

## Notice of Privacy Practices

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION AND HOW TO REPORT A COMPLAINT. PLEASE REVIEW IT CAREFULLY.**

Hospice of Central PA (HCP) 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*, 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. HCP is prohibited by regulation from the sale of your protected health information. HCP has established policies to guard against unnecessary disclosure of your health information.

### Our Commitment to Protecting your Privacy

HCP is required by law to:

- Ensure that your Protected Health Information (PHI) is kept private;
- Provide you with this Notice in explanation of our legal duties and privacy practices with respect to your PHI;
- Follow the terms of this Notice currently in effect;
- Notify you if we are unable to agree to a requested restriction; and
- Accommodate reasonable requests you may have to communicate PHI by alternative means or at alternative locations.

We reserve the right to change the terms of this Notice at any time. If we change this Notice, we may make the new notice terms effective for all PHI that we maintain, including any information created or received prior to issuing the new notice. You will be informed of any changes to the Notice and may obtain a new notice by contacting our Privacy Officer. The contact information for our Privacy Officer may be found at the end of this notice.

HIPAA PHI privacy protections no longer apply to the information of individuals who have been deceased for more than fifty (50) years. HCP has an obligation to comply with the requirements of the HIPAA Privacy Rule with respect to the PHI of a deceased individual for fifty (50) years following the individual's death.

HCP is permitted by regulation to disclose PHI 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.

HCP is required to notify you if your unsecured PHI becomes known to have been "breached". "Breach" is any impermissible acquisition, access, use or disclosure of unsecured PHI under the Privacy Rule unless HCP or its business associates can demonstrate that there is a low probability that the unsecured PHI has been compromise.

### How your Health Information may be Used or Disclosed

By law, your PHI must be disclosed to you unless it has been determined by a competent medical authority that it would be harmful to you. We must also disclose PHI to the Secretary of the U.S.

Department of Health and Human Services (“DHHS”) for investigations or determinations of our compliance with laws on the protection of your PHI.

The following examples describe different ways your PHI may be disclosed without obtaining your consent. The examples included within each category do not list every type of use or disclosure that may fall in that category.

**Treatment:** HCP may use your PHI to coordinate care within HCP and with others involved in your care, such as your attending physician, members of HCP’s interdisciplinary team and other health care professionals who have agreed to assist HCP in coordinating care. For example, physicians involved in your care will need information about your symptoms in order to [prescribe appropriate medications. HCP also may disclose your PHI to individuals outside of HCP 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.

**Payment:** HCP may include your PHI on invoices to collect payment from third parties for the care you receive. For example, HCP may be required by your health insurer to provide information regarding your health care status so that the insurer will reimburse you or HCP. HCP also may need to obtain prior approval from your insurer and may need to explain to the insurer your need for HCP care and the services that will be provided to you. HCP 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 PHI relates solely to care, treatment and services for which the individual has paid HCP out of pocket in full.

**Health Care Operations:** We may use and disclose your PHI in performing business activities, which are called healthcare operations. Healthcare operations include, but are not limited to, quality assessment activities, audits, investigations, inspections, oversight or staff performance reviews, training of medical students, licensing, communications regarding a product or service, and conducting or arranging for other health care related activities, such as to provide you with information about treatment alternatives or other health-related benefits and services. HCP, however, may not disclose your PHI if you are the subject of an investigation and your PHI is not directly related to your receipt of health care or public benefits.

**Judicial and Administrative Proceedings:** HCP may disclose your PHI in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal as expressly authorize by such order or in response to a subpoena, discovery request or other lawful process, but only when HCP makes reasonable efforts to either notify you about the request or to obtain an order protecting your PHI.

**Appointment Reminders:** We may use or disclose your PHI to contact you or your caregiver to provide appointment or home visit reminders.

**Specified Government Functions:** In certain circumstances, the Federal regulations authorize HCP to use or disclose your PHI 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.

## **Coroners, Medical Examiners, Funeral Directors and Organ Procurement**

**Organizations:** We may use or disclose your PHI to coroners, medical examiners or funeral directors for identification to determine the cause of death or for the performance of other duties authorized by law. We may also use or disclose your PHI to organ procurement organizations or other entities that handle organ, eye or tissue procurement, banking, or transplantation for the purpose of facilitating organ, eye or tissue donation and transplantations.

**Law Enforcement:** As permitted or required by State law, HCP may disclose your PHI to a law enforcement official for certain purposes as follows:

- As required by law for reporting of certain types of wounds or other physical injuries pursuant to a 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 HCP has a suspicion that your death was the result of criminal conduct including criminal conduct at HCP.
- In an emergency in order to report a crime.

HCP will disclose your PHI when it is required to do so by any Federal, State or Local law.

**Public Health:** We may use or disclose your PHI to a public health authority who is permitted by law to collect or receive the information. The disclosure may be necessary to do the following:

- Prevent or control disease, injury or disability;
- Report disease, injury, birth or death;
- Report child abuse or neglect;
- Report reactions to medications or problems with products;
- Notify a person who may have been exposed to a communicable disease in order to control who may be at risk of contracting or spreading a disease;
- Notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence; or
- To report to your employer, under limited circumstances, as required by law, information related primarily to workplace injuries or illness, or workplace medical surveillance.

