

## OLD COLONY HOSPICE NOTICE OF HOSPICE 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

Old Colony Hospice (*The Hospice*) may use your Private Health Information (PHI), for purposes of **providing you treatment, obtaining payment for your care and conducting health care operations**. The Hospice has established policies to guard against unnecessary disclosure of your health information.

**YOUR HEALTH INFORMATION MAY BE USED FOR OLD COLONY HOSPICE TO: PROVIDE TREATMENT, OBTAIN PAYMENT and CONDUCT OPERATIONS.**

**To Provide Treatment**. The Hospice may use your health information to coordinate care within the Hospice and with others involved in your care, such as your attending physician, members of the Hospice team and other health care professionals who have agreed to assist the Hospice in coordinating care. For example, physicians involved in your care will need information about your symptoms in order to prescribe appropriate medications. The Hospice also may disclose your health care information to individuals outside of the Hospice involved in your care including family members, clergy who you have designated, pharmacists, suppliers of medical equipment or other health care professionals for the purpose of providing treatment to you. As well as releasing information for qualification of services/programs such as handicap plaques.

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

**To Conduct Health Care Operations**. The Hospice may use and disclose health information for its own operations in order to facilitate the function of the Hospice and as necessary to provide quality care to all of the 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.

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- Contacting health care providers and patients with information about treatment alternatives and other related functions that do not include treatment.
- Releasing appropriate information to airlines for family to qualify for emergency flights.
- Professional review and performance evaluation.
- Training programs including those in which students, trainees or practitioners learn under supervision.
- On-call services via Answering Service (nights, weekends and holidays)
- Accreditation, certification, licensing or credentialing activities.
- Review and auditing including: compliance reviews, medical reviews, legal services, and financial audits.
- Business planning, development and management including cost management and planning related analyses and formulary development.
- Periodic phone calls or mailings related to bereavement support from The Hospice, containing counseling information, support groups and memorial activities that you or your family may wish to participate in.

### THE FOLLOWING IS A SUMMARY OF OTHER PURPOSES and CIRCUMSTANCES UNDER WHICH YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED.

**For Fundraising/Marketing Activities.** The 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 to acknowledge donations we receive in memory of you or to raise money for the Hospice. The "Report of Gifts" is printed 1-2 times each year and acknowledges the donations we have received in memory of our patients. If you do not want the Hospice to contact you or your family, please notify **Director of Development at 781-341-4145** and indicate that you do not wish to be contacted.

**When Legally Required.** The Hospice 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 Hospice may disclose your health information for public activities and purposes in order to:

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- 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.** The Hospice is required to notify Department of Public Health officials if the Hospice believes a patient is the victim of abuse, neglect or domestic violence. The Hospice will make this disclosure only when specifically required or authorized by law.

**To Conduct Health Oversight Activities.** The Hospice may disclose your health information to a health oversight hospice for activities including audits, civil administrative or criminal investigations, inspections, licensure or disciplinary action. The Hospice, 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.** The Hospice 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 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, the Hospice 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 pursuant to the court order, warrant, subpoena or summons or similar process.

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- 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 Hospice has a suspicion that your death was the result of criminal conduct including criminal conduct at the Hospice.
- In an emergency in order to report a crime.

**To Coroners And Medical Examiners.** The Hospice 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.** The Hospice 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, the Hospice may disclose your health information prior to and in reasonable anticipation of your death.

**For Worker's Compensation.** The Hospice 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 Hospice will not disclose your health information without your written authorization. If you, or your representative, authorize the Hospice 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 Hospice maintains. Please contact the appropriate individual identified below at:

**Old Colony Hospice – One Credit Union Way – Randolph, MA 02368  
781-341-4145**

- **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 Hospice 's disclosure of your health information to someone who is involved in your care or the payment of your care. However, the Hospice is not required to agree to your request. If you wish to make a request for restrictions, please contact ***Quality Improvement Coordinator.***

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- **Right to receive confidential communications.** You have the right to request that the 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 **Quality Improvement Coordinator**. The 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. A request to inspect and copy records containing your health information may be made to **Medical Records Coordinator**. If you request a copy of your health information, the Hospice may charge a reasonable fee for copying and assembling costs associated with your request.
- **Right to amend health care information.** You or your representative have the right to request that the Hospice 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 the Hospice. A request for an amendment of records must be made in writing to **Medical Records Coordinator**. The 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 the Hospice, if the records you are requesting are not part of the 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 the Hospice, 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 the Hospice for certain reasons, including reasons related to public purposes authorized by law and certain research. The request for an accounting must be made in writing to **Medical Records Coordinator**. 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. The Hospice would 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.

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- *A copy of the current version of the Hospice's Notice of Privacy Practices on our website at [www.oldcolonyhospice.org](http://www.oldcolonyhospice.org) or you may request a copy from the Quality Improvement Coordinator.*

### DUTIES OF THE HOSPICE

The Hospice 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 Hospice is required to abide by the terms of this Notice as may be amended from time to time. The 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. If the Hospice changes its Notice, the Hospice will provide a copy of the revised Notice to you or your appointed representative. You or your personal representative have the right to express complaints to the Hospice or the Secretary of DHHS if you or your representative believe that your privacy rights have been violated. Any complaints to the Hospice should be made in writing to **Quality Improvement Coordinator**. The 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 complaint.

### CONTACT PERSON

The Hospice has designated the **Quality Improvement Coordinator** as its primary contact person for all issues regarding patient privacy and your rights under the Federal privacy standards.

### EFFECTIVE DATE

This Notice is effective April 14, 2003.  
Reviewed: 4/05, 4/07, 6/08  
Revised: 4/06