



[www.goodsamhospice.org](http://www.goodsamhospice.org)

## NOTICE OF PRIVACY PRACTICES

**WE ARE COMMITTED TO PROTECTING THE PRIVACY OF YOUR 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 REVIEW IT CAREFULLY.**

**This notice of our privacy practices explains:**

1. How we may use and disclose your health information in the course of providing treatment and services to you.
2. When your authorization or consent is needed before we may use or disclose your health information.
3. What rights you have with respect to your health information.  
These include the right to:
  - Request that we restrict the use and disclosure of your health information
  - Request how and where we contact you about medical matters
  - Inspect and obtain a copy of your health information
  - Request that we amend health information in our records
  - Receive an accounting of certain disclosures we have made of your health information
  - Receive a paper copy of this notice
4. How to file a complaint if you believe your privacy rights have been violated.

## I. USE AND DISCLOSURE OF HEALTH INFORMATION

Good Samaritan Hospice (GSH) may use your health information for the purposes of providing treatment, obtaining payment for your care, and conducting health care operations. GSH has established policies to guard against unnecessary use and disclosure of your health information. The following is a summary of the circumstances under which your health information may be used or disclosed:

- a. **For Treatment.** Your health information may be used to coordinate care within the agency and with others involved in your care, such as your attending physician, members of the hospice interdisciplinary team and other health care professionals who have agreed to assist in coordinating care. For example, physicians involved in your care will need information about your symptoms in order to prescribe appropriate medications. Your health care information may also be disclosed to individuals outside of the agency involved in your care including family members, clergy who you have designated, pharmacists, suppliers of medical equipment or other health care professionals that are used in order to coordinate your care.
- b. **For Payment.** We may use and disclose your protected health information to other providers so they may bill and collect payment for treatment and services they provided to you. For example, your health insurer may require information regarding your health status so that the insurer will reimburse the agency. Your insurer may also require that prior approval for care be obtained with an explanation of need for hospice care and the services that will be provided to you.
- c. **For Health Care Operations.** Your health care information may also be used and disclosed in order to conduct agency operations, facilitate the function of the agency and, as necessary, to improve the quality of care to all of the agency's patients. Health care operations include such activities as:
  1. Quality assessment and improvement activities
  2. Activities designed to improve health care or reduce health care costs
  3. Protocol development, case management and care coordination
  4. Professional review and performance evaluation
  5. Training programs including those in which students, trainees or practitioners in health care learn under supervision
  6. Training non-health care professionals
  7. Accreditation, certification, licensing or credentialing activities
  8. Review and auditing, including compliance reviews, medical reviews, legal services and compliance programs
  9. Business planning and development including cost management and planning related analysis and formulary and formulary development
  10. Reading of names at the agency's monthly memorial service (please inform us if you do not want your name to be read)
  11. Resolving grievances within the hospice
  12. Complying with this Notice and with applicable laws

For example, your health information may be used to evaluate staff performance, be combined with other hospice patients in evaluating how to more effectively serve all hospice patients, be disclosed to hospice staff and contracted personnel for training purposes, used to contact you as a reminder

regarding a visit to you, or used to contact you or your family as part of general fundraising and community information mailings (unless you tell us you do not want to be contacted).

- d. **For Appointment Reminders.** We are permitted to provide you with appointment reminders via various means (e.g. email, telephone, answering machine message).
- e. **For Fundraising Activities.** Certain information about you (e.g. name, address, phone number, dates you received care) may be used in order to contact you or your family to raise money for the agency. This information may also be disclosed to a related hospice foundation. If you or your families do not want to be contacted, notify the GSH Privacy Official at the address given below and request that your information be removed from our contact lists. Your request may request removal of your information from a specific fundraising campaign or from all fundraising campaigns. Your decision to not be contacted will not affect your treatment or the payment required of you. And you have the right to change your decision at any time and be added back to the contact lists.
- f. **For Treatment Alternatives.** We may use and disclose your protected health information to manage and coordinate your healthcare and inform you of treatment alternatives that may be of interest to you. This may include telling you about treatments, services, products and/or other healthcare providers.
- g. **For Business Associates.** There are some services provided in our organization through contracts with business associates. For example, we may use a copy service to make copies of your medical record. When we hire companies to perform these services, we may disclose your health information to these companies so that they can perform the job we've asked them to do. To protect your health information, however, we require the business associate to appropriately safeguard your protected health information.
- h. **For Individuals Involved in Your Care or Payment for Your Care.** We may share your health information with a family member or other person identified by you or who is involved in your care or payment for your care. We may tell your family or friends your condition. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition and location. If you do not want health information about you released to those involved in your care, please notify the GSH Privacy Official at the address given below.
- i. Following an individual's death, we may continue to disclose certain health information to family, friends, and others who were involved in the care or payment for care of the individual. Additionally, the use and disclosure of an individual's health information is only limited to a period of 50 years following their death.

