

## **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.**

If you have any questions about this notice, please contact the Privacy Officer at (530)272-5739, Hospice of the Foothills (HoF), 11270 Rough & Ready Highway, Grass Valley, CA 95945.

### **WHO WILL FOLLOW THIS NOTICE**

This notice describes our practices and those of:

- Any health care professional authorized to enter information into your medical chart
- All departments and services within Hospice of the Foothills
- Any member of a volunteer group we allow to help you while you are a patient
- All employees, staff and other personnel

### **OUR PLEDGE REGARDING MEDICAL INFORMATION**

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive while in our care. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by HoF or the Compassionate Care Home, whether made by hospice personnel or your personal doctor. Your personal doctor may have different policies or notices regarding the doctor's use and disclosure of your medical information created in the doctor's office or clinic.

This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

We are required by law to:

- Make sure that medical information that identifies you is kept private (with certain exceptions);
- Give you this notice of our legal duties and privacy practices with respect to medical information about you; and
- Follow the terms of the notice that is currently in effect.

### **HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU**

The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use of disclosure in a category will fall within one of the categories.

#### **For Treatment**

We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, volunteers or other personnel who are involved in taking care of you while a patient of HoF or our Compassionate Care Home. For example, while providing the palliative care associated with your care, it may be necessary to know about any special medications you are taking, known allergies, etc. Different departments within our organization may also share medical information about you in order to coordinate the different things you need, such as prescriptions,

of HoF who may be involved in your care, both in your home and in other facilities such as skilled nursing facilities, residential care facilities or other health agencies.

### **For Payment**

We may use and disclose medical information about you so that the treatment and services you receive from us may be billed to and payment collected from an insurance company or third party, if appropriate.

### **For Health Care Operations**

We may use and disclose medical information about you for health care operations. These uses and disclosures are necessary to the operations of HoF and make sure that all of our patients receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine medical information about many patients to decide what additional services we should offer, what services are not needed, and whether certain treatments are effective. We may also disclose information to doctors, nurses and other personnel for review and learning purposes. We may also combine the medical information we have with medical information from other like organizations to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning who the specific patients are.

### **Fundraising Activities**

We may use medical information about you to contact you or your family in an effort to raise money for HoF and its operations. We may disclose medical information to Friends of Hospice, an auxiliary of HoF, which holds fundraising activities on our behalf. **We would only release contact information, such as name, address, phone number.** At no time will any personal information about you or your medical condition be released. If you do not want HoF to contact you for fundraising efforts, you must notify the Privacy Officer in writing at 11270 Rough and Ready Highway, Grass Valley, CA 95945.

### **Individuals Involved in Your Care or Payment for Your Care**

We may release medical information about you to a friend or family member who is involved in your medical care. We may also give information to someone who may be involved in payment for your care, such as an insurance agency. In addition, we may disclose medical information about you to an entity assisting in disaster relief efforts so that your family can be notified about your condition, status and location.

### **As Required by Law**

We will disclose medical information about you when required to do so by federal, state or local law.

### **To Avert a Serious Threat to Health and Safety**

We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to prevent the threat.

## **SPECIAL SITUATIONS**

### **Organ and Tissue Donation**

We may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation. This information would only be disclosed if you had designated yourself as an organ donor.

### **Military and Veterans**

If you are/were a member of the armed forces, we may release medical information about you as required by military command authorities, or as required by the Department of Veterans Affairs.

### **Public Health Risks**

We may disclose medical information about you for public health activities. These activities generally include the following.

- to prevent or control disease, injury or disability;
- to report births and deaths;
- to report the abuse or neglect of children, elders and dependent adults;
- to report reactions to medications or problems with products;
- to notify people of recalls of products they may be using;
- to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

### **Health Oversight Activities**

We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example: audits, investigations, inspections and licensure. These activities are necessary for the government to monitor health care systems, government programs and compliance programs.

### **Lawsuits and Disputes**

If you are involved in a lawsuit of dispute, we may disclose medical information about you in response to a court administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request (which may include written notice to you) or to obtain an order protecting the information requested.

