

### **DUTIES OF HOSPICE**

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. Hospice will let you know promptly if a breach occurs that may have compromised the privacy or security of your information. Hospice is required to abide by the terms of this Notice as may be amended from time to time. 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 Hospice changes its Notice, Hospice will provide a copy of the revised Notice to you or your appointed representative.

### **CONTACT PERSON**

Hospice has designated the Privacy Officer as its contact person for all issues regarding patient privacy and your rights under the Federal privacy standards. You may contact this person at 17700 Coshocton Avenue, Mt. Vernon, Ohio 43050 or call (740) 397-5188.

### **EFFECTIVE DATE**

This Notice is effective April 14, 2003

**IF YOU HAVE ANY QUESTIONS REGARDING THIS NOTICE, PLEASE CONTACT** the Privacy Officer at Hospice of Knox County 17700 Coshocton Avenue, Mt. Vernon, Ohio 43050 or call (740) 397-5188.

**Revised:** 10/07; 11/08; 1/11; 9/13

[www.hospiceofknox.org](http://www.hospiceofknox.org)



**HOSPICE  
of KNOX  
COUNTY**



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COUNTY**

# **Notice of Hospice 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.**

17700 Coshocton Avenue  
Mount Vernon, OH 43050  
740.397.5188—Phone  
740.397.5182—Fax  
Email: [general@hospiceofknox.org](mailto:general@hospiceofknox.org)

[www.hospiceofknox.org](http://www.hospiceofknox.org)

## **USE AND DISCLOSURE OF HEALTH INFORMATION**

Hospice of Knox County may use 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, for purposes of providing you treatment, obtaining payment for your care and conducting health care operations. Hospice has established policies to guard against unnecessary disclosure of your health information.

### **THE FOLLOWING IS A SUMMARY OF THE CIRCUMSTANCES UNDER WHICH AND PURPOSES FOR WHICH YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED:**

**To Provide Treatment.** Hospice may use your health information to coordinate care within Hospice and with others involved in your care, such as your attending physician, members of Hospice interdisciplinary team and other health care professionals who have agreed to assist Hospice in coordinating care. For example, physicians involved in your care will need information about your symptoms in order to prescribe appropriate medications. Hospice also may disclose your health care information to individuals outside of Hospice involved in your care including family members, clergy who you have designated, pharmacists, suppliers of medical equipment or other health care professionals.

**To Obtain Payment.** Hospice may include your health information in invoices to collect payment from third parties for the care you receive from Hospice. For example, Hospice may be required by your health insurer to provide information regarding your health care status so that the insurer will reimburse you or Hospice. Hospice also may need to obtain prior approval from your insurer and may need to explain to the insurer your need for hospice care and the services that will be provided to you.

**To Conduct Health Care Operations.** Hospice may use and disclose health information for its own operations in order to facilitate the function of Hospice and as necessary to provide quality care to all of Hospices' patients. Health care operations include 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.
- Contacting health care providers and patients with information about treatment alternatives and other related functions that do not include treatment.
- Professional review and performance evaluation.

tained by Hospice. A request for an amendment of records must be made in writing to the Privacy Officer at 17700 Coshocton Avenue, Mt. Vernon, OH 43050. Hospice may deny the request but will respond with the reasons for the denial in writing within 60 days.

**Right to an accounting.** You or your representative have the right to request an accounting of disclosures of your health information made by Hospice for certain reasons, including reasons related to public purposes authorized by law and certain research. The request for an accounting must be made in writing to the Privacy Officer at 17700 Coshocton Avenue, Mt. Vernon, OH 43050. The request should specify the time period for the accounting starting on or after April 14, 2003. Accounting requests may not be made for periods of time in excess of six (6) years. 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 file a complaint:** You or your personal representative has the right to express complaints to Hospice and to the US Department of Health and Human Services, if you or your representative believes that your privacy rights have been violated. Any complaints to Hospice should be made in writing to the Privacy Officer, 17700 Coshocton Avenue, Mt. Vernon, OH 43050. 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. To file a complaint with the government, send a letter to: US Department of Health and Human Services, Office of Civil Rights, 200 Independence Avenue SW, Washington, D.C. 20201, or call 1-877-696-6775, or visit [www.hhs.gov/ocr/privacy/hipaa/complaints](http://www.hhs.gov/ocr/privacy/hipaa/complaints).

**Right to a paper copy of this notice.** You or your representative has a right to a separate paper copy of this Notice at any time even if you or your representative has received this Notice previously. To obtain a separate paper copy, please contact the Privacy Officer at 740.397.5188.