## II. **DISCLOSURE OF HEALTH INFORMATION WITHOUT CONSENT OR AUTHORIZATION:**

Federal privacy rules allow the agency to use or disclose your health information without your consent or authorization in a number of special circumstances:

- a. **When Legally Required by Law.** Your health information will be disclosed when we are required to do so by any federal, state, or local law or other judicial or administrative proceedings. For example, we may disclose your protected health information in response to an order of a court or administrative tribunal.
- b. **When there are Risks to Public Health.** We may disclose your health information to appropriate government authorities 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 child abuse or neglect.
  - 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.
  - To notify the appropriate government authority if we believe an adult 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.
  - To support public health surveillance and combat bioterrorism.
- c. **To Avert a Serious Threat to Health or Safety.** We may use and disclose your health information 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 help prevent or reduce the threat.
- d. **To Conduct Health Oversight Activities.** Your health information may be disclosed to a health oversight agency for activities including audits, civil administrative or criminal investigations, inspections, licensure or disciplinary action.
- e. **For Law Enforcement Purposes.** Your health information may be disclosed to a law enforcement official for law enforcement purposes as follows:
1. As required by law for reporting certain types of wounds or other physical injuries pursuant to a court order, warrant, subpoena or summons or similar process;
  2. For the purpose of identifying or locating a suspect, fugitive, material witness or missing person;
  3. Under certain limited circumstances when you are a suspected victim of a crime; and
  4. In an emergency in order to report a crime.
- f. **For Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose your health information in response to a court or administrative order. We may also disclose your health information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute.
- g. **To Coroners and Medical Examiners.** Your health information may be disclosed to coroners and medical examiners for purposes of determining your cause of death or for other duties as authorized by law.
- h. **To Funeral Directors.** Your Health information may be disclosed 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 agency may disclose your health information prior to and in reasonable anticipation of your death.

- i. **For Organ and Tissue Donation.** At your request, your health information may be used or disclosed 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.
- j. **For Research Purposes.** Under certain circumstances, your health information may be used or disclosed for research purposes. Before the agency discloses any of your health information for such research purposes, the project will be subject to an extensive approval process. We may, however, use medical information about you in preparing to conduct a research project, for example, to look for patients with specific needs, so long as the medical information reviewed does not leave our entity.
- k. **In The Event of a Serious Threat to Health or Safety.** Consistent with applicable law and ethical standards of conduct, your health information may be disclosed if the agency, in good faith, believes that such disclosure is necessary to prevent or decrease a serious and imminent threat to your health.
- l. **For Specified Government Functions.** In certain circumstances, Federal regulations authorize the use or disclosure of 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 or determinations of the Department of State, or inmates under law enforcement custody.
- m. **For Worker's Compensation or similar programs.** Your health information may be released for worker's compensation or similar programs.

### III. AUTHORIZATION TO USE OR DISCLOSE HEALTH INFORMATION

A verbal consent by you is required for us to provide proof of immunization to schools where immunization is a requirement for enrollment of a student. However, we must document that consent.

Other than is stated in all sections above, your health information will not be used or disclosed except with written authorization from you or your representative. If you or your representative authorizes the agency to use or disclose your health information, you may revoke that authorization in writing at any time. If you revoke your permission, we will no longer use or disclose your health information for the reasons covered by your written authorization. We are unable to take back any disclosures we have already made with your permission. We are required to retain records of the care that we provided to you. Specific cases that require written authorization are:

- a. **Marketing.** Authorization is required before we may use your health information for marketing purposes. If we are to receive remuneration in connection to the marketing, we must inform you of such as part of the authorization information.

- b. **Sale of Your Health Information.** The sale of your health information is allowed for certain purposes. Authorization is required before we may sell your health information. If we are to receive remuneration in connection to the sale, we must inform you of such as part of the authorization information.
- c. **Research.** For research purposes, certain uses of your de-identified health information are permitted without your authorization. In cases where the use does not allow de-identification, your authorization is required. Strict rules exist to govern such use.
- d. **Psychotherapy Notes.** Authorization is required before we may disclose your Psychotherapy Notes. Psychotherapy Notes are notes taken by a mental health professional about conversations during a private, group, joint, or family counseling session, which have been kept separate from the rest of your record. These notes are given a greater degree of protection than regular protected health information.

#### IV. YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION

You have the following rights regarding the health information we maintain about you:

- a. **Rights to Request Restrictions.** You may request restrictions on certain uses and disclosure of your health information to someone who is involved in your care or the payment of your care. However, the agency is not required to agree to your request in all cases.

You may request, and we must comply with, a request for restriction not to disclose your health information to your health plan where you have paid for the treatment fully out-of-pocket. However, there are conditions and exceptions.

If you wish to make a request for restrictions, please contact the GSH Privacy Official at the address given below to obtain a written request form.