We may also use or disclose your PHI if we, in good faith, believe 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.

**Abuse, Neglect or Domestic Violence:** HCP is allowed to notify government authorities if HCP believes a patient is the victim of abuse, neglect or domestic violence. HCP will make this disclosure only when specifically required or authorized by law or when the patient agrees to the disclosure.

**Disaster Relief:** We may use or disclose your PHI to emergency management services during any disaster so that any family can be notified about your condition and location.

**Food and Drug Administration (FDA):** We may use or disclose your PHI to the FDA relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs or replacement.

**Research Purposes:** We may, under very select circumstances, use your PHI for research when authorized by law. Before HCP discloses your PHI for such research purposes, the project will be subject to an extensive approval process.

**Parental Access:** Some state laws concerning minors permit or require disclosure of PHI to parents, guardians and persons acting in a similar legal status. We will act consistently with the law of the state where the treatment is provided and will make disclosure following such laws.

**Worker's Compensation:** We may use or disclose your PHI to the extent authorized by and to the extent necessary to comply with laws relating to worker's compensation or similar programs.

**Other Uses and Disclosures:** We will obtain your written authorization for uses and disclosures that are not identified by the Notice or permitted by applicable law. If you have authorized us to use or disclose PHI about you, you may revoke your authorization at any time, except to the extent we have taken action based on the authorization.

### **Your Rights with Respect to your Health Information**

You have the following rights regarding your health information that HCP maintains:

**Right to Request Restrictions:** You may request restrictions on certain uses and disclosures of your PHI. You have the right to request a limit on HCP's disclosure of your PHI to someone who is involved in your care or the payment of your care. However, HCP 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 PHI is used for treatment purposes we do not have to honor your request. If you wish to make a request for restrictions, please call HCP at (717) 732-1000 and ask to speak with the Privacy Officer.

**Right to Inspect and Copy Your Health Information:** You have the right to inspect and copy your PHI. This includes your medical and billing records, but does not include psychotherapy notes or information gathered or prepared for a civil, criminal or administrative proceeding. HCP 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. HCP will not be responsible for the security of this medical information after we provide it to you. HCP must provide access to all paper and electronic PHI within thirty (30) days of the request, with the option of a one-time 30-day extension. We may deny your request to inspect and copy your PHI only in limited circumstances. To inspect and copy your PHI, please contact our Privacy Officer by calling (717) 732-1000. If you request a copy of your PHI, we may charge you a reasonable fee for the copying, postage, labor and supplies used in meeting your request.

**Right to Receive Confidential Communications:** You have the right to request that HCP communicate with you in a certain way. For example, you may ask that HCP only conduct communications pertaining to your PHI 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. You do not need to give a reason for your request. We are required to accommodate reasonable requests.

**Right to Amend Health Care Information:** You have the right to request that we amend PHI about you if you believe it is incorrect or incomplete. You may request an amendment as long as such information is kept by or for our office. To make this type of request, you must submit your request in writing to our Privacy Officer. You must also give us a reason for your request. We may deny your request in certain cases (including if it is not in writing or if you do not give us a reason for the request). The request also may be denied if your PHI records were not created by HCP, if the records you are requesting are not part of HCP's records, if the PHI you wish to amend is not part of the PHI you or your representative are permitted to inspect and copy, or if, in the opinion of HCP, the records containing your PHI are accurate and complete.

**Right to a Paper Copy of This Notice:** You have a right to receive a paper copy of this Notice at any time. You are entitled to a paper copy of this Notice even if you have previously agreed to receive this Notice electronically. To obtain a paper copy of this Notice, please contact our Privacy Officer.

**Right to an Accounting of Disclosures:** You have the right to request an accounting of disclosures of your PHI made by HCP for certain reasons, including reasons related to public purposes authorized by law and certain research. If you wish to request this accounting, please submit your request in writing to our Privacy Officer. The request should specify the time period for the accounting starting on or after April 14, 2003. Accounting request may not be made for periods of time in excess of six (6) years. The first list you request in a twelve (12) month period is free of charge, but we may charge you for additional lists within the same twelve (12) month period. We will notify you of the costs involved with additional requests, and you may withdraw your request before you incur any costs.

### **For More Information or to Report a Problem**

If you have any questions or if you would like additional information, you may contact our Privacy Officer at (717) 732-1000 or 1-866-779-7374. HCP encourages you to express any concerns you may have regarding the privacy of your information. If you believe your privacy rights have been violated, you may file a written complaint with our Privacy Officer and/or to the Secretary of the Department of Health and Human Services. **You will not be retaliated against in any way for filing a complaint.**

ATTN: Privacy Officer, Hospice of Central PA  
1320 Linglestown Rd, Harrisburg, PA 17110

This notice is effective April 14, 2003

Revised January 2019