

## NOTICE OF 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**

HoriSun Hospice [A Hospice] collects your health information (information that constitutes protected health information as defined in the Privacy Rule of the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996) through its provision of services to you. The Hospice has established policies to guard against unnecessary disclosure of your health information.

*THE FOLLOWING IS A SUMMARY OF THE WAYS IN WHICH THE LAW PERMITS YOUR HEALTH INFORMATION TO BE USED AND DISCLOSED BY THE HOSPICE:*

**To Provide Treatment.** The Hospice may use your health information to coordinate care within the Hospice and with others involved in your care, such as your attending physician, members of the Hospice Interdisciplinary team and other health care professionals who have agreed to assist the Hospice in coordinating care. For example, physicians involved in your care will need information about your symptoms in order to prescribe appropriate medications.

**To Obtain Payment.** The Hospice may use and disclose your health information to collect payment from third parties for the care you receive from the Hospice. For example, the Hospice may be required by your health insurer to provide information regarding your health care status so that the insurer will reimburse you or the Hospice. For this purpose, your health information may be used and disclosed on invoices, correspondence and other communications with your health insurer. The Hospice also may need to obtain prior approval from your insurer and may need to use and disclose health information to explain to the insurer your need for hospice care and the services that will be provided to you.

**To Conduct Health Care Operations.** The Hospice may use and disclose health information for its own operations in order to facilitate the function of the Hospice and as necessary to provide quality care to all of the Hospice's patients. Health care operations includes such activities as: quality assessment and improvement activities; activities designed to improve health or reduce health care costs; protocol development, case management and care coordination; training and education; Accreditation, certification, licensing or credentialing activities; auditing and compliance; business planning and development; and similar activities of the Hospice.

For example the Hospice may use your health information to evaluate its staff performance, combine your health information with other Hospice patients in evaluating how to more effectively serve all Hospice patients, disclose your health information to

Hospice staff and contracted personnel for training purposes, use your health information to contact you as a reminder regarding a visit to you, or contact you as part of general fundraising and community information mailings (unless you tell us).

**To Individuals Involved in Your Care.** The Hospice may use and disclose your health information to family, friends and individuals involved in your health care, as necessary for their involvement in your care, subject to your opportunity to object. The Hospice may also disclose your health information to these individuals for notification purposes. If there are individuals involved in your health care to whom you do or do not want the Hospice to share your health information, please notify the Hospice.

**For Appointment Reminders.** The Hospice may use and disclose your health information to contact you as a reminder that you have an appointment for a visit.

**For Treatment Alternatives.** The Hospice may use and disclose your health information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

*THE FOLLOWING IS A SUMMARY OF THE CIRCUMSTANCES UNDER WHICH AND PURPOSES FOR WHICH YOUR HEALTH INFORMATION MAY ALSO BE USED AND DISCLOSED WITHOUT YOUR PRIOR AUTHORIZATION OR CONSENT, UNLESS SUCH DISCLOSURE IS FURTHER RESTRICTED OR LIMITED BY STATE LAW*

**For Fundraising Activities.** The Hospice may use information about you including your name, address, phone number and the dates you received care in order to contact you or your family to raise money for the Hospice. The Hospice may also release this information to a related or affiliated Hospice foundation. If you do not want the Hospice to contact you or your family for this purpose, notify HoriSun Hospice Privacy Officer and indicate that you do not wish to be contacted for this purpose.

**When Legally Required.** The Hospice will disclose your health information when it is required to do so by any Federal, State or local law

**When There Are Risks to Public Health.** The Hospice may disclose your health information for public activities and purposes in order to prevent or control disease; report adverse events; provide notifications of communicable diseases and otherwise promote public health as permitted by law.

**To Report Abuse, Neglect Or Domestic Violence.** The Hospice is allowed to notify government authorities if the Hospice believes a patient is the victim of abuse, neglect or domestic violence. The Hospice will make this disclosure only when specifically required or authorized by law or when the patient agrees to the disclosure.

**To Conduct Health Oversight Activities.** The Hospice may disclose your health information to a health oversight hospice for activities including audits, civil administrative or criminal investigations, Inspections, licensure or disciplinary action. The Hospice, however, may not disclose your health information if you are the subject of an

investigation and your health information is not directly related to your receipt of health care or public benefits.

**In Connection With Judicial And Administrative Proceedings.** The Hospice 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 or in response to a subpoena, discovery request or other lawful process, but only when the Hospice makes reasonable efforts to either notify you about the request or to obtain an order protecting your health information.

**For Law Enforcement Purposes.** As permitted or required by State law, the Hospice may disclose your health information to a law enforcement official for certain law enforcement purposes such as reporting of certain types of wounds; assisting in location of a suspect, fugitive, material witness or missing person; related to victims of a crime; when there is a crime on our premises; and other limited situations permitted by law.

**To Coroners And Medical Examiners.** The Hospice 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.

**To Funeral Directors.** The Hospice 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 Hospice may disclose your health information prior to and in reasonable anticipation of your death.

**For Organ, Eye Or Tissue Donation.** The Hospice 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.

**For Research Purposes.** The Hospice may, under very select circumstances, use your health information for research. The Hospice may notify you of research opportunities and may disclose your health information only as permitted by your consent or an institutional review board.

