



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.

Our Responsibilities

Hospice of Davidson County, Inc. (HODC) takes the privacy of your health information HODC is required by law to protect the privacy of your health information and to provide you with this Notice of Privacy Practices to describe our legal duties and your rights with respect to your protected health information. HODC is required to abide by the terms of this Notice as are currently in effect, and to notify you in the event of a breach of your unsecured health information.

How HODC May Use and Disclose Your Health Information

HODC may use your health information, information that constitutes protected health information (PHI) as defined in the Privacy Rule of the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996, for the 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 categories describe the ways we may use and disclose your health information for treatment, payment and health care operations. For each category, an explanation of the category is provided, in some cases with examples. Not every use or disclosure in a category will be listed. However, all of the ways Hospice is permitted to use and disclose your health information will fall into one of these categories.

Treatment: HODC may use and disclose your health information to coordinate care within Hospice and with others involved in your care, such as your attending physician, members of the Hospice Interdisciplinary Group and other health care professionals who have agreed to assist us in coordinating your care. For example, HODC may disclose your health information to a physician involved in your care who needs information about your symptoms to prescribe appropriate medications. HODC may disclose your health information about you to individuals outside of Hospice involved in your care, including family members, other relatives, close personal friends, pharmacists, suppliers of medical equipment or other health care professionals.

We will only disclose information that assists us in giving you quality care.

Payment: HODC may use and disclose your health information to receive payment for the care you receive from us. For example, HODC may be required by your health insurer to provide information regarding your health care status, your need for care and the care that HODC intends to provide to you so that the insurer will reimburse you or Hospice for services provided and received.

**PHI is individually identifiable information (including demographic information) relating to your health, to the health care provided to you or to payment for health care.*

Health Care Operations: HODC may use and disclose health information for its own operations to facilitate the functioning of our Hospice and as necessary to provide quality care to all of our Hospice patients. Health care operations include, but are not necessarily limited to, 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.
- Training programs including those in which students, trainees or practitioners in health care learn under supervision. (Only contracted programs).
- Training of non-health care professionals.
- Accreditation, certification, licensing or credentialing activities.
- Review and auditing, including compliance reviews and programs, medical reviews, legal services and compliance programs.
- Business planning and development including cost management and planning related analysis and formulary development.
- Business management and general administrative activities of HODC.

For example HODC may use your health information to evaluate its performance, combine your health information with other Hospice patients in evaluating how to more effectively serve all Hospice patients, or disclose your health information to members of Hospice workforce for training purposes.

Additional Permitted Uses and Disclosures of Health Information

As Required by Law: HODC will disclose your health information when we are required to do so by any Federal, State, or Local law.

Public Health Risks: HODC 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 conducting of public health surveillance, investigations and interventions.
- Report adverse events, product defects, to tract 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 employer's workforce in certain limited situations, as authorized by law.

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

Health Oversight Activities: HODC may disclose your health information to a health oversight agency for activities including audits, civil administrative or criminal investigations, inspections, licensure or disciplinary action. However HODC 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.)

Judicial and Administrative Proceedings: HODC 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 our Hospice makes reasonable efforts to either notify you about the request or to obtain an order protecting your health information.

Law Enforcement: As permitted or required by State law, HODC 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 by our organization
- In an emergency in order to report a crime

Coroners and Medical Examiners: HODC may disclose your health information to coroners and medical examiners for purposes of determining your cause of death or for other reasons, as authorized by law.

Funeral Directors: HODC 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, we may disclose your health information prior to and in reasonable anticipation of your death.

For Organ, Eye Or Tissue Donation: HODC 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. (This is if you request organ, eye, tissue or body donation to science).

For Research Purposes: HODC may, under select circumstances, use your health information for research purposes. Before we disclose any of your health information for such research purposes, the project will be subject to an extensive approval process. This process includes evaluating a proposed research project and its use of health information and trying to balance the research needs with your need for privacy. Before Hospice uses or discloses health information for research, the project will have been approved through this research approval process. Additionally, when it is necessary for research purposes and so long as the health information does not leave Hospice, it may disclose your health information to researchers preparing to conduct a research project, for example to help the researchers look for individuals with specific health needs. Lastly, if certain criteria are met, Hospice may disclose your health information to researchers after your death when it is necessary for research purposes.

Limited Data Set: HODC may use or disclose a limited data set of your health information, that is, a subset of your health information for which all identifying information has been removed, for purposes of research, public health, or health care operations. Prior to our release, any recipient of that limited data set must agree to appropriately safeguard your health information.

Serious Threat To Health or Safety: HODC may, consistent with applicable law and ethical standards of conduct, disclose your health information if we, in good faith, believe 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.

- Your health and/or safety
- The health and/or safety of the public

Specified Government Functions: In certain circumstances, the Federal regulations authorize HODC 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
- Inmates in law enforcement custody

Worker's Compensation: HODC may release your health information for worker's compensation or similar programs.

Other Uses or Disclosures of Health Information to Which You May Agree or Object

Hinkle Hospice House: HODC may disclose certain information about you including your name, your general health status, your religious affiliation, and which room you are in the Hinkle Hospice House while you are in the HODC inpatient facility. HODC may disclose this information to people who ask for you by name. *(Please inform us if you want to restrict or prohibit some or all of the information provided.)*

Persons Involved in Your Care: When appropriate, we may share your health information with a family member, other relative or any other person you identify, if that person is involved in your care and the information is relevant to your care or the payment of your care. We also may notify your family about your location or general condition or disclose such information to an entity assisting in a disaster relief effort.

