

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.

USE AND DISCLOSURE OF HEALTH INFORMATION:

Hospice of Davidson County, Inc. may use your health information, which is information that constitutes protected health information (PHI*), for purposes of providing you treatment, obtaining payment for your care and conducting health care operations. PHI is defined in the Privacy Rule of the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996. Hospice of Davidson County 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 of Davidson County may use your health information to coordinate care within our organization and may share your health information with others involved in your care such as:

- Your attending physician
- Consulting physicians
- Hospice interdisciplinary team
- Family members
- Designated clergy
- Pharmacist
- Medical equipment company
- Medical supply company
- Other health care professionals providing care to you

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

To Obtain Payment: Hospice of Davidson County may include your health information in invoices to collect payment from third parties for the care you received from us. For example, we may be required by your health insurer to provide information regarding your health care status so that the insurer will reimburse you or us. Hospice of Davidson County may also 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.

**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.*

To Conduct Health Care Operations: Hospice of Davidson County may use and disclose health information for its own operations in order 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
- Business management and general administrative activities of Hospice of Davidson County
- Fundraising for the benefit of Hospice of Davidson County

For Hospice Hinkle House: Hospice of Davidson County may disclose certain information about you including your name, your general health status, your religious affiliation, and your room number while you are in the Hospice Hinkle House. 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.)

For 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.

For 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.

Release of Information to Family and Friends: Hospice of Davidson County may release your PHI to a friend or family member identified by you who assists in taking care of you.

For 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.

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

When Legally Required: Hospice of Davidson County 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 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 workforce as legally required.

To Report Abuse, Neglect or Domestic Violence: Hospice of Davidson County is required by law to notify government authorities if we believe a patient is the victim of abuse, neglect or domestic violence.

To Conduct 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.)

In Connection With 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. We will notify you about requests for your health information. In some instances we will try to obtain an order protecting your health information. We however, may not disclose your health information if you are the subject of an investigation and your health information are not directly related to the investigation.

For Law Enforcement Purposes: 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

To 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.

To 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: If it is your desire, 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.

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.

In the Event of A 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

For Specific Government Functions: 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

For Worker's Compensation: Hospice of Davidson County may release your health information for worker's compensation or similar programs.

AUTHORIZATION TO USE OR DISCLOSE HEALTH INFORMATION:

Other than is stated above, the Hospice of Davidson County will not disclose your health information other than with your written authorization. If you or your representative authorizes us to use or disclose your health information, you may revoke 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 of Davidson County 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 the disclosures of your health information to someone who is involved in your care or the payment of your care. However, Hospice of Davidson County is not required to agree to your request. 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.

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 Records Coordinator 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 the 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 of disclosures: 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***.

DUTIES OF THE HOSPICE:

Hospice of Davidson County 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. We reserve the right to change the terms of this Notice and to make the new Notice provisions effective for all health information that it maintains. If we change the Notice, we will provide a copy of the revised Notice to you or your appointed representative. You or your representative has the right to express complaints to us and to the Secretary of DHHS if you or your representative believes that your privacy rights have been violated. Any complaints to Hospice of Davidson County should be made in writing to the ***Privacy Officer at 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.

CONTACT PERSON:

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*** and at ***(336)475-5444***.

EFFECTIVE DATE:

This notice is effective April 14, 2003.

IF YOU HAVE ANY QUESTIONS REGARDING THIS NOTICE, PLEASE CONTACT THE PRIVACY OFFICER AT 200 HOSPICE WAY, LEXINGTON NC 27292 OR AT (336) 475-5444.