**In the Event of A Serious Threat To Health Or Safety.** The Hospice may, consistent with applicable law and ethical standards of conduct, disclose your health information if the Hospice, in good faith, believes that such disclosure is necessary to prevent or lessen a serious and imminent threat to you, another person, or the public.

**For Specified Government Functions.** In certain circumstances, the Federal regulations authorize the Hospice to use or disclose your health information to facilitate specified government functions relating to military and veterans, national security and

intelligence activities, protective services for the President and others, medical suitability determinations and inmates and law enforcement custody

**For Worker's Compensation.** The Hospice may release your health information for worker's compensation or similar programs, consistent with state worker's compensation law.

*THE FOLLOWING IS A SUMMARY STATEMENT OF THE CIRCUMSTANCES UNDER WHICH YOUR AUTHORIZATION IS NEEDED TO USE OR DISCLOSE HEALTH INFORMATION:*

Except as described and stated above, the Hospice will not disclose your health information other than with your written authorization. Specifically, written authorization is required prior to the disclosure of your information:

- **Psychotherapy Notes.** We will not use or disclose your psychotherapy notes without a written authorization except as specifically permitted by law.
- **Marketing.** We will not use or disclose your information for marketing purposes, other than face-to-face communications with you or promotional gifts of nominal value, without your written authorization.
- **Sale of Information.** We will not sell your PHI without your written authorization, including notification of the payment we will receive.

Where a disclosure is made under your written authorization, you have the right to revoke the authorization at any time. Revocation of an authorization must be in writing. The revocation is effective as of the date you provide it to the Hospice and does not affect any prior disclosures made under the authorization.

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

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

**Right to request restrictions.** You may request restrictions on certain uses and disclosures of your health information. We are required to agree to a request for a restriction related to disclosure of information to your health plan for payment or healthcare operations where you pay for the service in full. However, the Hospice is not required to agree to other requests. If you wish to make a request for restrictions, please contact HoriSun Hospice Privacy Officer.

**Right to receive confidential communications.** You have the right to request that the Hospice communicate with you in a certain way. For example, you may ask that the Hospice only conduct communications pertaining to your health information with you privately with no other family members present. If you wish to receive confidential

communications, please contact HoriSun Hospice Privacy Officer. The Hospice will not request that you provide any reasons for your request and will attempt to honor your reasonable requests for confidential communications.

**Right to inspect and copy your health information.** You have the right to inspect and copy your health information contained in our designated record set, including billing records. A request to inspect and copy records containing your health information may be made to HoriSun Hospice Privacy Officer. If you request a copy of your health information, the Hospice may charge a reasonable fee for copying and assembling costs associated with your request.

**Right to amend health care information.** You or your representative have the right to request that the Hospice amend your records, if you believe that your health information is incorrect or incomplete. That request may be made as long as the information is maintained by the Hospice. A request for an amendment of records must be made in writing to HoriSun Hospice Privacy Officer. The Hospice may deny the request if it is not in writing or does not include a reason for the amendment. The request also may be denied if your health information records were not created by the Hospice, if the records you are requesting are not part of the Hospice'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 Hospice, the records containing your health information are accurate and complete.

**Right to an accounting.** You or your representative have the right to request an accounting of disclosures of your health information made by the Hospice within the last six (6) years for certain reasons, including reasons related to public purposes authorized by law and certain research. The accounting of disclosures is not required to include certain types of disclosures, such as disclosures for treatment, payment, or healthcare operations. The request for an accounting must be made in writing to HoriSun Hospice Privacy Officer. The request should specify the time period for the accounting. The Hospice would 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.

**Right to a paper copy of this notice.** You or your representative have a 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 HoriSun Hospice Privacy Officer.

### **III. DUTIES OF THE HOSPICE**

The Hospice is required by law to maintain the privacy of your health information and to provide to you and your representative this Notice of its duties and privacy practices. The Hospice is required to comply with the terms of the current notice. The Hospice is required to abide by the terms of this Notice as may be amended from time to time. The Hospice reserves the right to change the terms of its Notice and to make the new Notice provisions effective for all health information that it maintains. If the Hospice changes its

Notice, the Hospice will post the revised notice and provide a copy to you or your appointed representative upon request. The Hospice is required to notify you of any breaches to your health information.

#### **IV. COMPLAINTS**

You or your personal representative have the right to express complaints to the Hospice and to the Secretary of DHHS if you or your representative believe that your privacy rights have been violated. Any complaints to the Hospice should be made in writing to HoriSun Hospice. The Hospice 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 filing a complaint.

#### **V. CONTACT PERSON**

The Hospice has designated a Privacy Officer as its contact person for all issues regarding patient privacy and your rights under the Federal privacy standards. You may contact the Privacy Officer at HoriSun Hospice.

#### **VI. EFFECTIVE DATE**

This Notice is effective November 1<sup>st</sup>, 2019.

IF YOU HAVE ANY QUESTIONS REGARDING THIS NOTICE, PLEASE CONTACT HoriSun Hospice Privacy Officer at 402-484-6444.