



Notice of Privacy Practices.

Your Information. Your Rights. Our Responsibilities.

This notice describes how medical and other health information about you, our resident, may be used and disclosed under both federal law (the Health Insurance Portability and Accountability Act ("HIPAA") and the Health Information Technology for Economic and Clinical Health ("HITECH") Act) and Illinois state law, and how you or your authorized representative can get access to this information. **Please review it carefully.**

Presbyterian Homes a/k/a Presbyterian Living is required by law under HIPAA and applicable Illinois law to maintain the privacy and security of Protected Health Information ("PHI") and to provide you with notice of our legal duties and privacy practices with respect to PHI. References to "Presbyterian Living," "we," and "our" include the following Presbyterian Living's long-term care communities: Lake Forest Place, The Moorings of Arlington Heights, Westminster Place, and Ten Twenty Grove. This notice applies to the residents of those communities.

Your Rights

You have the right to:

- Inspect or obtain an electronic or paper copy of your health record
- Ask us to amend or correct your health record
- Request confidential communications
- Ask us to restrict how we use or share your information, including the right to restrict disclosures to your health plan for care you pay for out-of-pocket in full
- Obtain a list or an accounting of those with whom we've shared your information
- Obtain a paper copy of this notice
- Choose a personal representative to act for you
- File a complaint without retaliation if you believe your privacy rights have been violated

Your Choices

You have some choices in the way that we use and share information as we:

- Tell family, friends, and others involved in your care about your condition
- Provide disaster relief
- Include you in a facility or community directory
- Provide mental health care
- Market our services to you, sell your information, or share most psychotherapy notes
- Contact you to raise funds, which you can ask us to stop doing at any time

Our Uses and Disclosures

We may use and share your information as we:

- Treat you
- Run our organization
- Bill for your services

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- Help with public health and safety issues
- Conduct research
- Comply with the law
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits, government civil investigative demands, and other legal actions
- To the extent that we have your substance use disorder patient records, pursuant to 42 U.S.C. § 290dd-2 and 42 C.F.R. Part 2, we will not share that information for investigations or legal proceedings against you without (1) your written consent or (2) a court order and a subpoena.

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Inspect or obtain an electronic or paper copy of your health record

- You can ask to see or get an electronic or paper copy of your health record and other health information we have about you. You can also ask us how to do this.
- We will provide a copy or a summary of your health information within 30 days of your request. (We may extend the 30-day period once by up to 30 additional days if we notify you in writing of the reason for the delay.) If you request an electronic copy of information that we maintain electronically, we will provide it in the electronic form and format you request if it is readily producible or in a mutually agreed-upon readable electronic form and format. We may charge a reasonable, cost-based fee as permitted by HIPAA and the HITECH Act.

Ask us to amend or correct your health record

- You can ask us to amend or correct health information about you that you think is incorrect or incomplete. You can also ask us how to do this.
- We may say “no” to your request to amend or correct, but we’ll tell you why in writing within 60 days. (We may extend the 60-day period once by up to 30 additional days if we notify you in writing of the reason for the delay.) You may then submit a written statement of disagreement, which we will ask to include in your medical record.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests without asking you the reason for your request.

Ask us to restrict what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no,” for example, if it could affect your care. If we agree to your request, we may still share this information in the event that you need emergency treatment.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

Obtain a list of those with whom we’ve shared information

- You can ask for a list or an accounting of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Obtain a paper copy of this notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose a personal representative to act for you

- If someone has legal authority to act as your personal representative (for example, an agent you have named under the Illinois Power of Attorney Act (755 ILCS 45) or a court-appointed legal guardian under the Illinois Probate Act (755 ILCS 5)) that person can exercise your rights and make choices about your health information. For a minor resident, a parent or legal guardian generally acts as the personal representative, except where Illinois law permits a minor to consent to his or her own care (such as certain mental health and reproductive health services), in which case the minor may control the related information to the extent provided by law.
- We will make sure the person has this authority and can act for you before we take any action.



File a complaint if you feel your rights have been violated

- You can complain if you feel we have violated your rights by contacting our HIPAA Privacy Officer using the contact information provided at the end of this notice. You may also file a complaint with the Illinois Department of Public Health by sending a letter to the Office of Health Care Regulation, Central Complaint Registry, 525 W. Jefferson St., Springfield, IL 62761-0001, calling 1-800-252-4343, or emailing dph.ccr@illinois.gov.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting <https://www.hhs.gov/hipaa/filing-a-complaint/index.html>.
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In the situations listed below, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care or payment for your care
- Share information in a disaster relief situation
- Include your information in a facility or community directory

If you are not able to tell us your preference (for example, if you are unconscious), we may share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In the situations listed below we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes
- Most uses and disclosures of other highly confidential information protected under federal or Illinois law, including mental health and disability records, substance use disorder records, HIV/AIDS or other communicable diseases information, genetic information, and reproductive health care information.

