

Heart'sWay Hospice *Notice of Privacy Practices*

Use and Disclosure of Health Information

Heart'sWay Hospice may use your health information for purposes of providing you treatment, obtaining payment for your care and conducting health care operations. The Hospice has established a policy to guard against unnecessary disclosure of your health information.

The following is a summary of the circumstances under which your health information may be used or disclosed after you have been admitted and have provided your informed consent to receive hospice care:

1. **To Provide Treatment:** The agency may use your health information to coordinate care within the Hospice and with others involved in your care, such as your attending physician, members of the Hospice interdisciplinary team and other health care professionals who have agreed to assist the Hospice in coordinating care. For example, physicians involved in your care will need information about your symptoms in order to prescribe appropriate medications. The agency also may disclose your health care information to individuals outside of the Hospice including family members, clergy whom you have designated, pharmacists, suppliers of medical equipment or other health care professionals that the Hospice uses in order to coordinate your care.
2. **To Obtain Payment:** The agency may include your health information in invoices to collect payment from third parties for the care you may receive from the Hospice. For example, the agency may be required by your health insurer to provide information regarding your health care status so that the insurer will reimburse you or the Hospice. The agency 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.
3. **To Conduct Health Care Operations:** The agency may use and disclose health care information for its own operations in order to facilitate and improve our functioning and to provide quality care to all of our patients. Health care operations includes such activities as:
 - Quality assessment and improvement activities
 - Activities designed to improve health care or reduce health care costs
 - Protocol development, case management and care coordination
 - 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
 - Review and auditing, including compliance reviews, medical reviews, legal services and compliance programs
 - Business management and general administrative activities of the Hospice
4. **For Fundraising Activities:** The agency may use information about you including your name, address, phone number and the dates you received care at the Hospice in order to contact you or your family to raise money for the Hospice. If you do not want the Hospice to contact you or your family, notify *the agency's contact person* at 903-295-1680 and indicate that you do not wish to be contacted.
5. **When Legally Required:** The agency will disclose your health information when it is required to do so by any Federal, State or local law.
6. **When There Are Risks to Public Health:** The agency 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
 - To 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
 - To notify a person who has been exposed to a communicable disease or who may be at risk of contracting or spreading a disease
 - To an employer about an individual who is a member of the workforce as legally required
7. To Report Abuse, Neglect Or Domestic Violence: The agency is allowed to notify government authorities if the Hospice believes a patient is the victim of abuse, neglect or domestic violence. We will make this disclosure only when specifically required or authorized by law or when the patient agrees to the disclosure.
 8. To Conduct Health Oversight Activities: The agency 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, we 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.
 9. In Connection With Judicial And Administrative Proceedings: The agency 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 we make reasonable efforts to either notify you about the request or to obtain an order protecting your health information.
 10. For Law Enforcement Purposes: The agency may disclose your health information to a law enforcement official for 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 agency has a suspicion that your death was the result of criminal conduct
 - In an emergency in order to report a crime
 11. To Coroners And Medical Examiners: The agency 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.
 12. To Funeral Directors: The agency 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.
 13. For Organ, Eye Or Tissue Donation: The agency may use or disclose your health information to organ or tissue procurement organizations for the purpose of facilitating the donation and transplantation in accordance with your wishes.
 14. In the Event of A Serious Threat To Health Or Safety: The agency may, consistent with applicable law and ethical standards of conduct, disclose your health information if the agency, 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.

15. For Specified Government Functions: In certain circumstances, the Federal regulations authorize the agency 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 and law enforcement custody.
16. For Worker's Compensation: The agency may release your health information for worker's compensation or similar programs.

Other than is stated above, Heart'sWay Hospice will not disclose your health information other than with your written authorization. If you or your representative authorizes the agency 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 the Hospice maintains:

1. 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 agency's disclosure of your health information to someone who is involved in your care or the payment of your care. However, the agency is not required to agree to your request. If you wish to make a request for restrictions, please contact *the agency's contact person*.
2. Right to receive confidential communications: You have the right to request that the agency communicate with you in a certain way. For example, you may ask that the 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 agency's contact person*. The agency will not require that you provide any reasons for your request and will attempt to honor your reasonable requests for confidential communications.
3. 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 agency's contact person*. If you request a copy of your health information, the agency may charge a reasonable fee for copying and assembling costs associated with your request.
4. Right to amend health care information: If you or your representative believes that your health information records are incorrect or incomplete, you may request that the agency amend the records. That request may be made as long as the information is maintained by the Hospice. A request for an amendment of records must be made in writing to *the agency's contact person*. The 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 the Hospice, if the records you are requesting are not part of the 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 the Hospice, the records containing your health information are accurate and complete.
5. Right to an accounting: You or your representative have the right to request an accounting of disclosures of your health information made by the agency for any reason other than for treatment, payment or health operations or pursuant to a valid authorization from you to disclose this information. The request for an accounting must be made in writing to *the agency's contact person*. The request should specify the time period for the accounting starting on April 14, 2003. Accounting requests may not be made for periods of time in excess of six years.
6. Right to a paper copy of this notice: You or your representative has 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 agency's contact person*. You may also obtain a copy

of the current version of the Hospice's Notice of Privacy Practices at its website, www.heartswayhospice.org.

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.

Authorizations to Use or Disclose Health Information

Other than the permitted uses and disclosures described in the foregoing, the agency will not use or disclose your health information without an authorization signed by you or your personal representative. You may cancel the authorization in writing at any time and we will follow your instructions except to the extent that we have already relied on your authorization and taken action. Use and disclosure for marketing purposes will only be made with your signed authorization.

Duties of Heart'sWay Hospice

The agency is required by law to maintain the privacy of your health information and to provide to you and your representative this Notice of Privacy Practices (Notice). The Hospice is required to abide by terms of this Notice as may be amended from time to time. The 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 the Hospice changes its Notice, the 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 the Hospice and to the Secretary of Health and Human Services if you or your representative believe that your privacy rights have been violated. Any complaints to the Hospice should be made to *the agency's contact person*. The agency 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

The agency's contact person for all issues regarding patient privacy and your rights under the Federal privacy standards is the Privacy Officer. Please address all written correspondence to:

Heart'sWay Hospice
4351 McCann Rd.
Longview, TX 75605
Attention: Privacy Officer

For telephone contacts, ask for the Privacy Officer at:

903-295-1680 or
1-800-371-1016

Effective Date

The effective date for this Notice of Privacy Practices is September 23, 2013.