

HOSPICE OF CENTRAL NEW YORK

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 THIS NOTICE CAREFULLY.

USE AND DISCLOSURE OF HEALTH INFORMATION

Hospice of Central New York may use your health information for purposes of providing you treatment, obtaining payment for your care and conducting health care operations, as defined in the federal Health Insurance Portability and Accountability Act (HIPAA) of 1996.

New York State Laws will prevail when they are more stringent with respect to the privacy of health information, or when they allow individuals greater rights of access to or amendment of their health information.

YOUR HEALTH RECORD/INFORMATION

When you become a patient of Hospice of CNY, a record is maintained that typically includes the following: documentation of visits and other contacts from your Hospice team members, information regarding your medical history and diagnoses, test results, medications and other treatments, information about your Hospice plan of care, and documentation of communication among team members regarding the development of your plan of care.

Your Hospice record serves as a:

- Basis for planning your care and treatment
- Means of communication among the healthcare personnel who contribute to your care
- Legal document describing the care that you received
- Means by which you or a third party payor can verify that services billed were actually provided
- Means for educating healthcare personnel/students
- Source of data for Hospice research
- Source of information for public health officials (for example, the NYS Department of Health)
- Source of information for agency planning and marketing
- Means by which we can assess, and work to improve, the quality of the care we provide and the outcomes we achieve

Understanding what information is contained in your record, and how it is used can help you to:

- Understand the use and disclosure of your health information
- Ensure its accuracy
- Make informed decisions when authorizing disclosure to others

EXAMPLES OF USES AND DISCLOSURES FOR TREATMENT, PAYMENT AND HEALTH OPERATIONS

We will use your health information for treatment. Hospice of CNY will use your health information to provide and coordinate your care. Your health care information may be disclosed to: your family members, pharmacists, your attending physician, or other health care professionals involved in your Hospice care.

Example: Information obtained by a nurse, physician, or other member of your hospice team will be recorded in the record and used in planning your care. Members of your Hospice team will record information regarding the care provided to you and your family. This information may be communicated to your attending physician.

We will use your health information for obtaining payment for the services provided to you.

Example: A bill may be sent to a third party payor. The information on or accompanying the bill may include information that identifies you, your diagnosis, and medications and equipment that you have used. We also may need to obtain prior approval from your insurer and may need to discuss your need for hospice care and the services that will be provided to you.

We will use your health information for regular agency operations.

Examples:

Quality Improvement: Members of the Hospice team, the quality improvement manager, or members of the quality improvement team, may use information in your Hospice record to assess the care provided to you and your family, and to assess the outcomes related to your care. This information will then be used in an effort to continually improve the quality and effectiveness of the Hospice services that we provide.

Business Associates: There are some services provided by Hospice of CNY through contracts with other providers (business associates). Examples include certain tests and treatments, and provision of medications. When these services are provided, we may disclose your health information to our business associates so that they can provide the services that we have requested, and so that they can bill Hospice, or your third party payor, for these services. To protect your health information, we require the business associate to maintain the privacy of your information.

Communication with Family: Hospice will request that you identify family members, or other persons, to whom Hospice personnel may disclose your health information when it is relevant to that person's involvement in your care. Hospice personnel will use their best professional judgment regarding disclosures to the identified person(s).

Research: We may disclose information for research purposes when the research has been approved by the Hospice administration and Quality Improvement leadership. Policies are followed to protect the privacy of your health information. We will obtain a written authorization for disclosure of your health information for research purposes.

Funeral Directors: We may disclose health information to funeral directors consistent with applicable laws to carry out their duties.

Organ Procurement Organizations: If you have requested to participate in organ donation, we may disclose health information, consistent with applicable law, to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

Fundraising: We may disclose your demographic information, to the Hospice Foundation including name; address; other contact information; age; gender and date of birth, for purposes of fundraising. We may contact you as part of fundraising efforts for Hospice. All fundraising communications will include information about how you may opt out of future fundraising communications.

