



## HOSPICE OF SIOUXLAND 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.**

We are required by law to maintain the privacy of your health information and to give you our Notice of Privacy Practices that describes our privacy practices, legal duties and your rights concerning your medical information. Your health information includes your individually identifiable medical, insurance, demographic and medical payment information. For example, it includes information about your address, diagnosis, medications, insurance, and policy or social security number.

### **USE AND DISCLOSURE OF HEALTH INFORMATION**

**Hospice of Siouland** may use or disclose your health information for providing you treatment, obtaining payment for your care and conducting health care operations without your permission. Hospice of Siouland 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 WITHOUT YOUR PERMISSION:**

**To Provide Treatment.** Hospice of Siouland may use and disclose your health information to coordinate care within 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 Hospice in coordinating care. For example, physicians involved in your care will need information about your symptoms in order to prescribe appropriate medications. Hospice of Siouland also may disclose your health care information to individuals outside of Hospice involved in your care including family members, clergy, pharmacists, suppliers of medical equipment or other health care professionals/ organizations.

**To Obtain Payment.** Hospice of Siouland may include your health information in invoices to collect payment from third parties for the care you receive from Hospice. 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.

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**To Conduct Health Care Operations.** Hospice of Siouxland 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:

- Quality assessment and improvement activities.
- Activities designed to improve health 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.
- 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.
- Activities to advance Hospice care such as fundraising and promotion of Hospice services

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, use your health information to contact you as a reminder regarding a visit to you, or contact you as part of general fundraising and community information mailings (unless you tell us you do not want to be contacted).

**For Fundraising Activities.** Hospice may use information about you including your name, address, phone number and the dates you received care in order to contact you or your family for charitable giving to Hospice. You are free to opt out of fundraising solicitation and your decision will have no impact on your treatment or payment for services. If you do not want Hospice of Siouxland to contact you or your family, notify the Hospice Quality and Compliance Manager at (712) 233-4144 and indicate that you do not wish to be contacted.

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**To Arrange Needed Community Resources.** Hospice of Siouxland may disclose your health information to arrange services for you from other community agencies that you have agreed to, such as Meals on Wheels or Aging Services, etc.

**For Treatment Alternatives.** Hospice of Siouxland may use and disclose your health information to obtain information about 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.**

**When Legally Required.** Hospice of Siouxland 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 Siouxland 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.

**To Report Abuse, Neglect Or Domestic Violence.** Hospice of Siouxland is required 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 requests the disclosure.

**To Conduct Health Oversight Activities.** Hospice of Siouxland may disclose your health information to a health oversight hospice for activities including audits, civil administrative or criminal investigations, inspections, licensure or disciplinary action. However, Hospice, 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.

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**In Connection With Judicial And Administrative Proceedings.** Hospice of Siouxland 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 of Siouxland 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
- In response 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 Hospice has a suspicion that your death was the result of criminal conduct.
- In an emergency in order to report a crime.

**To Coroners And Medical Examiners.** Hospice of Siouxland 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 of Siouxland 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.

**Deceased Individuals.** Following your death, we may disclose health information to a personal representative (for example, the executor of your estate), and unless you have expressed a contrary preference, we may also release your health information to a family member or other person who acted as a personal representative or was involved in your care or payment before your death, if the health information is relevant to such person's involvement in your care or payment for your care. We are required to apply safeguards to protect your health information for 50 years following your death.

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**For Organ, Eye Or Tissue Donation.** Hospice of Siouxland 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 Siouxland may, under very select circumstances, use and disclose 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 of Siouxland may, consistent with applicable law and ethical standards of conduct, disclose your health information if Hospice, 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.

**For Specified Government Functions.** In certain circumstances, the Federal regulations authorize Hospice of Siouxland 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 of Siouxland may release your health information for worker's compensation or similar programs.

**Health Information Exchange.** We participate in one or more electronic health information exchanges, which permits us to exchange health information about you with participating providers, (for example, hospitals and nursing facilities) and their business associates. In all cases, the provider must verify that they have had a treatment relationship with you, and, if required by law, we will ask the provider to obtain your consent before accessing your health information through the health information exchange.

### **AUTHORIZATION TO USE OR DISCLOSE HEALTH INFORMATION**

Other than what is stated above, Hospice of Siouxland will not disclose your health information other than with your written authorization. A written authorization is required for most uses and disclosures of psychotherapy notes, uses and disclosures of protected health information for marketing purposes and disclosures that constitute a sale of protected health information. If you or your representative authorizes Hospice of Siouxland to use or disclose your health information, you may revoke that authorization in writing at any time. Your revocation will not be effective for uses and disclosures made in reliance on your prior authorization.

