



Hospice

and Palliative Care of Greensboro

Notice of Privacy Practices of Hospice and Palliative Care of Greensboro, Beacon Place and Kids Path

Effective Date: September 3, 2013

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.

Who will follow this notice?

This notice describes Hospice and Palliative Care of Greensboro/Beacon Place/Kids Path (HPCG) practices at all its locations and that of:

- Any independent health care professional who treats or cares for patients of HPCG who is authorized to enter information into your medical record.
- All departments and units of HPCG.
- All employees of HPCG.
- Any volunteers we allow to help you while you are receiving services from HPCG.
- Any vendors or independent contractors who have access to Protected Health Information (PHI) of patients of HPCG.
- All students or trainees.
- Any HPCG corporate office staff.
- All the above listed persons, entities, sites and locations follow the terms of this notice. In addition, these persons, entities, sites and locations may share medical information with each other for your treatment or HPCG operations purposes and other purposes described in this notice. The independent health care professionals, who provide care at HPCG and have agreed to follow the terms of this notice, are not employees or agents of HPCG and HPCG is not responsible for how they fulfill their professional responsibilities.

Use and Disclosure of Health Information

Our agency may use and disclose your Protected Health Information (PHI), (information that constitutes protected health information as defined in the Privacy Rule of the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996, and updated by the Health Information Technology for Economic and Clinical Health (HITECH) Act of 2009) for purposes of providing you treatment, obtaining payment for your care and conducting health care operations. HPCG has established policies to guard against unnecessary use and disclosure of your health information.

Authorization to Use or Disclosure Health Information

Other than stated in this notice, HPCG will not disclose your PHI without your written authorization. If you or your representative authorizes our agency to use or disclose your PHI, 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 Protected Health Information (PHI) that HPCG maintains. In circumstances in which you are unable to exercise your rights, for example, if you are incapacitated, your representative may do so on your behalf.

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- **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 HPCG disclosure of your health information to: a) a family member, other relative, close personal friend or any other person identified by you; or b) to public or private entities for disaster relief efforts. For example, you could ask that we not disclose medical information to your brother or sister. However, HPCG is not required to agree to your request. If you wish to make a request for restriction, which you may do at any time, please contact the Privacy Officer. If we do agree to your request for restriction, we will comply with your requested restriction unless the information is needed to provide you emergency treatment. Even if we agree to a restriction, either you or we can later terminate the restriction. You may request that we not disclose your medical information to any persons or entities that may be responsible for paying all or any portion of the charges you incur while a patient of HPCG. If you, or someone on your behalf, pay all such charges in full at the time of such request, we are required to agree to your request, as long as the disclosure is for the purpose of carrying out payment or healthcare operations and is not otherwise required by law.
- **Right to receive communication in certain manner.** You have the right to request that HPCG communicate with you in a certain way. For example, you may ask staff to only conduct communications pertaining to your PHI with you privately with no other family members present. If you wish to receive confidential communications, please contact the Privacy Officer. Our agency 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 (access) your health information.** You have the right to access your PHI, including billing records, unless HPCG or your attending physician determines that information in your record, if disclosed to you, would be detrimental to your mental or physical health. If we deny your request to inspect and receive a copy of your PHI on this basis, you may request that the denial be reviewed. Another licensed health care professional will review your request and the denial and we will follow the instructions of that health care professional. For any PHI that we maintain electronically, you have the right to an electronic copy in the form and format you request if it is readily producible, or, if not, in a readable electronic form and format as mutually agreed upon. A request to access records containing your PHI may be made in writing to the Privacy Officer. Your request should state specifically what information you want to inspect or copy, the form of access or copy you desire, such as paper or electronic media, the name of the person to receive the PHI (if not yourself), the method to receive the PHI, such as mail or pick-up, and where to send the PHI, if applicable. If you request a copy of your PHI, HPCG charges a reasonable, cost-based fee for copying, supplies, and postage, and may collect that fee before providing the copies to you. If you agree, we may provide you with a summary of the information instead of providing you with access to it, or with an explanation of the information instead of a copy. Before providing you with such a summary or explanation, we first will obtain your agreement to pay and will collect the fees, if any, for preparing the summary or explanation. If we deny your request, we will inform you of the basis for the denial, how you may have our denial reviewed, and how you may file a complaint.
- **Right to amend health care information.** You have the right to request our agency amend your records, if you or your representative believe that your PHI records are incorrect or incomplete. That request may be made as long as the information is maintained by our agency. A request for an amendment of records must be made in writing to the Privacy Officer. Our agency 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 PHI records were not created by our agency, if the

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records you are requesting are not part of HPCG'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 our agency, the records containing your PHI are accurate and complete. If we deny your request, we will inform you of the basis for the denial, your right to submit a written statement of disagreement and how you may file a complaint.

