



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 IT CAREFULLY.

HOSPICE RESPONSIBILITIES: Federal Law and applicable State Laws require certain healthcare entities to keep your personal healthcare information secure and private. The law also requires us to provide you or your representative with this notice explaining our duties and privacy practices regarding protected personal healthcare information. Hospice Care of South Florida must follow the practices described in this notice. This notice may be amended from time to time. This notice becomes effective on April 14, 2003.

USE AND DISCLOSURE OF PROTECTED PERSONAL HEALTH INFORMATION: Hospice Care of South Florida may use your healthcare information as defined in the Privacy Rule of the Administrative Simplification Provisions of the Health Insurance Portability and Accountability Act of 1996, Title II, for purposes of providing you treatment, obtaining payment for your care, and conducting our healthcare operations.

EXAMPLES OF HOW WE MAY USE AND/OR DISCLOSE YOUR HEALTHCARE INFORMATION:

- 1. To provide treatment.** Hospice may use your healthcare information to coordinate care within the Hospice and with others involved in your care, such as your attending physician, members of the Hospice Interdisciplinary Team and other healthcare professionals who have agreed to assist the Hospice in coordinating care. Hospice may also disclose your healthcare information to individuals outside of the Hospice involved in your care, including family members, pharmacists, suppliers of medical equipment, and/or other healthcare professionals.
- 2. To bill and/or obtain payment.** Hospice may include your healthcare information in billing statements and/or invoices to collect payment and/or pay for services to/from third parties for the care you receive. Hospice may also need to obtain prior approval from your insurance carrier and/or other healthcare providers and may need to explain your need for Hospice and the services that will be provided to you.
- 3. To conduct healthcare operations.** Hospice may use and disclose your healthcare information for its own operations and management in order to facilitate the function of the Hospice, patient/family care and services, and, as necessary, to provide quality care to all of Hospice's patients.
- 4. To provide alternative treatments and/or to contact you regarding appointments.** Hospice may use and disclose your healthcare information for purposes of reminding and/or arranging for healthcare appointments.

THE FOLLOWING IS A SUMMARY OF OTHER CIRCUMSTANCES AND/OR PURPOSES FOR WHICH YOUR HEALTHCARE INFORMATION MAY ALSO BE USED AND/OR DISCLOSED WHEN LEGALLY REQUIRED:

- 1. When legally required.** By Federal, State, or local laws.
- 2. When there are risks to your health or public health or safety.** Prevent or control disease, injury or disability, report disease, injury, birth, death, and for the conduct of public health surveillance, investigations and/or interventions. Track and/or report product defects, recalls, repairs, replacements, and as required by the Food and Drug Administration Agency. Notify a person and/or employer who have been exposed to a communicable disease, are at risk of contacting or spreading a communicable disease, or are a member of the related work-force.
- 3. To report abuse, neglect or domestic violence.** In accordance to State law authorization, if the Hospice believes a patient is the victim of abuse, neglect, or domestic violence.
- 4. To conduct healthcare oversight activities and other governmental functions.** To conduct such activities as audits, civil, administrative, or criminal investigations, inspections, licensures, or disciplinary action, pursuant to Federal regulations authorizing Hospice to disclose your healthcare information for governmental functions relating to the military, veterans, national security, and intelligence activities, protective services, and medical suitability determinations, and/or for purposes of worker's compensation or similar programs.
- 5. When related to judicial, and/or administrative proceedings.** Related and in response to an order of a court or administrative tribunal, and expressly authorized by such order or in response to a subpoena, request for discovery or other lawful process. Hospice shall make reasonable efforts to notify the patient about such request and/or obtain an order protecting such health information if so indicated by State law.
- 6. When related to law enforcement and/or medical examiners.** Such as reporting physical injury, or when you are a victim of a crime, and/or for criminal conduct, or for the purposes of determining the cause of death, locating a suspect, fugitive, or missing person, and/or related emergency.
- 7. For organ, eye or tissue donation.** Pursuant to a request and release previously executed by the

NOTICE OF PRIVACY PRACTICES

patient to organ procurement organizations, banking, or transplantation of organs, eyes, or tissue for the purpose of facilitating such donations.

- 8. When related to funeral arrangements and/or death.** To aid patient/family in the funeral arrangements process, and/or relate/provide necessary patient information to the funeral home/director at the time of death.

CONSENT & AUTHORIZATION TO USE OR DISCLOSE HEALTHCARE INFORMATION: Other than as stated above, Hospice will not disclose your healthcare information other than with your written authorization. There might be other uses or disclosures of your protected health information. These will not be disclosed without your representative's or your written authorization. If you or your representative authorizes Hospice to use or disclose your healthcare information, you may cancel this authorization by writing to our Privacy Official at the address listed below. If unable to give your authorization due to an emergency, Hospice Care of South Florida may release your healthcare information if it is in your best interest.

YOUR HEALTHCARE INFORMATION RIGHTS: You have the following rights with respect to your protected health information:

- 1. To a paper copy of this notice.** You, or your representative, have the right to receive a copy of this notice at any time. To receive a copy, you may contact the person named below or write to our office at the address listed below.
- 2. To request restrictions.** You, or your representative, have the right to request restrictions on certain uses and disclosures (or to request a limit on the Hospice's disclosure to someone who is involved on your care or the payment of your care) of your healthcare information. However, Hospice is not required to agree to your request. To request restrictions, you may contact the person named

below or write to our office at the address listed below.

- 3. To receive confidential communications.** You, or your representative, have the right to request that the Hospice communicates with you in a certain way, such as conducting communications pertaining to your healthcare information with you privately with no other family member present. To receive confidential communications, you may contact the person named below or write to our office at the address listed below.
- 4. To review and receive a copy of your healthcare information.** You, or your representative, have the right to review and receive a copy of your healthcare information, including billing records. To review and receive a copy, you may contact the person named below or write to our office at the address listed below.
- 5. To amend healthcare information.** You, or your representative, have the right, if you believe that your healthcare information is incorrect or incomplete, to request that Hospice amend your records. Hospice may deny the request, if it is not in writing, does not include a reason for the amendment, the healthcare information records were not created by the Hospice, or the records you are requesting are not part of the Hospice's records. That request may be made as long as the information is maintained by the Hospice. To request an amendment, you may contact the person named below or write to our office at the address listed below.
- 6. To an accounting.** You, or your representative, have the right to request an accounting of disclosures of your healthcare information made by Hospice including reasons related to public purposes authorized by law. To request an accounting, you may contact the person named below or write to our office at the address listed below.

CONTACT AND/OR COMPLAINT INFORMATION: If you or your representative have any questions, would like additional information, wish to make a request regarding your healthcare information you may contact our Health Information Management Supervisor at (305) 591-1606. We may ask you to make the request in writing. HOSPICE CARE OF SOUTH FLORIDA, 7270 NW 12th Street, PH No.6, Miami, FL 33126.

If you believe your privacy rights have been violated, you may file a complaint with our Health Information Management Supervisor at the address above and/or the Secretary of Department of Health and Human Services. You will not be retaliated against for filing a complaint.

FUTURE CHANGES TO THE NOTICE OF PRIVACY PRACTICES: Hospice Care of South Florida reserves the right to change the terms of this notice and to make new notice provisions effective for all protected healthcare information that we maintain. If Hospice makes a material revision to this notice, Hospice will send a revised copy of the notice to beneficiary households within sixty (60) days of the revision.