



## 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 Central PA (Hospice) may use your health information, information that constitutes protected health information as defined in the *Privacy Rule of the Administrative Simplification* provisions of the *Health Insurance Portability and Accountability Act of 1996*, amended in March 2013 through enactment of the *Health Information Technology for Economic and Clinical Health (HITECH) Act* for purposes of providing you treatment, obtaining payment for your care and conducting health care operations. Hospice of Central PA is prohibited by regulation from the sale of your protected health information. Hospice has established policies to guard against unnecessary disclosure of your health information.

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

**To Provide Treatment.** Hospice may use your health information to coordinate care within Hospice and with others involved in your care, such as your attending physician, members of Hospice's interdisciplinary team and other health care professionals who have agreed to assist Hospice in coordinating care. For example, physicians involved in your care will need information about your symptoms in order to prescribe appropriate medications. Hospice also may disclose your health care information to individuals outside of Hospice involved in your care including your designated primary care person and legal representative(s), Power of Attorney (POA), other family members or caregivers involved in your treatment and care, clergy who you have designated, pharmacists, suppliers of medical equipment or other health care professionals.

**To Obtain Payment.** Hospice may include your health information on invoices to collect payment from third parties for the care you receive. For example, Hospice may be required by your health insurer to provide information regarding your health care status so that the insurer will reimburse you or Hospice. Hospice 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. Hospice of Central PA must honor requests by patients to restrict disclosures to health plans for purposes of carrying out payment or healthcare operations if the disclosure is not otherwise required by law and the protected health information relates solely to care, treatment and services for which the individual has paid Hospice of Central PA out of pocket in full.

**To Conduct Health Care Operations.** 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 include 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.

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- Training programs including those in which students, volunteers, board members, trainees or practitioners in health care learn under supervision.
- Training of non-health care professionals.
- Accreditation, certification, licensing or credentialing activities.
- Review and auditing, including compliance reviews, medical reviews, legal services and compliance programs.
- Business planning and development including cost management and planning related analyses and formulary development.
- Business management and general administrative activities of Hospice.
- Fundraising for the benefit of Hospice.
- Hospice may disclose your name, and your location in the Carolyn Croxton Slane Hospice Residence, if applicable, to people who ask for you by name.

For example, Hospice may use your health information to evaluate its staff performance, combine your health information with other Hospice patients in evaluating how to more effectively serve all Hospice patients, disclose your health information to Hospice staff and contracted personnel for training purposes, or use your health information to contact you as a reminder regarding a visit to you.

**For Fundraising Activities.** Hospice may use certain information including name, address, age, contact information and the dates you received care to contact your family in connection with future fund raising efforts. The money raised will be used to sustain and improve the services we provide to our patients, their families and the community. Hospice never sells or gives its lists of patients, families or donors to another organization or individual. If you or your family prefer not to be contacted for our fund raising efforts, please notify the Director of Development, Hospice of Central Pennsylvania, 1320 Linglestown Road, Harrisburg, PA 17110, (717) 732-1000 or e-mail [esavage@hospiceofcentralpa.org](mailto:esavage@hospiceofcentralpa.org).

**For Appointment Reminders.** Hospice may use and disclose your health information to contact you or your caregiver as a reminder that you have an appointment for a home visit.

**When Legally Required.** Hospice 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 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.

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- Notify an employer about an individual who is a member of the workforce as legally required.

**To Report Abuse, Neglect or Domestic Violence.** 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.

**To Conduct Health Oversight Activities.** 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. Hospice, 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 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 Hospice makes reasonable efforts to either notify you about the request or to obtain an order protecting your health information.

**For Law Enforcement Purposes.** 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 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 at Hospice.
- In an emergency in order to report a crime.

**To Coroners and Medical Examiners.** Hospice 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.

**To Funeral Directors.** Hospice 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, Hospice may disclose your health information prior to and in reasonable anticipation of your death.

**For Organ, Eye or Tissue Donation, Donation of Body to Science.** Hospice may use or disclose your health information to organ procurement organizations or other entities engaged in the procurement, banking or transplantation of organs, eyes, tissue or body for the purpose of facilitating the donation and transplantation.