### **Law Enforcement**

We may release medical information if asked to do so by a law enforcement official:

- In response to a court order, subpoena, warrant, summons or similar process
- To identify or locate a suspect, fugitive, material witness or missing person
- About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement
- About a death we believe may be the result of criminal conduct
- About criminal conduct at hospice
- In emergency circumstances to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.

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

We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or to determine the cause of death. We may also release medical information about patients of hospice to funeral directors as necessary to carry out their duties.

### **National Security and Intelligence Activities**

We may release medical information about you to authorized federal officials for intelligence, counter-intelligence, and other national security activities as authorized by law.

### **Protective Services for the President and Others**

We may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state to conduct special investigations.

### **Inmates/Correctional Institutions**

If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others or (3) for the safety and security of the correctional institution.

## **YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU**

You have the following rights regarding medical information we maintain about you.

### **Right to Inspect and Copy**

You have the right to inspect and copy medical information that may be used to make decisions about your care. Usually, this includes medical and billing records, but may not include some mental health information.

To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to the Privacy Officer, 11270 Rough & Ready Highway, Grass Valley, CA 95945. If you request a copy of the information, we may charge a fee for the cost of copying, mailing or other supplies associated with your request. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by HoF will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

### **Right to Amend**

If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for HoF. To request an amendment, your request must be made in writing and submitted to the Privacy Officer, 11270 Rough & Ready Highway, Grass Valley, CA 95945.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment
- Is not part of the medical information kept by or for HoF
- Is not part of the information which you would be permitted to inspect and copy

- Is accurate and complete.

Even if we deny your request for amendment, you have the right to submit a written addendum, not to exceed 250 words, with respect to any item or statement in your record you believe is incomplete or incorrect. If you clearly indicate in writing that you want the addendum to be made part of your medical record we will attach it to your record and include it whenever we make a disclosure of the item or statement you believe to be incomplete or incorrect.

### **Right to an Accounting of Disclosures**

You have the right to request an “accounting of disclosures.” This is a list of the disclosures we made of medical information about you other than our own uses for treatment, payment and health care operations, (as those functions are described above) and with other expectations pursuant to the law.

To request this list or accounting of disclosures, you must submit your request in writing to the Privacy Officer, 11270 Rough & Ready Highway, Grass Valley, CA 95945. Your request must state a time period which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example on paper, electronically). The first list you request within a 12 month period will be free. For additional lists we may charge you the cost of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

### **Right to Request Restrictions**

You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment of your care, like a family member or friend. For example, you could ask that we not disclose information about a procedure you had. **We are not required to agree with your request.** If we do agree, we will comply with your request unless the information is needed for emergency treatment. To request restrictions, you must make your request in writing to the Privacy Officer, 11270 Rough & Ready Highway, Grass Valley, CA 95945. In your request, you must tell us (1) what information you want to limit, (2) whether you want to limit our use, disclosure or both, and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

### **Right to Request Confidential Communications**

You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at your home or only by mail.

To request confidential communications, you must make your request in writing to the Privacy Officer, 11270 Rough & Ready Highway, Grass Valley, CA 95945. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

### **Right to a Paper Copy of this Notice**

You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

You may obtain a copy of this notice at our website: [www.hospiceofthefoothills.org](http://www.hospiceofthefoothills.org).

## **CHANGES TO THIS NOTICE**

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in the HoF office. The notice will contain, on the first page, in the top right-hand corner, the effective date.

## **COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with HoF or with the Secretary of the Department of Health and Human Services. To file a complaint with hospice, contact the Privacy Officer at (530) 272-5739, 11270 Rough & Ready Highway, Grass Valley, CA 95945. All complaints must be submitted in writing.

**You will not be penalized for filing a complaint.**

## **OTHER USES OF MEDICAL INFORMATION**

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, this will stop any further use or disclosure of your medical information for the purposes covered by your written authorization, except if we have already acted in reliance on your permission. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.