care professional who we have

designated as a reviewing official, and who did not participate in the original decision to deny the request.

**D. RIGHT TO AMEND YOUR HEALTH INFORMATION**

If you (or your representative) believe that your health information is incorrect or incomplete, you (or your representative) have the right to request that the Facility amend your records. The request may be made so long as the Facility still maintains your records and it must include a reason for the amendment. All requests for amendment must be in writing using the appropriate Facility form. The form can be requested by contacting the Social Services Department at **608-373-6319**. The Facility may deny the request if it is not in writing or does not include a reason for the amendment. The request may also be denied if the requested amendment pertains to health information that was not created by the Facility, if the records you are requesting to amend are not part of the Facility'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 Facility, the records containing your health information are accurate and complete.

**E. RIGHT TO AN ACCOUNTING**

You (or your representative) have the right to request an accounting of disclosures of your health information made by the Facility for any reason other than for treatment, payment or health operations. All requests for an accounting must be in writing using the appropriate Facility form. The form can be requested by contacting the Social Services Department at **608-373-6319**. The request should specify the time period for the accounting, which may not be in excess of six (6) years. The Facility 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.

**F. RIGHT TO A PAPER COPY OF THIS NOTICE**

You (or your representative) have the right to a separate paper copy of this Notice at any time even if you (or your representative) have received this Notice previously. To obtain a separate paper copy, please contact the Social Services Department at **608-373-6319**. A copy of the current version of our Notice of Privacy Practices may also be obtained on our website, [www.cedarcrestnet.com](http://www.cedarcrestnet.com).



#### **G. RIGHT TO BREACH NOTIFICATION**

You (or your representative) have the right to be notified of any breach of your unsecured health information. Notification of a breach may be delayed or not provided if so required by a law enforcement official. You may request that such notice be provided to you by electronic mail. If you are deceased and there is a breach of your health information, the notice will be provided to your next of kin or personal representative if we know the identity and address of such individual.

#### **IV. QUESTIONS**

The Facility has designated the Privacy Officer as its contact person for all issues regarding resident privacy and your rights under the Federal privacy standards. You may contact the **Privacy Officer at 608-373-6301**.

#### **V. COMPLAINTS**

You (or your representative) have the right to express complaints to the Facility or to the Secretary of Health and Human Services if you (or your representative) believe that your privacy rights have been violated. Complaints to the Facility may be made in writing or by telephone as follows:

**1702 S. River Road  
Janesville, Wisconsin 53546  
Attn.: Marion Wozniak  
608-756-0344**

The Facility 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 expressing your concerns or for filing a complaint.

#### **EFFECTIVE DATE**

This Notice is effective September 23, 2013.