

HOSPICE OF LENAWEЕ
1903 Wolf Creek Hwy
Adrian, Michigan 49221
(517) 263-2323

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 Lenawee (HOL) may use your health information for purposes of providing you treatment, obtaining payment for your care and conducting health care operations. Hospice of Lenawee has established policies to guard against unnecessary disclosure of your health information. Business Associates who perform functions on behalf of HOL and use your protected health information are also required to comply with privacy regulations

The following is a summary of the circumstances under which and purposes for which your health information may be used and disclosed:

To Provide Treatment: HOL may use your health information to coordinate care with the HOL interdisciplinary team and with others involved in your care, such as your physician, and other health care professionals providing your care. For example, physicians involved in your care will need information about your symptoms in order to prescribe appropriate medications. HOL also may disclose your health care information to individuals outside of HOL involved in your care including family members, clergy whom you have designated; pharmacists, suppliers of medical equipment or other health care professionals that HOL uses to coordinate your care.

To Obtain Payment: HOL may include your health information in invoices to collect payment from third parties for the care you receive from Hospice of Lenawee. For example, HOL may be required by your health insurer to provide information regarding your health care status so that the insurer will reimburse you or HOL. HOL also may need to obtain prior approval for hospice care and may need to explain to the insurer your need for hospice care and the services that will be provided to you.

To Conduct Health Care Operations: HOL may use and disclose health information for its own operations in order to facilitate the function of HOL and as necessary to provide quality care to all of HOL patients. Health care operations include 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.
- 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.
- 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 analysis and formulary development.
- Business management and general administrative activities of Hospice of Lenawee.

For Fundraising Activities: HOL may use information about you including your name, address, and the dates you received care at HOL in order to send you and/or your family Hospice Newsletters, Satisfaction Surveys, bereavement information, acknowledgement of memorial donations, invitations to annual memorial services and fundraising materials. If you do not want HOL to contact you or your family, notify the Hospice Privacy Official and indicate that you do not wish to be contacted.

The following is a summary of the circumstances under which Federal privacy rules allow Hospice of Lenawee to use or disclose your health information without your consent or authorization.

When Legally Required: HOL 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: HOL may disclose your health information for public activities and purposes in order to:

- Prevent, control, or report disease, injury or disability, report vital events such as death and to conduct 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: HOL is allowed to notify government authorities if a staff member believes a patient is the victim of abuse, neglect or domestic violence. HOL 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: HOL may disclose your health information to a health oversight agency for activities including audits, civil, administrative or criminal investigations, inspections, licensure or disciplinary action. HOL, 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: HOL 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 HOL makes reasonable efforts to either notify you about the request or to obtain an order protecting your health information.

For Law Enforcement Purposes: HOL 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 circumstance, when you are the victim of a crime.
- To a law enforcement official if HOL has a suspicion that your death was the result of criminal conduct including criminal conduct at HOL.
- In an emergency in order to report a crime.

To Coroners and Medical Examiners: HOL 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: HOL 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, HOL may disclose your health information prior to and in reasonable anticipation of your death.

For Organ, Eye or Tissue Donation: HOL 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: HOL may, under very select circumstances, use your health information for research. Before HOL discloses any of your health information for such research purposes, the project will be subject to an extensive approval process. HOL will ask your permission if any researcher will be granted access to your identifiable health information.

In the Event of a Serious Threat to Health or Safety: HOL may, consistent with applicable law and ethical standards of conduct, disclose your health information if HOL, 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 Lenawee 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: HOL may release your health information for worker's compensation or similar programs.

AUTHORIZATION TO USE OR DISCLOSE HEALTH INFORMATION

Other than as stated above, HOL will not disclose your health information other than with your written authorization. If you or your representative authorizes HOL 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

Federal law guarantees specific rights regarding protected health information to all patients. Please speak with your Hospice Nurse, Social Worker or the Hospice Privacy Officer to exercise the following rights:

- **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 HOL's disclosure of your health information to someone who is involved in your care or the payment of your care. This includes restriction to disclosures made to your health plan if you pay for hospice services out of pocket in full. Hospice will honor your restrictions if possible, or will reach an alternative solution agreeable to both you and HOL.
- **Right to receive confidential communications.** You have the right to request that HOL communicate with you in a certain way. For example, you may ask that HOL only conduct communications pertaining to your health information with you privately with no other family members present. Hospice of Lenawee will not request that you provide any reasons for your request and will attempt to honor your reasonable requests for confidential communications.
- **Right to view and obtain a copy of your health information.** You have the right to view and obtain a copy of your health information, including billing records. Electronic health records may be requested in an electronic format. If HOL is unable to fulfill this request, copies will be provided in a format agreeable to you and HOL. The request must be made in writing, signed by you or your

representative and clearly identify the designated recipient and where the record is to be sent. HOL may charge a reasonable fee for copying and assembling costs associated with your request.

- **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 HOL amend the records. A request for an amendment of records must be made in writing to the Hospice of Lenawee Privacy Official. HOL may deny the request if it is not in writing and does not include a reason for the amendment. The request also may be denied if your health information records were not created by HOL, or if, in the opinion of HOL, 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 HOL for any reason other than for treatment, payment or health operation. The request for an accounting must be made in writing to Hospice of Lenawee. 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. HOL would provide the first accounting you request during any 12-month period with out 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. A copy of the current version of the Notice of Privacy Practices may also be obtained at Hospice of Lenawee's web site at www.hospicelenawee.org.
- **Right to express complaints about violations of your privacy rights.** Please inform HOL in writing if you believe your protected health information was used or disclosed improperly. Our Privacy Officer will promptly investigate your concerns. You may also contact the Department of Health and Human Services to register a complaint. If you need help with putting your complaint in writing please contact HOL. Your hospice care will not be negatively affected in any way for filing a complaint.
- **Right to be notified when your health information is used or disclosed improperly.** If HOL discovers that your protected health information was not properly secured and was used or disclosed inappropriately, you will be immediately notified in writing.

DUTIES OF HOSPICE OF LENAWEE

HOL 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. HOL is required to abide by the terms of this Notice. HOL reserves the right to change the terms of its Notice as required by Federal Law and Hospice policies. If HOL changes its Notice, we will provide a copy to all active patients or representatives

CONTACT PERSON

Please address your questions and privacy concerns to the Hospice Privacy Officer, Hospice of Lenawee, 1903 Wolf Creek Hwy, Adrian, Michigan 49221, phone 517-263-2323. IF YOU HAVE ANY QUESTIONS REGARDING THIS NOTICE PLEASE CONTACT US.

EFFECTIVE DATE: This Notice is effective April 14, 2003.
Revised: September 23, 2013.