

# **HOSPICE OF DAVIDSON COUNTY, INC.**

## **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. takes the privacy of your health information seriously. Hospice of Davidson County is required by law to maintain that privacy and to provide you with this Notice of Privacy Practices. This Notice is provided to tell you about our duties and practices with respect to your information. Hospice of Davidson County is required to abide by the terms of this Notice as are currently in effect.

### **HOW THE HOSPICE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION:**

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

The following categories describe different ways that Hospice uses and discloses your health information. 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 the Hospice is permitted to use and disclose your health information will fall into one of these categories

**Treatment:** Hospice of Davidson County may use and disclose your health information to coordinate care within the Hospice and with others involved in your care, such as your attending physician, members of the of the Hospice Interdisciplinary Group and other health care professionals who have agreed to assist the Hospice in coordinating care. For example, Hospice of Davidson County may disclose your health information to a physician involved in your care who needs information about your symptoms to prescribe appropriate medications. Hospice of Davidson County may disclose your health information about you to individuals outside of the 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:** Hospice of Davidson County may use and disclose your health information to receive payment for the care you receive from the Hospice. For example, Hospice of Davidson County may be required by your health insurer to provide information regarding your health care status,

your need for care and the care that our Hospice intends to provide to you so that the insurer will reimburse you or the Hospice.

*\*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.*

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**Health Care Operations:** Hospice of Davidson County 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
- Business planning and development including cost management any cost management and planning related analysis and formulary development
- Business management and general administrative activities of Hospice of Davidson County
- Fundraising for the benefit of Hospice of Davidson County

For example Hospice of Davidson County 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, disclose your health information to members of the Hospice workforce 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*).

**Hinkle Hospice House:** Hospice of Davidson County may disclose certain information about you including your name, your general health status, your religious affiliation, and where you are in the Hinkle Hospice House while you are in the Hospice of Davidson County inpatient facility. Hospice of Davidson County may disclose this information to people who ask for you by name. (*Please inform us if you do not want your information to be disclosed.*)

**Fundraising Activities:** Hospice of Davidson County may use information about you including your name, address, phone number and the dates you received care in order to contact you to raise money for our organization. Hospice of Davidson County may also release this information to a related Hospice foundation. It is not a requirement for you or your family to donate to us to receive our services. At no time will your PHI be used to raise money in the community without

your authorization. *If you do not want us to contact you or your family, notify the **Privacy Officer at Hospice of Davidson County @ (336) 475-5444** and indicate that you do not want to be contacted.*

**Appointment Reminders:** Hospice of Davidson County may use and disclose your health information to contact you as a reminder that you have an appointment for a home visit or a scheduled assessment.

**Treatment Alternatives:** Hospice of Davidson County 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.

**As Required by Law:** Hospice of Davidson County will disclose your health information when it is required to do so by any Federal, State, or Local law.

**Public Health Risks:** Hospice of Davidson County may disclose your health information for public activities and purposes in order to:

- Report, prevent or control disease, injury or disability, vital events such as birth or death, and the conducting of public health surveillance, and aiding in 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 and 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:** Hospice of Davidson County 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:** Hospice of Davidson County 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 of Davidson County, 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.)*

**Judicial and Administrative Proceedings:** Hospice of Davidson County 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, Hospice of Davidson County 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 the 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:** Hospice of Davidson County 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:** Hospice of Davidson County 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:** Hospice of Davidson County 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:** Hospice of Davidson County may, under select circumstances, use your health information for research. 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 the 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 the 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, the Hospice may disclose your health information to researchers after your death when it is necessary for research purposes.

**Limited Data Set:** Hospice of Davidson County 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:** Hospice of Davidson County 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 and/or safety
- The health and/or safety of the public

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

#### **OTHER USES OR DISCLOSURES OF HEALTH INFORMATION:**

Except as otherwise permitted or required by this Notice of Privacy Practices, Hospice of Davidson County will not use or disclose your health information unless you provide written authorization. If you or your representative authorize Hospice of Davidson County to use or disclose your health information, you may revoke that authorization in writing at any time. If you revoke your authorization, Hospice of Davidson County will no longer use or disclose health information about you for the reasons covered by your written authorization, except to the extent that the Hospice has taken action in reliance thereon. You understand that Hospice of Davidson County is unable to take back any disclosures it has already made under the authorization, and that Hospice of Davidson County is required to retain our records of the care that has been provided to you.

#### **YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION:**

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

**Right to request restrictions:** You have the right to request restrictions on certain uses and disclosures of your health information. You have the right to request a limit on the Hospice's disclosure of your health information to someone who is involved in your care or the payment of your care. Hospice of Davidson County 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 Hospice of Davidson County at (336) 475-5444.*

**Right to receive confidential communications:** You have the right to request that Hospice of Davidson County 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 Hospice of Davidson County at (336) 475-5444***. *Hospice of Davidson County 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, including billing records. A request to inspect and copy records containing your health information may be made to the ***Privacy Officer at Hospice of Davidson County at (336) 475-5444***. If your request a copy of your health information, Hospice of Davidson County may charge a reasonable fee for copying and assembling information that is associated with your request.

You have the right to request that Hospice of Davidson County provide you, an entity or a designated individual with an electronic copy of your electronic health record containing your health information, if the Hospice uses or maintains electronic health records containing patient health information. Hospice of Davidson County 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 Hospice of Davidson County 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 ***Clinical Information Specialist at Hospice of Davidson County at 200 Hospice Way, Lexington, NC 27292***. Hospice of Davidson County 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
- If, in the opinion of Hospice of Davidson County, 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 Hospice of Davidson County 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 Office at Hospice of Davidson at 200 Hospice Way, Lexington, NC 27292***. 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 of Davidson County 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 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 Hospice of Davidson County* at *(336)475-5444*.

**CHANGES TO THIS NOTICE:**

Hospice of Davidson County 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 will contain, at the end of this document an effective date. In addition, if the Hospice revises the Notice, the Hospice will offer you a copy of the current Notice in effect.

**IF YOU HAVE ANY QUESTIONS REGARDING THIS NOTICE:**

Hospice of Davidson County 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 Hospice of Davidson County 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 the Hospice should be made in writing to *Privacy Officer, 200 Hospice Way, Lexington NC 27292*. Hospice of Davidson County 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 February 17, 2010.**