# HOSPICE OF SIOUXLAND NOTICE OF PRIVACY PRACTICES

## YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION

You have the following rights regarding your health information that Hospice of Siouxland 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. We are required to agree to your request that we not disclose certain health information to your health plan for payment or health care operations if (1) you pay out-of-pocket in full for all expenses related to the service at the time of service or within timeframes specified in our policies and (2) the disclosure is not otherwise required by law. Such a restriction will apply only to records that relate solely to the service for which you have paid in full. If we later receive an authorization from you dated after the date of your requested restriction which authorizes us to disclose all of your records to your health plan, we will assume you have withdrawn your request for restriction. If you wish to make a request for restrictions, please contact the Quality and Compliance Manager at: (712) 233-4144.
- **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 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 Quality and Compliance Manager at (712) 233-4144. 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 as long as Hospice maintains it except when it is prohibited or protected by law. If we maintain the information electronically and you ask for an electronic copy, we will provide the information to you in the form and format that you requested, assuming it is readily producible. If we cannot readily produce the record in the form and format you request, we will produce it in another readable form we agree to. You may request that Hospice provide a copy of your protected health information directly to an individual designated by you. A request to inspect and copy records containing your protected health information must be made in writing. Information regarding requests for records may be made to the Quality and Compliance Manager at (712) 233-4144. Hospice will verify the identity and authority of the individual making the request. Hospice may charge a reasonable fee for copying, assembling and mailing costs associated with your request. Hospice will provide access to your records

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within 30 days of your request with the option of a one-time 30 day extension.

- **Right to amend health care information.** You or your representative has the right to request that Hospice of Siouxland 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: Quality and Compliance Manager, 4300 Hamilton Blvd., Sioux City, IA. 51104. 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 Siouxland, if the records you are requesting are not part of 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 Hospice, the records containing your health information are accurate and complete.
- **Right to an accounting.** You or your representative has the right to request an accounting of disclosures of your health information except for the following disclosures: 1) to carry out treatment, payment or health care operations, 2) to you or by you in writing, 3) to persons involved in your care, 4) for national security or intelligence purposes, 5) to correctional institutions or law enforcement officials or 6) that occurred prior to April 14, 2003. The request for an accounting must be made in writing to: Quality and Compliance Manager, Hospice of Siouxland, 4300 Hamilton Blvd., Sioux City, IA. 51104. You must include the time period of the accounting, which may not be longer than six years. Hospice will respond to your request within 60 days from its receipt. 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 be notified following a data breach.** You or your representative has the right to receive notice of an access, acquisition, use or disclosure of your health information that is not permitted by HIPAA, if this compromises the security or privacy of your PHI. We will provide such notice to you without unreasonable delay but in no case later than 60 days after we discover the breach.
- **Right to pay out of pocket for Hospice Services.** You or your representative has the right to pay out of pocket for your Hospice services and require that Hospice not submit a claim to insurance for the services.
- **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 contact: Quality and Compliance Manager at (712 233-4144). *The patient or a patient's representative may also obtain a copy of the current version of the Hospice's Notice of Privacy Practices at its website, <http://www.hospiceofsiouxland.org>.*

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## **DUTIES OF HOSPICE**

Hospice of Siouxland 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 currently in effect. The Notice 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. Before we make such changes effective, we will post the revised Notice at our Hospice locations, where copies will also be available. The revised Notice will also be posted on our website at <http://www.hospiceofsiouxland.org>. You or your personal representative has the right to express concerns to Hospice and to the Secretary of Department of Health and Human Services (DHHS) if you or your representative believes that your privacy rights have been violated. Any concerns to Hospice should be made in writing to: Quality and Compliance Manager, 4300 Hamilton Blvd., Sioux City, IA. 51104. 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 concern.

## **CONTACT PERSON**

Hospice of Siouxland has designated the Quality and Compliance Manager as its contact person for all issues regarding patient privacy and your rights under the Federal privacy standards. You may contact this person at Hospice of Siouxland, 4300 Hamilton Blvd., Sioux City, IA. 51104. Phone: (712) 233-4144.

## **EFFECTIVE DATE**

This Notice is effective September 23, 2013.

IF YOU HAVE ANY QUESTIONS REGARDING THIS NOTICE, PLEASE CONTACT:

**Quality and Compliance Manager  
Hospice of Siouxland  
4300 Hamilton Blvd.  
Sioux City, IA 51104  
Phone: (712) 233-4144**