

SECTION 4. Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU, AS PATIENT OF HOSPICE CARE OF THE LOWCOUNTRY, MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO YOUR INDIVIDUAL IDENTIFIABLE HEALTH INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY.

USE AND DISCLOSURE OF HEALTH INFORMATION

We are required by law to maintain the privacy of Protected Health Information (PHI). We are required to provide this Notice of Privacy Practices to you by the privacy regulation issued under the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA). This notice describes how we protect the PHI we have about you that relates to your medical information. PHI is medical and other information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services. This Notice of Privacy Practices describes how we may use and disclose to others your PHI to carry out payment or healthcare operations and for other purposes that are permitted or required by law. It also describes your rights to access and control of your PHI.

HOW WE MAY USE AND DISCLOSE PROTECTED HEALTH INFORMATION ABOUT YOU

To Provide Treatment. The hospice may use your PHI to coordinate care within the hospice and with others involved in your care, such as your attending physician, members of the hospice interdisciplinary group and other health care professionals and volunteers 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 PHI to individuals outside of the hospice involved in your care including family members, clergy whom you have designated, pharmacists, suppliers of medical equipment or supplies and other health care professionals that the hospice uses in order to coordinate your care.

To Obtain Payment. The hospice may include your PHI in invoices to collect payment from third parties for the care you may receive from the hospice. For example, the hospice may be required by your health insurer to provide information regarding your health care status so that the insurer will reimburse you or the hospice. The hospice also 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.

To Conduct Health Care Operations. The hospice may use PHI 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.

- Contacting health care providers and patients with information about treatment alternatives and other related functions that do not include treatment.
- Professional review and performance evaluation.
- Training programs including those in which students, trainees or practitioners in health can learn under supervision.
- Fundraising for the benefit of the hospice and certain marketing activities. You have the right to opt out of fundraising communications from Hospice Care of the Lowcountry and the hospice cannot sell your PHI without your permission.

YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION

You have the following rights regarding your PHI that the hospice maintains:

Right to request restrictions. You may request restrictions on certain uses and disclosures of your PHI. You have the right to request a limit of the hospice's disclosure of your PHI to someone who is involved in your care or the payment of your care. We are not required to agree to your request for a restriction on uses or disclosure of your PHI to carry out treatment, payment or healthcare operations. If you wish to make a request for restrictions, please contact the Privacy Officer.

Right to receive confidential communications. We will accommodate any reasonable request you might make to receive communications of PHI from us by alternative means or at alternative locations. The request for a confidential communication must be received in writing and specify how or where you wish to be contacted. The hospice will not request that you provide any reasons for your request and will attempt to honor your reasonable request for confidential communications.

Right to inspect and copy your health information. You have the right to inspect and copy your PHI, including billing records. A request to inspect and copy records containing your PHI may be made to the Privacy Officer. If the hospice changes to an electronic medical record (EMR), you may request of copy of your "designated record set" in electronic format. This is the group of records that is used to make decisions about your care. If you request a copy of your PHI, the hospice may charge a reasonable fee for copying and assembling costs associated with your request. You will be asked to sign a receipt for your PHI. The hospice has the right to deny access to PHI in certain specified situations, such as when a health care professional believes access could cause harm to the individual or another. If denied, you have the right to have such denial reviewed by another licensed health care professional for a second opinion.

Right to amend health care information. If you or your representative believes that your health information records are incorrect or incomplete, you may request that the hospice amend the records. 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 the Privacy Officer. 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 that PHI was not created by the hospice, if the records you are requesting are not part of the hospice's records, if the PHI you wish to amend is not part of the PHI you or your representative are permitted to inspect and copy, or if, in the opinion of the hospice, the records containing your PHI are accurate and complete.

Right to an accounting. You or your representative have the right to request an accounting of disclosures of your PHI made by the hospice for any reason other than for treatment, payment or health operations for the previous six years if records are maintained in paper form. If the hospice uses or maintains an EMR, you have the right to receive an accounting of all disclosures made during the three years prior to the date of request. The request for an accounting must be made in writing to the Privacy Officer. The request should specify the time period for the accounting. The hospice will 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.

Right to a paper copy of this notice. You or your representative have a right to a separate paper copy of this Notice at any time even if you or your representative have received this Notice previously. To obtain a separate paper copy, please contact the Privacy Officer.

DUTIES OF HOSPICE

We are required to abide by the terms of this Notice of Privacy Practices. We may change the terms of our notice at any time. The new notice will be effective for all PHI that we maintain at that time. This notice may also be revised if there is a material change to the uses or disclosures of PHI, your rights, our legal duties, or other privacy practices stated in this notice. Following a material revision to this notice an updated Notice of Privacy Practices will be posted on our website. Additionally, upon your request, we will provide you with any revised Notice of Privacy Practices by calling us at (843) 706-2296 and requesting that revised copy be sent to you in the mail. You or your personal representative have the right to express complaints to the hospice and to the Secretary of Health and Human Services if you or your information are 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 PHI 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 PHI.

For Law Enforcement Purposes. The hospice may disclose your PHI to a law enforcement official for 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.
- 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 of the hospice.
- In an emergency in order to report a crime.

To Coroners and Medical Examiners. The hospice may disclose your PHI to coroners and medical examiners for purposes of determining your cause of death or for other duties, as authorized by laws. This includes disclosure of PHI for the purposes of whole body and organ donation.

To Funeral Directors. The hospice may disclose your PHI to funeral directors consistent with applicable laws 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 PHI prior to and in reasonable anticipation of your death.

In the Event of a Serious Threat to Health or Safety. The hospice may, consistent with applicable law and ethical standards of conduct, disclose your PHI if the hospice, in good faith, believes that such disclosure is necessary to prevent or lessen a serious and imminent threat to your health or safety or to the health and safety of the public such as exposure to communicable disease.

For Workers' Compensation. The hospice may release your health information for worker's compensation or similar programs.

AUTHORIZATION TO USE OR DISCLOSE HEALTH INFORMATION

Other than as stated above, the hospice will not disclose your PHI, except with your written authorization. If you or your representative authorize the hospice to use or disclose your PHI, you may revoke that authorization in writing at any time.

Privacy of Genetic Information. South Carolina state law requires that genetic information be kept confidential and not disclosed to a third party in a manner that allows identification of the individual tested without first obtaining the written informed consent of the individual or a person legally authorized to consent on behalf of the individual.

Complaints. If you think that we have violated your privacy rights, you have the right to file a complaint with us or with the Secretary of the US Department of Health and Human Services. To file a complaint with us, please contact **Privacy Officer, Hospice Care of the Lowcountry, 7 Plantation Park Drive, Unit 4, P.O. Box 3827, Bluffton, SC 29910. Phone: (843) 706-2296.**

Omnibus Final Rule

Final modification to the HIPAA Privacy, Security, and Enforcement Rules mandated by the Health Information technology for Economic and Clinical Health (HITECH) Act, are as follows:

- You have the right to be notified of a data breach.
- You have the right to ask for a copy of your electronic medical record in an electronic form.
- You have the right to opt out of fundraising communications from Hospice Care of the Lowcountry and the hospice cannot sell health information without your permission.
- Certain uses of your medical data, such as use of patient information in marketing, require prior disclosure and your authorization. Uses and disclosures not described in this notice will be made only with your authorization.
- If you pay in cash in full (out of pocket) for your treatment, you can instruct Hospice Care of the Lowcountry not to share information about your treatment with your health plan.

Effective Date

This Notice became effective March 26, 2013.