**YOUR CHOICES WITH RESPECT TO YOUR HEALTH INFORMATION:** For certain health information, you can tell Hospice your choices about what Hospice shares. If you have clear preference for how Hospice shares your information in the situations described below, contact Hospice. Explain what you prefer Hospice to do and Hospice will follow your instructions. You or your representative has both the right and choice to tell Hospice how your information can be shared with your family, close friends or others involved in your care and/or during disaster relief situation. Hospice will never share your information for the following purposes unless written permission has been received: Marketing, Sales; Psychotherapy Notes.

Other than is stated above, Hospice will not disclose your health information other than with your written authorization. If you or your representative authorizes Hospice to use or disclose your health information, you may revoke that authorization in writing at any time.

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

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

**Right to 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. Hospice will make sure the person has this authority and can act for you before we take any action.

**Right to request restrictions:** You may request restrictions on certain uses and disclosures of your health information. You have the right to request a limit on Hospice's disclosure of your health information to someone who is involved in your care or the payment of your care. However, Hospice is not required to agree to your request. If you wish to make a request for restrictions, please contact the Privacy Officer. If you pay for 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.

**Right to receive confidential communications.** You have the right to request that Hospice communicate with you in a certain way. For example, you may ask that 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 the Privacy Officer at 740.397.5188. 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 or receive an electronic or paper copy of your health information, including billing records. A request to inspect or receive a paper or electronic copy of records containing your health information may be made to the Privacy Officer at 740.397.5188. If you request a paper copy of your health information, Hospice may charge a reasonable fee for copying and assembling costs associated with your request. The health information request will be completed usually within 30 days of receiving.

**Right to amend health care information.** You or your representative has the right to request that 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 main-

- Training programs including those in which students, trainees or practitioners in health care learn under supervision.
- Training of non-health care professionals.
- Accreditation, certification, licensing or credentialing activities.
- Review and auditing, including compliance reviews, medical reviews, legal services and compliance programs.
- Business planning and development including cost management and planning related analyses and formulary development.
- Business management and general administrative activities of Hospice.
- Fundraising for the benefit of Hospice.

For example 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 you do not want to be contacted).

**For Fundraising Activities.** 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 Hospice. Hospice may also release this information to a related Hospice foundation. If you do not want Hospice to contact you or your family, notify the Privacy Officer at 740.397.5188 and indicate that you do not wish to be contacted.

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

**For Treatment Alternatives.** 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.

**For Memorial Activities.** Hospice may use your name in printed materials for memorial service programs and for other memorial opportunities.

#### **THE FOLLOWING IS A SUMMARY OF THE CIRCUMSTANCES UNDER WHICH AND PURPOSES FOR WHICH YOUR HEALTH INFORMATION MAY ALSO BE USED AND DISCLOSED.**

**When Legally Required.** 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.** Hospice may disclose your health information for public activities and purposes in order to:

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

**To Report Abuse, Neglect Or Domestic Violence.** Hospice is allowed to notify government authorities if Hospice believes a patient is the victim of abuse, neglect or domestic violence. 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.** Hospice may disclose your health information to a health oversight agency for activities including audits, civil administrative or criminal investigations, inspections, licensure or disciplinary action. 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.** 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 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, Hospice may disclose your health information to a law enforcement official for certain law enforcement purposes as follows:

- As required by law for reporting of certain types of wounds or other physical injuries pursuant to the court order, warrant, subpoena or summons or similar process.
- For the purpose of identifying or locating a suspect, fugitive, material witness or

missing person.

- To a law enforcement official if Hospice has a suspicion that your death was the result of criminal conduct including criminal conduct at Hospice.
- In an emergency in order to report a crime.
- Under certain limited circumstances, when you are the victim of a crime.

**To Coroners and Medical Examiners.** 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.** 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, Hospice may disclose your health information prior to and in reasonable anticipation of your death.

**For Organ, Eye or Tissue Donation.** 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.** Hospice may, under very select circumstances, use your health information for research. Before Hospice discloses any of your health information for such research purposes, the project will be subject to an extensive approval process.

**In the Event of a Serious Threat to Health or Safety.** Hospice may, consistent with applicable law and ethical standards of conduct, disclose your health information if Hospice, 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.

**For Specified Government Functions.** In certain circumstances, the Federal regulations authorize 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.** Hospice may release your health information for worker's compensation or similar programs.

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