- b. **Right to Request Alternative Ways of Communication.** You have the right to request how and where we contact you about medical matters. For example, you may request that we contact you via email. Your request must be in writing. We will accommodate reasonable requests, but when appropriate, may condition that accommodation on your providing us with information regarding your specification of an alternative address or other method of contact. You may request alternative means of communications by submitting the appropriate form, which can be obtained by contacting the GSH Privacy Official at the address given below.
- c. **Right to inspect and receive a copy of your health information.** You have the right to inspect and/or receive a copy of your health information. If you request an electronic copy of your health record, we will provide you a copy of the portion of your record that we maintain electronically in the form or format you request, if it is readily producible. Any portion of your record that we do not maintain electronically will be provided to you in paper format. You may request us to “transmit” the electronically maintained health information to a third party, provided that the third party is clearly identified along with the desired mode of delivery.

A request to inspect or receive a copy of records containing your health information must be made in writing to the GSH Privacy Official. If you request a copy of the information, we may

charge a fee for the costs of copying, mailing, electronic media, or other supplies associated with your request. We will respond to you within 30 days of receiving your written request. There are certain situations in which we are not required to comply with your request. Under these circumstances, we will respond to you in writing, stating why we will not grant your request and describing any rights you may have to request a review of our denial.

- d. **Right to amend health care information** You have the right to request that we make amendments to clinical, billing and other records used to make decisions about you. Your request must be in writing and must explain your reason(s) for the amendment. We may deny your request if:

- The information was not created by us, unless the person or entity that created the information is no longer available to make the amendment.
- The information is not part of the health information used to make decisions about you.
- We believe the information is correct and complete.
- You would not have the right to inspect and copy the record as described above.

We will tell you in writing the reasons for the denial and describe your rights to give us a written statement disagreeing with the denial. If we accept your request to amend the information, we will make reasonable efforts to inform others of the amendment, including persons you name that have received your protected health information. Please contact the GSH Privacy Official to obtain the appropriate form to request amendment to your record.

- e. **Right to an Accounting of Disclosures.** You have the right to receive a written list of certain disclosures we made of your protected health information. You may ask for disclosures made, up to six (6) years before your request. We are required to provide a listing of all disclosures except the following:

- For your treatment.
- For billing and collection of payment for your treatment.
- For our healthcare operations.
- Occurring as a byproduct of permitted uses and disclosures.
- Made to or requested by you or that you authorized.
- Made to individuals involved in your care, for directory or notification purposes, or for disaster relief purposes.
- Allowed by law when the use and/or disclosure relates to certain specialized government functions or relates to correctional institutions and in other law enforcement custodial situations.
- As part of a limited set of information which does not contain certain information which would identify you.

The list will include the date of the disclosure, the name (and address, if available) of the person or organization receiving the information, a brief description of the information disclosed, and the purpose of the disclosure. To request this list or accounting of disclosures, you must submit your request on the appropriate hospice form which can be obtained by contacting the GSH Privacy Official at the address given below.

- f. **Right to paper copy of this notice.** You or your representative has the right to a separate paper copy of this Notice at any time even if you or your representative has received this previously. To obtain a separate copy; please contact the GSH Privacy Official. The hospice patient or a representative may also obtain a copy of the current version of the agency's Notice of Privacy Practices at our website.

## V. CONTACT FOR REQUESTS, QUESTIONS, OR COMPLAINTS

If you have any requests or questions regarding this Notice, or if you believe your privacy rights have been violated, or you wish to file a complaint about our privacy practices, you may contact:

**Privacy Official**  
**Good Samaritan Hospice**  
**2408 Electric Rd, Roanoke, VA 24018**  
**(540) 776-0198 or toll free 1-888-466-7809**  
**privacy@goodsamhospice.org**

You may also send a written complaint to the United States Secretary of the Department of Health and Human Services, Office of Civil Rights (200 Independence Avenue SW, Washington, DC 20201, Toll Free: 1-877-696-6775, or [www.hhs.gov/ocr/hipaa/.](http://www.hhs.gov/ocr/hipaa/))

You will not be penalized for filing a complaint.

## VI. DUTIES OF THIS HOSPICE

We are required by law to maintain the privacy of your health information. We have a legal duty to notify you in the event there is a breach of your unsecured protected health information. We are required to provide to you and your representative this Notice of our duties and privacy practices. We are required to abide by the terms of this Notice as may be amended from time to time.

We reserve the right to change the terms of this Notice and to make new Notice provisions effective for all protected health information that we maintain by:

- Posting the revised notice at our offices.
- Making copies of the revised notice available upon request (either at our offices or through the contact listed in this notice).
- Posting the revised notice on our website.

## VII. EFFECTIVE DATE

This notice is effective September 15, 2013.

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**IF YOU HAVE ANY QUESTIONS REGARDING THIS NOTICE, PLEASE  
CONTACT THE GSH PRIVACY OFFICIAL AT (540) 776-0198**

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Company/Policy & Procedure-Hospice/7 Patient Rights/Notice of Privacy Practices