You may ask us at any time not to disclose your health information to any person(s) involved in your care. We will agree to your request unless circumstances constitute an emergency or if the patient is a minor.

Fundraising Activities: HODC, our Hospice foundation, or our business associates may use information about you, including your name, address, telephone number and the dates you received care in order to contact you for fundraising purposes. It is not a requirement for you or your family to donate to us to receive our services. You have the right to opt-out of receiving these communications from us. *If you do not want us to contact you or your family for fundraising purposes, notify the Development Office at HODC at 336.475.5444 and indicate that you do not wish to receive fundraising communications.*

Authorizations To Use or Disclose Health Information

Other than the permitted uses and disclosures described above, HODC will not use or disclose your health information without an authorization signed by you or your personal representative. If you or your representative signs a written authorization allowing us to use or disclose your health

information, you may cancel the authorization (in writing) at any time. If you cancel your authorization, we will follow your instructions except to the extent that we have already relied upon your authorization and taken action.

The following uses and disclosures to your health information will only be made with your signed authorization:

1. Uses and disclosures for marketing purposes;
2. Uses and disclosures that constitute a sale of health information;
3. Most uses and disclosures of psychotherapy notes, if we maintain psychotherapy notes; and
4. Any other uses and disclosures not described in this notice.

Your Rights Regarding Your Health Information

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

Right to request restrictions: You have the right to request restrictions on certain uses and disclosures of your health information for treatment, payment and health care operations. You have the right to request a limit on the disclosure of your health information to someone who is involved in your care or the payment of your care. HODC is not required to agree to your request, unless your request is for a restriction on a disclosure to a health plan for purposes of payment or health care operations (and is not for purposes of treatment) and the medical information you are requesting to be restricted from disclosure pertains solely to a health care item or service for which you have paid out of pocket in full. If you wish to make a request for restrictions, please contact the **Privacy Officer at HODC at 336.475.5444.**

Right to receive confidential communications: You have the right to request that HODC communicate with you in a certain way. For example, you may ask that we 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 HODC at 336.475.5444.** *HODC will not request that you provide any reasons for your request and will attempt to honor your reasonable requests for confidential communications.*

Right of access 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 **Privacy Officer at HODC.** If your request a copy of your health information, HODC may charge a reasonable fee for copying and assembling information that is associated with your request.

You have the right to request that HODC provide you, an entity or a designated individual with an electronic copy



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of your electronic health record containing your health information, if Hospice uses or maintains electronic health records containing patient health information. HODC may require you to pay the labor costs incurred by our Hospice in responding to your request.

Right to amend health care information: You or your representative has the right to request that HODC amend your records, if you believe that your health information is incorrect or incomplete. That request may be made as long as we maintain the information. A request for an amendment of records must be made in writing to the **Privacy Officer at HODC at 200 Hospice Way, Lexington, NC 27292**. HODC 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 for the following reasons:

- If your health information records were not created by us;
- If the records you are requesting are not part of our records;
- If the health information you wish to amend is not part of the health information you or your health representative are permitted to inspect and copy, or;
- If, in the opinion of HODC, the records containing your health information are accurate and complete.

Right to an Accounting: You or your representative has the right to request an accounting of disclosures of your health information made by HODC for the previous six (6) years. The accounting will not include disclosures made for treatment, payment or health care operations unless we maintain your health information in an Electronic Health Record (EHR). The request for an accounting must be made in writing to the **Privacy Office at HODC at 200 Hospice Way, Lexington, NC 27292**. The request should specify the time period for the accounting starting on or after April 14, 2003. HODC would provide the first accounting you request during any 12 (twelve) month period without charge. Subsequent accounting requests may be subject to a reasonable cost-based fee.

Right to Opt-out of Fundraising: You or your representative has the right to opt-out of receiving fundraising communications. Instructions for how to opt-out are included in each fundraising solicitation you receive.

Right to Receive Notification of a Breach: You or your representative has the right to receive notification of a breach of your unsecured health information. If you have questions regarding what constitutes a breach or your rights with respect to breach notification, please contact the **Privacy Office at HODC at 336.475.5444**.

Right to a paper copy of this notice: You or your representative has a right to a separate paper copy of this Notice as any time, even if you or your representative have received this notice previously. To obtain a separate paper copy, please contact the **Privacy Office of HODC at 336.475.5444**.

Changes to This Notice

HODC reserves the right to change of this Notice and to make the revised Notice effective for all health information we already have about you, as well as any health information we receive in the future. We will post a copy of the current Notice in a clear and prominent location to which you have access. The Notice also is available to you upon request.

A copy of the current Notice will also be posted on our website at **HospiceofDavidson.org**. The Notice will contain, at the end of this document the effective date. In addition, if Hospice revises the Notice, Hospice will offer you a copy of the current Notice in effect.

If You Have Any Questions Regarding This Notice

HODC 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 **200 Hospice Way, Lexington, NC 27292 or at 336.475.5444**.

Complaints

You or your personal representative has the right to express complaints to HODC and to the Secretary of the U.S. 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 **Privacy Officer, 200 Hospice Way, Lexington, NC 27292**.

HODC 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.

EFFECTIVE DATE:

This notice is effective January 5, 2015.