You may revoke a written authorization to use or share your information at any time by notifying us in writing, except to the extent that we have already relied on it. Once you revoke your authorization, we will stop using or sharing your information for the purposes covered by the authorization.



In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.
- If we have your substance use disorder patient records, subject to 42 C.F.R. Part 2, we will give you clear and obvious notice in advance and a choice about whether to receive fundraising communications that use your Part 2 information.

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways:

Treating you

We can use your health information and share it with doctors, nurses, therapists, home health agencies, hospital, pharmacies, and other professionals who are involved in providing your care, treatment, and services at our community.

Example: A doctor treating you for an injury asks another doctor about your overall health condition.

Running our organization

We can use and share your health information to run our organization and assisted living community, improve your care, and contact you when necessary.

Example: We use health information about you to manage your treatment and services.

Billing for your services

We can use and share your health information to bill and get payment from health plans or other entities.

Example: We give information about you to your health insurance plan so it will pay for your services.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes.

In all cases, including those listed below, if we have substance use disorder patient records about you, pursuant to 42 U.S.C. § 290dd-2 and 42 C.F.R. Part 2, we cannot use or share information in those records in civil, criminal, administrative, or legislative investigations or proceedings against you without (1) your consent or (2) a court order and a subpoena.



Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, self-neglect, financial exploitation, or domestic violence, including mandatory reports to the Illinois Department of Public Health; Illinois Department on Aging, Adult Protective Services; and other authorized agencies as required by the Illinois Adult Protective Services and Assisted Living and Shared Housing Act (210 ILCS 9)
- Preventing or reducing a serious threat to anyone's health or safety

Conduct research

We can use or share your information for health research where permitted by law.

Comply with the law

We will share information about you if federal or state laws require it, including with the Illinois Department of Public Health, which licenses and regulates assisted living facilities in Illinois, and with the U.S. Department of Health and Human Services, if it wants to see that we are complying with federal privacy law.

Respond to organ and tissue donation requests

We can share health information about you with organ procurement organizations.

Work with a medical examiner or funeral director

We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.



Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We maintain reasonable administrative, physical, and technical safeguards to protect the privacy and security of your protected health information, including electronic protected health information, and to detect, respond to, contain, and mitigate suspected or known security instruments.
- We will notify affected individuals following discovery of a breach of unsecured protected health information, and will notify the U.S. Department of Health and Human Services and appropriate Illinois authorities when required by the HIPAA Breach Notification Rule (45 C.F.R. Part 164, Subpart D), the HITECH Act, and applicable Illinois breach notification and personal information protection laws.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described in this notice unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.
- We will honor your written revocation of an authorization, and we will not retaliate or take adverse action against you for exercising your privacy rights, including for filing a complaint.
- We will provide access to your protected health information, including electronic copies in the form and format you request when readily producible, and we will facilitate your ability to access, inspect, and direct the transmission of your electronic health information consistent with applicable federal information-blocking and interoperability requirements.

For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. If we make a material change to our privacy practices, the revised notice will take effect for all protected health information we maintain about you. We will post the revised notice in a clear and prominent location in our facility, on our Web site at <https://www.presbyterianliving.org/>, or provide a copy to you as required by law. We will also provide a revised notice upon request.



Other Instructions for Notice

- In addition, federal and state law require special privacy protections for certain highly confidential information about you (“Highly Confidential Information”), including the subset of your Protected Health Information that: (1) is maintained in psychotherapy notes; (2) is about mental health, developmental disabilities, or mental illness protected under the Illinois Mental Health and Developmental Disabilities Confidentiality Act (740 ILCS 110); (3) is about substance use disorder diagnosis or treatment by a federally assisted program protected under 42 U.S.C. § 290dd-2 and 42 C.F.R. Part 2; (4) is about HIV/AIDS or communicable or sexually transmitted disease testing, diagnosis, or treatment protected under the Illinois AIDS Confidentiality Act (410 ILCS 305) and applicable Illinois law; (5) is genetic information or genetic testing protected under the federal Genetic Information Nondiscrimination Act (GINA) and the Illinois Genetic Information Privacy Act (410 ILCS 513); (6) is reproductive health care information protected under HIPAA’s reproductive health care privacy provisions and applicable Illinois law; (7) concerns a minor or the rights of a personal representative under federal and Illinois law; (8) is about suspected child abuse or neglect, domestic violence, or sexual assault. In order for your Highly Confidential Information to be disclosed for a purpose other than those permitted by law, your written authorization is required. Illinois law governing assisted living and shared housing establishments and long-term care facilities also protects the confidentiality of resident records and rights, and we will comply with those requirements.
- Cheryl Miller, Vice President of Risk, Compliance & Legal; HIPAA Privacy Officer Presbyterian Living, 8707 Skokie Boulevard, Suite 400, Skokie, Illinois 60077 (847) 979-3906; camiller@presliving.org
- The Effective Date of this Notice is September 23, 2013; revised February 20, 2026; last revised October 6, 2026.