



## Notice of Privacy

**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**

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

**Hospice of Central Ohio** 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 groups 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 Hospice's 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 treatments alternatives and other related functions that do not include treatment.
- Professional review and performance evaluation.

PAGE 1 of 6

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## Notice of Privacy

- 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 information of 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.)

Hospice may disclose certain information about you including your name, your general health status, your religious affiliation and your room number in Hospice's facility in a Hospice directory while you are in the Hospice inpatient facility. Hospice may disclose this information to people who ask for you by name. Please inform us if you do not want your information to be included in the directory.

**For Fundraising Activities:** Hospice may use your name to acknowledge donations made to Hospice in your honor. Hospice may release your name and address

to the Foundation for Hospice of Central Ohio. If you do not want Hospice to contact you or your family, notify the Vice President of Clinical Services at Hospice of Central Ohio at 2269 Cherry Valley Road, Newark, Ohio 43055 or (740) 788-1400 and indicate that you do not wish to be contacted.

**For 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.

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

Page 2 of 6

F:/Alldata/Forms/Forms/HIPPA-Receipt of Notice of Privacy Practices - Rev. 4/24/2017



## Notice of Privacy

**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, or to track products or enable product recalls, repairs and replacements and to conduct post-marketing surveillance and compliance with requirement of the Food and Drug Administration.
- Notify a person who have 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 organization for activities including audits, civil administration 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 authorize 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.
- Under certain limited circumstances, when you are the victim of a crime.
- 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.

Page 3 of 6

F:/Alldata/Forms/Forms/HIPPA-Receipt of Notice of Privacy Practices - Rev. 4/24/2017



## Notice of Privacy

**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.

**To the Patient's Caregiver:** To better coordinate your care, Hospice may disclose your health information to those individuals involved in your care. At times it may be necessary to do this by written, voice mail message, or both.

**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 in 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**

Other than as stated above, Hospice will not disclose your health information other than with your written authorization. Uses and disclosures not described in this notice, such as marketing purposes or sale of PHI, will be made only with your authorization. If you or your representative authorizes Hospice to use or disclose your health information, you may revoke that authorization in writing any time.

## **PROHIBITION OF SALE OF PROTECTED HEALTH INFORMATION**

Hospice of Central Ohio is prohibited from selling patient lists to third parties and from disclosing Protected Health Information to a third party for the independent marketing activities of the third party, without obtaining an authorization from every patient on the list.

Hospice of Central Ohio must obtain authorization from the individual for the sale of their Protected Health Information. The authorization must state that the disclosure will result in remuneration to the hospice.

## YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION

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

**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. You have the right to restrict disclosure of Protected Health Information to a health plan with respect to treatment for which you have paid fully out of pocket. However, Hospice is not required to agree with your request. If you wish to make a request for restrictions, please contact the Vice President of Clinical Services at (740) 788-1400.

**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 Vice President of Clinical Services at (740) 788-1400. Hospice will not request that you provide any reasons for your request and will attempt to honor your reasonable request for confidential communications.

**Right to inspect and copy your health information.** You have the right to inspect and copy your health information, including billing records. A request to inspect and copy records containing your health information may be made to the Vice President of Clinical Services at (740) 788-1400. If you request a copy of your health information, 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 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 Hospice. A request for an amendment of records must be made in writing to the Vice President of Clinical Services at (740) 788-1400. 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 Hospice, if the records you are requesting are not part of 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 Hospice, the records containing your health info are accurate and complete.

**Right to an accounting.** You or your representative have the right to request an accounting of disclosures of your health info 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 Vice President of Clinical Services at (740) 788-1400. 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 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.

**Right to opt out of Health Information Sharing.** We participate in one or more Health Information Exchanges. Your healthcare providers can use this electronic network to securely provide access to your health records for a better picture of your health needs. We, and other healthcare providers, may allow access to your health information through the Health Information Exchange for treatment, payment or other healthcare operations. This is a voluntary agreement. You may opt-out at any time by notifying the Vice President of Clinical Services at (740) 788-1400.

**Right to opt out of receiving fundraising communications.** You or your representative have the right to opt out of communications for purposes of fundraising. To opt out of fundraising communications, please contact the Vice President of Clinical Services at (740) 788-1400.

**Right to be notified following a breach of unsecured Protected Health Information.** You or your representative have the right to be notified in the event of a breach of your Protected Health Information. Should Hospice of Central Ohio discover that your Protected Health Information has been breached, you will be notified by U.S. Postal **Service** mail sent to the address in your records within 60 days of the discovery.

Page 5 of 6



## Notice of Privacy

**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 had received this Notice previously. To obtain a separate paper copy, please contact the Vice President of Clinical Services at (740) 788-1400. The patient or patient's representative may also obtain a copy of the current version of Hospice's Notice of Privacy Practices at its website, [www.hospiceofcentralohio.org](http://www.hospiceofcentralohio.org).

### DUTIES OF HOSPICE

Hospice is required by law to maintain the privacy of your health information and to provide you and your representative this Notice of its duties and privacy practices. 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 the Notice, Hospice will provide a copy of the revised Notice to you or your appointed representative.

You or your personal representative have the right to express complaints to Hospice and to the Secretary of the Department of Health and Human Services if you or your representative believe that your privacy rights have been violated. Any complaint to Hospice should be made in writing to the Vice President of Clinical Services at (740) 788-1400. 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.

**CONTACT PERSON**

Hospice has designated the **Vice President of Clinical Services** as its contact person for all issues regarding patient privacy and your rights under the Federal Privacy Standards. You may contact this person at Hospice of Central Ohio, 2269 Cherry Valley Road, Newark, OH 43055 or (740) 788-1400.

**EFFECTIVE DATE**

This Notice is effective April 14, 2003.

**IF YOU HAVE ANY QUESTIONS REGARDING THIS NOTICE, PLEASE CONTACT  
THE VICE PRESIDENT OF CLINICAL SERVICES  
AT (740) 788-1400  
2269 CHERRY VALLEY ROAD, NEWARK, OH 43055**