

**HOSPICE & PALLIATIVE CARE OF THE PIEDMONT
NOTICE OF PRIVACY PRACTICES
HOSPICE AND HOME HEALTH**

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 & Palliative Care of the Piedmont; and its affiliated programs hereafter (referred to as "the organization") may use your health 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 1998, for purposes of providing you treatment, obtaining payment for your care and conducting health care operations. The organization has established policies to guard against unnecessary disclosure of your health information.

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

To Provide Treatment: The organization may use your health information to coordinate care within the organization and with others involved in your care, such as your attending physician, members of the interdisciplinary team and other health care professionals who have agreed to assist the organization in coordinating care. The organization also may disclose your health information to individuals outside of the organization involved in your care including family members, clergy whom you have designated, physicians, long term care facilities, assisted living facilities, pharmacists, suppliers of medical equipment, social service agencies, government agencies or other health care professionals that the organization uses in order to coordinate your care.

To Obtain Payment: The organization may include your health information in invoices to collect payment from third parties for the care you may receive from the organization. The organization also may need to obtain prior approval from you insurer and may need to explain to the insurer your need for the care and services that will be provided to you.

To Conduct Health Care Operations: The organization may use and disclose health care information for its own operations in order to facilitate the function of the organization and as necessary to provide quality care to all patients. Health care operations include activities such as but not limited to:

Quality assessment and improvement activities:

- Activities designed to improve health or reduce health care costs.
- 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, health care and non-health care learn under supervision.
- Accreditation, certification, licensing or credentialing activities.
- Review and auditing, including compliance reviews, medical reviews, legal services and compliance programs.
- Business management and general administrative activities of the organization.
- Fundraising for the benefit of the organization and certain marketing activities.

For Fundraising Activities: The organization 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 to raise money for the organization. If you do not want the organization to contact you or your family, notify the Privacy Officer and indicate you do not wish to be contacted.

THE FOLLOWING IS A SUMMARY OF THE CIRCUMSTANCES UNDER WHICH YOUR HEALTH INFORMATION MAY ALSO BE USED AND DISCLOSED.

When Legally Required: The organization 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: The organization 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.
- To 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.
- To notify a person who has been exposed to a communicable disease or who may be at risk of contracting or spreading a disease.
- To an employer about an individual who is a member of the workforce as legally required.

To report Abuse, Neglect of Domestic Violence: The organization is allowed to notify government authorities if the organization believes a patient is the victim of abuse, neglect or domestic violence. The organization 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: The organization may disclose your health information to a health oversight agency for activities including audits, civil administrative or criminal investigations, inspections, licensure or disciplinary action. Whereby your health information is directly related to your receipt of health care or public benefits.

In Connection with Judicial and Administrative Proceedings: The organization 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 the organization makes reasonable efforts to either notify you about the request or to obtain an order protecting your health information.

For Law Enforcement Purposes: The organization 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 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 the organization 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: The organization may disclose your health information to coroners and medical examiners as authorized by law.

To Funeral Directors: The organization 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.

For Organ, Eye or Tissue Donation: The organization 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 transportation.

For Research Purposes: The organization may, under very select circumstances, use your health information for research. The organization will ask your permission if any researcher will be granted access to your individually identifiable health information.

In the Event of a Serious Threat To Health or Safety: The organization may, consistent with applicable law and ethical standards of conduct, disclose your health information if the organization 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 the organization to use or disclose your health information to facilitate specified government functions.

For Worker's Compensation: The organization may release your health information for worker's compensation or similar programs.

AUTHORIZATION TO USE OR DISCLOSE HEALTH INFORMATION

Other than is stated above, the organization will not disclose your health information other than with your written authorization. If you or your representative authorizes the organization 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 the organization maintains:

1. **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 the organization's disclosure of your health information to someone who is involved in your care or the payment of your care. However, the organization is not required to agree to your request. If you wish to make a request for restrictions, please contact the organization at 864-227-9393 and ask for the Privacy Officer.
2. **Right to receive confidential communications:** You have the right to request that the organization communicate with you in a certain way. If you wish to receive confidential communications, please contact the organization and ask for the Privacy Officer. The Hospice will not request that you provide any reasons for your request and will attempt to honor your reasonable requests for confidential communications.
3. **Right to inspect and copy your health information:** You have the right to inspect and copy your health information, including records. A request to inspect and copy records containing your health information may be made to Privacy Officer at 408 West Alexander Avenue, Greenwood, SC 29646. If you request a copy of your health information, the organization may charge a reasonable fee for copying and assembling costs associated with your request.
4. **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 the organization amend the records. That request may be made as long as the information is maintained by the organization. A Request for an amendment of records must be made in writing to the Privacy Officer. The organization 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 the organization, if the records you are requesting are not part of the organization'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 the organization the records containing your health information are accurate and complete.
5. **Right to an accounting.** You or your representative have the right to request an accounting of disclosures of your health information made by the organization for any reason other than for treatment, payment or health operations. The request for an accounting must be made in writing to the Privacy Officer.
6. **Right to paper copy of this notice.** You or your representative have a right to a separate paper copy of this Notice at any time even if you or your representative have received this Notice previously. To obtain a separate paper copy, please contact the Privacy Officer. (The patient or representative may also obtain a copy of the current version of the organization's Notice of privacy practices at its website, www.hospicepedmont.org.)

Duties of "the Organization":

This organization 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. The organization is required to abide by terms of this Notice as may be amended from time to time. You or your personal representative have the right to express complaints to the organization and to the Secretary of Health and Human Services if you or your representative believes that your privacy rights have been violated. Any complaints to the organization should be made in writing to the Privacy Officer. The organization 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.

Contact Person

The organization's contact person for all issues regarding patient privacy and your rights under the Federal privacy standards is:

Nancy B. Corley	408 West Alexander Avenue
CEO	Greenwood, SC 29646
Privacy Officer	Phone: (864) 227-9393

Effective Date

This Notice is effective April 14, 2003.

Revised April 10, 2018

IF YOU HAVE ANY QUESTIONS REGARDING THIS NOTICE, PLEASE CONTACT THE ABOVE CONTACT PERSON.