Notice of Privacy Practices

Effective date: November 9, 2026

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.

We Care For You Nursing Agency provides non-medical home services for seniors and adults, such as personal care, companion care, medication reminders, meals, light housekeeping and transportation. To provide your care, we keep information about you that may include your care needs, health conditions, doctors, medications, and insurance or payment details. This notice explains how we may use and share that information, and your rights.

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.

Get a copy of your records

- You can ask to see or get an electronic or paper copy of your records and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your records

- You can ask us to correct information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say "no" to your request, but we'll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, a home or cell phone) or to send mail to a different address.
- We will say "yes" to all reasonable requests.

Ask us to limit 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, and we may say "no" if it would affect your care.
- If you pay for a service out-of-pocket in full, you can ask us not to share that information with your health insurer for payment or operations. We will say "yes" unless a law requires us to share it.

Get a list of those with whom we've shared information

- You can ask for a list (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 disclosures except those about treatment, payment and operations, and certain others (such as any you asked us to make). We'll provide one list a year for free but may charge a reasonable, cost-based fee if you ask for another within 12 months.

Get a copy of this notice

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

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- 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 are violated

- You can complain if you feel we have violated your rights by contacting our Privacy Officer, Dorothy Conner, at (847) 693-8669, or by fax at (224) 225-1011.
- 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 www.hhs.gov/ocr/privacy/hipaa/complaints/.
- 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 below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends or others involved in your care
- Share information in a disaster relief situation

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and 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 these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

We do not use your information for fundraising. If that ever changes, you will be able to tell us not to contact you again.

Our uses and disclosures

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

To provide your care

We can use your health information and share it with others who are involved in your care. Example: your caregiver reports a change in your condition to your doctor or home health nurse.

To run our organization

We can use and share your health information to run our agency, improve your care, and contact you when necessary. Example: we use information to schedule caregivers, train staff and check the quality of our services.

To bill for your services

We can use and share your health information to bill and get payment from health plans, Medicaid or others. Example: we give information about you to your health insurance plan so it will pay for your services.

To remind you about visits

We may contact you to confirm or change scheduled visits.

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.

- Help with public health and safety issues, such as preventing disease, reporting suspected abuse, neglect or exploitation (including to Illinois Adult Protective Services), and preventing or reducing a serious threat to anyone's health or safety
- Do research, only as the law allows
- Comply with the law, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director when an individual dies
- Address workers' compensation, law enforcement and other government requests: for workers' compensation claims, for law enforcement purposes or with a law enforcement official, with health oversight agencies for activities authorized by law, and for special government functions such as military, national security and presidential protective services
- Respond to lawsuits and legal actions, such as a court or administrative order, or in response to a subpoena

Substance use disorder treatment records

If we receive records about you from a substance use disorder treatment program covered by federal law (42 CFR Part 2), those records have extra protection. We will not use or share them, or testimony about what they contain, in any civil, criminal, administrative or legislative investigation or proceeding

against you unless you give specific written consent or a court orders it under federal requirements. If you consent to share Part 2 records for treatment, payment or operations, we may use and share them as this notice describes, consistent with federal law.

Illinois law

Illinois law gives extra protection to some types of information, including mental health and developmental disability records, HIV/AIDS test results, genetic testing information, and some substance use information. When Illinois law is stricter than federal law, we follow the stricter law. In those cases we may need your specific written permission before sharing.

Other uses need your written permission

We will not use or share your information other than as described here unless you tell us we can in writing. If you give us permission, you can change your mind at any time by letting us know in writing. That will stop future sharing, but it can't undo sharing we've already done based on your permission.

Our responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.

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. The new notice will be available on request and on our website, and we will give you a copy at your next service update.

Contact us

Dorothy Conner, Privacy Officer, We Care For You Nursing Agency. Phone (847) 693-8669 · Fax (224) 225-1011. Office hours Monday – Saturday, 8:00 am – 6:00 pm Central.