PRIVACY PRACTICES: NOTICE

USE AND DISCLOSURE OF HEALTH INFORMATION

Hospice Care Plus, Inc. may use your health information for purposes of providing your 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:

<u>To Provide Treatment.</u> Hospice may use your health information to coordinate care within Hospice and with others involved in your care. Hospice also may disclose your health care information to individuals outside of Hospice involved in your care including family members and clergy whom you have designated.

<u>To Obtain Payment.</u> Hospice may use and disclose your health information to obtain payment from health insurer(s) for the care you receive from Hospice.

<u>To Conduct Health Care Operations.</u> 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 Hospice's patients. Health care operations includes such activities as:

- Performance improvement activities including compliance reviews, medical reviews, legal services and compliance programs.
- 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.
- Accreditation, certification, licensing or credentialing activities.
- Business management and general administrative activities of Hospice.
- Fundraising for the benefit of Hospice.

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<u>For Fundraising Activities</u>. Hospice may use information about you including you name, address, phone number and the dates you received care in order to contact you or your family to raise money for Hospice. If you do not want Hospice to contact you or your family, please notify the Development Specialist at Hospice and indicate that you do not wish to be contacted.

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

<u>For Treatment Alternatives.</u> 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.

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

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

<u>When There Are Risks to Public Health</u>. 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.

<u>To Report Abuse, Neglect Or Domestic Violence</u>. 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.

<u>To Conduct Health Oversight Activities</u>. 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.

<u>In Connection With Judicial And Administrative Proceedings</u>. Hospice may disclose your health information to a court or administrative hearing in response to a subpoena, discovery request or other lawful process. Hospice will make reasonable efforts to either notify you about the request or to obtain an order protecting your health information.

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<u>For Law Enforcement Purposes</u>. 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 according 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.
- In an emergency in order to report a crime.

<u>To Coroners And Medical Examiners</u>. Hospice may disclose your health information to coroners and medical examiners as authorized by law.

<u>To Funeral Directors</u>. Hospice may disclose your health information to funeral directors consistent with applicable law and if necessary, to carry out their duties.

<u>For Organ, Eye Or Tissue Donation</u>. Hospice may use or disclose your health information to organ procurement organizations in accordance with your wishes.

<u>For Research Purposes</u>. Hospice may use your health information for research after gaining consent for each/any research study to be conducted.

<u>In The Event of A Serious Threat To Health Or Safety</u>. Hospice may disclose your health information if Hospice believes that such disclosure is necessary to prevent or lessen a serious threat to your health or safety or to the health and safety of the public.

<u>For Specified Government Functions</u>. 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, 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

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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 request restrictions. You may request restrictions on certain uses and disclosures of
 your health information. You have the right to request a limit on Hospices 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 your Hospice Social Worker.
- **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 your Hospice Social Worker. 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 and copy your health information, including billing records. A request to inspect and copy records containing your health information may be made to the Office Manager at the central office. If you request a copy of your health information, Hospice may charge a \$1 per page, plus shipping and handling, for copying and assembling costs associated with your request.
- Right to amend health care information. You or your representative has the right to request that Hospice amend you 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 Office Manager. 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 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 information are accurate and complete.
- Right to a list of disclosures. You or your representative have the right to request a list of anyone to whom your health information was disclosed, including reasons related to public purposes authorized by law. The request for a list must be made in writing to the Office Manager. The request should specify the time period starting on or after April 14, 2003. Requests may not be made for periods of time in excess of six (6) years. Hospice would provide the first list you request during any 12-month period without charge. Subsequent requests may be subject to a reasonable cost-based fee.

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• **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 have received this Notice previously. To obtain a separate paper copy, please contact the secretary at the local office.

DUTIES OF THE HOSPICE

Hospice is required by law to maintain the privacy of your health information and to provide to you or your representative a copy of this Notice. 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 representative. You or your representative have the right to express complaints to Hospice and to the Secretary of DHHS if you or your representative believe that your privacy rights have been violated. Any complaints to Hospice should be made in writing to the Privacy Official. 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 Privacy Official as its contact person for all issues regarding patient privacy and your rights under the Federal privacy standards. You may contact this person at the central office.

EFFECTIVE DATE

This Notice is effective April 14, 2003.

IF YOU HAVE ANY QUESTIONS REGARDING THIS NOTICE, PLEASE CONTACT THE PRIVACY OFFICIAL AT THE CENTRAL OFFICE.

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