

NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION

“THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.”

PLEASE READ CAREFULLY

Protected Information:

While receiving care from **Mt Rose Health Center Palliative Care and Hospice** information regarding your medical history, treatment and payment for your health care may be originated and/or received by us. Information which can be used to identify you and which related to your past, present or future medical condition, receipt of health care payment for health care (“Protected Health Information”).

Our Responsibilities:

Federal law (Health Insurance Portability and Accountability Act of 1996) imposes certain obligations and duties upon us as a covered health care provided with respect to your Protected Information. Specifically, we are required to:

- Provide you with notice of our legal duties and our policies regarding the use and disclosure of your Protected Information;
- Maintain the confidentiality of your Protected Information in accordance with state and federal law;
- Honor your requested restrictions regarding the use and disclose of your Protected Information unless under the law we are authorized to release your Protected Information without your authorization, in which case you will be notified within a reasonable period of time;
- Allow you to inspect and copy your Protected Information during our regular business hours;
- Act on your request to amend Protected Information within sixty (60) days and notify you of any delay which would require us to extend the deadline by the permitted thirty (30) day extension;
- Accommodate reasonable requests to communicate Protected Information by alternative means or methods; and
- Abide by terms of this notice.

How Your Protected Information May be Used and Disclosed:

Generally, your Protected Information may be used and disclosed by us only with your express written authorization. However, there are some exceptions to this general rule.

Care Coordination Purposes:

We may use or disclose your Protected Information for treatment purposes. During your care with **Mt Rose Health Center Palliative Care and Hospice** it may be necessary for various personnel involved in your care to have access to your Protected Information in order to provide you with quality care. For example, pharmacists, suppliers for medical equipment or other health professionals that **Mt Rose Health Center Palliative Care and Hospice** uses in order to coordinate your care.

Payment Purposes:

Your Protected Information may also be used or disclosed for payment purposes. It is necessary for us to use or disclose Protected Information so that treatment and services provided by us may be billed and collected from you, your insurance company or other third party payer. It may also be necessary to release Protected Information to another health care

provided or individual entity, covered by the HIPAA privacy regulations, which has a relationship with you for their payment activities.

Health Care Operations:

Your Protected Information may also be used for health care operations, which are necessary to ensure the provider gives the highest quality of care. For example, your Protected Information may be used for quality assurance or risk management purposes. We may at time remove information which could identify you from your record so as to prevent others from learning who the specific patients are. In addition, we may release your Protected Information to another individual or entity covered by the HIPAA privacy regulations that has relationship with you for their fraud and abuse detection or compliance purposes, quality assessment and improvement activities, or review, evaluation or training of health care professionals or students.

Notification and Communications to Individuals Involved in Your Case:

Unless you have informed us otherwise, your Protected Information may be used or disclosed by us to notify or assist in notifying a family member or other person responsible for your care. In most cases, Protected Information disclosed for notification purposes will be limited to your name, location and general condition. In addition, unless you have informed us otherwise, Protected Information may be released to a family member, relative or close personal friend who is involved in your care to the extent necessary for them to participate in your care in the even you wish for any of these uses or disclosures to be limited, please contact the provider's personnel.

Disaster Relief:

We may disclose your Protected Information to an organization assisting in disaster relief efforts; however, we will first ask your permission to disclose such information if possible. If seeking your permission is not feasible, we will disclose the information if in our professional judgment we determine the disclosure is in your best interest or that you would not have objected to the disclosure.

Research Purposes:

In some instances, your Protected Information may be used or disclosed for research purposes. All research projects which use Protected Information are subject to a special approval process which will, among other things, evaluate the precautions used to protect patient medical information. In many cases, information which identified you as the patient will be removed. At the present time, **Mt Rose Health Center Palliative Care and Hospice** does not engage in any medical research.

Special Circumstances:

Situations may arise which warrant us to use or disclose Protected Information without your consent or authorization. The law specifically allows us to use or disclose Protected Information without your consent or authorization in the following special circumstances:

❖ Public Health Activities

We are allowed to use or disclose your Protected Information for public health activities and purposes. Examples of public health activities which would warrant the use or disclosure of your Protected Information include:

- Preventing or controlling disease, injury, or disability;
- Reporting births or deaths;
- Reporting the abuse or neglect of a child or dependent adult;
- Reporting reactions to medications or problems with products;
- Notifying individuals exposed to a disease that may be at risk for contacting or spreading the disease.