**For Research Purposes.** Hospice may, under very select circumstances, use your health information for research. Before Hospice discloses 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 may, consistent with applicable law and ethical standards of conduct, disclose your health information if Hospice, in good faith, believes that such disclosure is

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necessary to prevent or lessen a serious and imminent threat to your health or safety or to the health and safety of the public.

**For Specified Government Functions.** 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, protective services for the President and others, 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**

Other than as 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 Hospice's 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 request that we restrict the information that we give to your health plans, or that we use for health care operations, we must honor this request if the items or services in question were paid for by you

alone. If they were not paid for by you alone, or if the health information is used for treatment purposes we do not have to honor your request. If you wish to make a request for restrictions, please call the office at (717) 732-1000 and ask to speak with the Privacy Officer.

**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 us at (717) 732-1000 and ask to speak with the Privacy Officer. 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. Hospice of Central PA utilizes an electronic health record system and must provide information you request in electronic format if that is your preference. If the requested format is not readily producible then the information will be provided in a mutually agreeable format. All requests for copies of the clinical record must be made in writing. You must tell us how to provide this information to you. Hospice of Central PA will not be responsible for the security of this medical information after we provide it to you.

Individuals with the right to request that Hospice of Central PA and its business associates provide a copy of their protected health information directly to a designated individual. This right applies to both paper and electronic information. Any such request must be in writing, signed by the individual, and must clearly identify the designated recipient and where the information should be sent. Reasonable verification procedures will be used by Hospice of Central PA to verify the identity and authority of the requesting individual prior to disclosing any information.

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Hospice of Central PA must provide access to all paper and electronic protected health information within 30 days of the request, with the option of a one-time 30-day extension. A request to inspect and copy records containing your health information may be made by calling 717-732-1000. Ask to speak with the Privacy Officer. If you request a copy of your health information, Hospice may charge a reasonable fee 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 your 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 Hospice of Central PA, 1320 Linglestown Road, Harrisburg, PA 17110, ATT: Privacy Officer. 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 of Central PA, if the records you are requesting are not part of Hospice of Central PA'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 Hospice, 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 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 Hospice of Central PA, 1320 Linglestown Road, Harrisburg, PA 17110, ATT: Privacy Officer. 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 will provide the first accounting you request during any 12-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 at any time even if you or your representative has received this Notice previously. To obtain a separate paper copy, please call 717-732-1000 and ask to speak with the Privacy Officer. You may also request additional copies of this Notice by e-mail at [hospiceofcentralpa.org](mailto:hospiceofcentralpa.org).

### **DUTIES OF HOSPICE**

Hospice 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. 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 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 appointed representative.

HIPAA protected health information privacy protections no longer apply to the information of individuals who have been deceased for more than 50 years. Hospice of Central PA has an obligation to comply with the requirements of the HIPAA Privacy Rule with respect to the protected health information of a deceased individual for 50 years following the individual's death.

Hospice of Central PA is permitted by regulation to disclose protected health information to a family member or other individual involved in a decedent's care or payment for such care, unless such a disclosure is inconsistent with a prior expressed preference of the decedent.

Notification of Breach: Hospice of Central PA is required to notify you if your protected health information becomes known to have been "breached". "Breach" is any impermissible acquisition, access, use or disclosure of protected health information under the Privacy Rule is a breach unless Hospice of Central PA or its business

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associates can demonstrate that there is a low probability that the protected health information has been compromised.

### **CONTACT PERSON**

You or your personal representative has the right to express complaints to Hospice and to the Secretary of the Department of Health and Human Services if you or your representative believes that your privacy rights have been violated. Any complaints should be made in writing to Hospice of Central PA, 1320 Linglestown Road, Harrisburg, PA 17110, ATT: Privacy Officer. 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.

Hospice 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 the Privacy Officer at Hospice of Central PA, 1320 Linglestown Road, Harrisburg, PA 17110, (717)-732-1000.

EFFECTIVE DATE: This Notice is effective April 14, 2003.

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REVISION DATE: This Notice was revised June 2013 to meet new requirements in effect September 2013.