Food and Drug Administration (FDA): We may disclose to the FDA health information relative to adverse events with respect to food, supplements, products and product defects.

Workers Compensation: We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

Public Health: As required by law, we may disclose your health information to public health or legal authorities responsible for preventing or controlling disease, injury, or disability. We may notify a person who has been exposed to, or is at risk of contracting a communicable disease.

Correctional Institution: If you are an inmate of a correctional institution, we may disclose to the institution or its agents, health information necessary for your health care, and the health and safety of other individuals.

Law Enforcement: We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.

Reporting of Abuse, Neglect or Domestic Violence: We are allowed to notify government authorities if we believe a patient is the victim of abuse, neglect or domestic violence. We will make such a disclosure only when specifically required or authorized by law or when the patient agrees to the disclosure.

Health Oversight Activities: We may disclose your health information to a health oversight agency for activities including audits, inspections or licensure.

Judicial and Administrative Proceedings: We may disclose your health information in the course of judicial or administrative proceedings in response to a court order or subpoena.

Coroners and Medical Examiners: We may disclose your health information to coroners and/or medical examiners as authorized by law.

Serious Health or Safety Threat: We may, consistent with legal and ethical standards, disclose your health information if we believe that such disclosure is necessary to prevent or minimize a serious threat to your health or safety, or to the public's health or safety.

Other Uses and Disclosures not described by this Notice will be made only with your authorization.

YOUR HEALTH INFORMATION RIGHTS

Although your Hospice record is the physical property of Hospice of CNY, the information contained in the record belongs to you. You have the following rights, as stated in the **Federal Health Insurance Portability and Accountability Act (HIPAA)**. You have the right to:

- Request a restriction on certain uses and disclosures of your health information. However, we are not required to agree to your request.
- Request a restriction on disclosure of your health information related to services that you have paid for out-of-pocket, in full, to a health plan. We must agree to the request except when we are required by law to disclose.
- Review and obtain a copy of information in your Hospice record, including billing records, in the form and format you request, as long as it is readily producible. We may charge a reasonable fee for providing a copy of information in your record.
- Request an amendment to your Hospice record. A request to amend your record must be made in writing, and must indicate a reason for the amendment. We are not required to agree to your request.
- Obtain an accounting of disclosures of information in your Hospice record, for certain reasons, including certain research. The request for an accounting must be made in writing, and the time period requested may not be longer than 6 years prior to your request. Accounting requests may be subject to a reasonable fee.
- Request communication of information in your Hospice record by alternative means or at alternative locations.
- Revoke your authorization to use or disclose your health information except to the extent that action has already been taken.

OUR RESPONSIBILITIES

Hospice of Central New York is required to:

- Maintain the privacy of your health information, including genetic information.
- Provide you with a notice as to our legal responsibilities and privacy practices with respect to your health information that we receive and maintain.
- Notify you if we are unable to agree to a requested restriction.

- Accommodate reasonable requests that you may have to communicate your health information by alternative means or at alternative locations.
- Notify you of any breach of your unsecured health information.
- Obtain written permission to share your personal information for marketing purposes or for the sale of your information.
- Abide by the terms of this notice.

We reserve the right to change our practices and to make the new provisions effective for all protected health information that we maintain. If our information practices change, we will post the revised notice to our website and provide you with a copy upon request.

OBTAINING MORE INFORMATION OR REPORTING A PROBLEM

If you have questions, would like additional information, or wish to request: restrictions, access to your record, or an accounting of disclosures, you may contact our Corporate Compliance Officer at 634-1100.

If you believe that your privacy rights have been violated, you can file a complaint with our Corporate Compliance Officer at 315-634-1100 or with the Department of Health and Human Services' Office of Civil Rights at 1-866-627-7748. If you file a complaint, there will be no adverse consequences affecting the care that we provide to you.

Effective Date: June 12, 2017