❖ **Health Oversight Activities**

Your Protected Information may be used or disclosed to a health oversight agency for activities authorized by law. Examples of health oversight activities include audits, investigations, inspections, or judicial/administrative proceeding, which you are not the subject of. In most cases, the oversight activity will be for the purpose of overseeing the care rendered by **Mt Rose Health Center Palliative Care and Hospice** or our agency's compliance with certain laws and regulations.

❖ **Judicial and Administrative Proceedings**

If you are involved in a lawsuit or other administrative proceeding, we may release your protected information in response to a court or administrative order requesting the release. In some instances, we may also release Protected Information pursuant to a subpoena or discovery request but only if efforts have been made by the requestor to provide you with notice of the request and you have failed to object or the objection was resolved in favor of disclosure, or in the alternative, the requestor has obtained a protective order protecting the requested information

❖ **Victims of Abuse or Neglect**

Other than child and dependent adult abuse which is covered under public health activities, we may use or disclose your protected information to protective services or social services agency or other similar government authority, if we reasonably believe you have been the victim of abuse, neglect or domestic violence as long as you agree to such disclosure and we feel it is necessary to prevent serious harm to you or other individuals. If you are incapacitated and unable to agree to such a disclosure, we may release your protected information for this purpose but only if failure to release it would materially and adversely affect a law enforcement activity and the information will not be used in any way against you.

❖ **Law Enforcement**

We may also release your Protected Information to a law enforcement official for the following purpose:

- Pursuant to a court order, warrant, subpoena/summons or administrative request;
- Identifying or location of suspect, fugitive, material witness or missing person;
- Regarding a crime victim, but only if the victim consents or the victim is unable to consent due to incapacity and the information is needed to determine if a crime has occurred, non-disclosure would significantly hinder the investigation and disclosure is in the victim's best interest;
- Regarding an incident, to alert law enforcement that the individual's death was caused by suspected criminal conduct; or
- By emergency care personnel if the information is necessary to alert law enforcement of a crime, the location of a crime or characteristics of the perpetrator.

❖ **Coroner, Medical Examiners, Funeral Homes**

Protected Information regarding a deceased individual may be released to a coroner or medical examiner for the purpose of identifying a deceased person, determining cause of death or other duties as authorized by law. Protected Information regarding a decedent may also be disclosed to funeral directors if necessary to carry out their duties.

❖ **Specialized Government Functions**

Your Protected Information may be used or disclosed for a variety of government functions subject to some limitations. These government functions include:

- Military and veterans activities;
- National security and intelligence activities;
- Protective service of the president and others;
- Medical suitability determinations for Department of State officials;
- Correctional institutions and law enforcement custodial situations; or
- Provision of public benefits

❖ **Organ Donation**

Your protected Information may be used or disclose by us to entities engaged in the procurement, banking or transplantation or organs, eyes or tissues for the purposes of facilitating such donation and transplantation.

❖ **Worker's Compensation**

We are allowed to disclose your protected information as authorized and to the extent necessary to comply with laws relating to workers' compensation or other programs providing the benefits for work-related injuries or illness without regard to fault.

More Stringent Laws:

Some of your Protected Information may be subject to other laws and regulations afforded greater protection that what is outlined in this Notice. For instance, HIV/Aids, substance abuse, and mental health information are often given more protection. In the event your Protected Information is afforded greater protected under federal or State law, we will comply with the applicable law.

Your Rights:

Federal law (Health Insurance Portability and Accountability Act of 1996) grants you certain rights

With respect to your Protected Information. Specifically you have the right to:

- ❖ Receive notice of our policies and procedures used to protect your Protected Information;
- ❖ Request that certain uses and disclosures of your Protected Information be restricted provided, however, if we may release the information without your consent or authorization, we have the right to refuse your request;
- ❖ Access to your Protected Information provided, however, the request must be in writing and may be denied in certain limited situations;
- ❖ Request that your Protected Information be amended;
- ❖ Obtain an accounting of certain disclosures by us of your Protected Information for the past six years;
- ❖ Revoke any prior authorizations or consents for use or disclosures of Protected Information, except to the extent that action has already been taken; and
- ❖ Request communications of your Protected Information are done by alternative means or at alternative locations