- **Right to a listing of disclosures.** You have the right to request a listing of disclosures of your PHI made by our agency for certain reasons including those related to public purposes authorized by law and certain research. The request for a listing must be made in writing to the Privacy Officer. The request should specify the time period for the listing starting on or after April 14, 2003. Listing requests may not be made for periods of time in excess of six years. HPCG would provide the first listing you request during any 12-month period without charge. Subsequent listing requests may be subject to a reasonable cost-based fee.
- **Right to a paper copy of this Notice.** You have a right to a separate paper copy of this Notice at any time even if you or your representative has received this Notice previously. To obtain a separate paper copy, please contact the Privacy Officer. You or your representative may also obtain a copy of the current version of the agency's Notice of Privacy Practices at our website, www.hospicegso.org.

Duties of Hospice

HPCG is required by law to maintain the privacy of your PHI, to provide to you and your representative this Notice of its duties and privacy practices, and to notify affected individuals following a breach of unsecured protected health information. HPCG is required to abide by the terms of this Notice. We reserve the right to change the terms of this Notice and to make the new Notice provisions effective for all PHI that we maintain, including that created or received by us prior to the effective date of the new notice. If HPCG changes this Notice, we will make the revised Notice available to you or your appointed representative by posting the new Notice at each office and on our website and by making copies available at our offices (see "Right to a paper copy of this Notice" above).

You or your representative have the right to express complaints to HPCG and to the Secretary of Department of Health and Human Services if you or your representative believe that your privacy rights have been violated. Any complaints to our agency should be made in writing to the Privacy Officer. We encourage you to express any concerns you may have regarding the privacy of your information. To file a complaint with the United States Secretary of Health and Human Services, send your complaint to him or her in care of: Office for Civil Rights, U.S. Department of Health and Human Services, 200 Independence Avenue SW, Washington, D.C. 20201. Complaints also may be filed online at www.hhs.gov/ocr. You will not be retaliated against in any way for filing a complaint.

The Following Information Is a Summary of the Circumstances Under Which and Purposes for Which Your PHI May Be Used and Disclosed:

To Provide Healthcare Treatment. For example, HPCG may use your PHI to coordinate care within HPCG and with others involved in your care, such as your attending physician, members of the hospice interdisciplinary team and other health care professionals such as nursing homes, if applicable, and hospitals that have agreed to assist HPCG in coordinating care.

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

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To Conduct Health Care Operations. HPCG may use and disclose PHI for its own operations in order to facilitate the function of HPCG and as necessary to provide quality care to all patients. For example, HPCG may use your PHI to evaluate its staff performance and/or combine your PHI with other HPCG patients in evaluating how to more effectively serve all of our patients. Health care operations include such activities as:

- Quality assessment and activities designed to improve the agency and manage health care cost.
- 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 for professionals and non-professionals in health care and under supervision.
- Accreditation, certification, licensing or credentialing activities.
- Review and auditing, including compliance reviews, medical reviews, legal services and compliance programs.
- Business management and general administrative activities of HPCG.

To Individuals Involved in Your Care or the Payment for Your Care. HPCG may disclose to a family member, other relative, a close personal friend, or any other person identified by you, medical information about you that is directly relevant to that person's involvement with your care or payment related to your care. HPCG also may use or disclose medical information about you to notify, or assist in notifying, those persons of your location, general condition or death. In the event of your death, we may disclose to any of those persons who were involved in your care prior to your death, medical information about you that is relevant to that person's involvement, unless doing so is inconsistent with any prior expressed preference of you that is known to us. If there is a family member, other relative, or close personal friend to whom you do not want us to disclose medical information about you, please notify the Privacy Officer or tell an HPCG staff member who is providing care to you. If you have consented to our disclosure of PHI for the purpose of obtaining payment for the care provided to you, such disclosure may also entail giving information to other family members who are insured on your policy or to someone who helps pay for your care, and your consent authorizes such disclosure. If you are not present or cannot agree or object, HPCG staff will use professional judgment to decide whether it is in your best interest to release relevant information to someone who is involved in your care or to an entity assisting you.

For Resident Directory. If you are a patient of HPCG, the staff may disclose certain information about you including your name, your general health status and where you are in the agency/facility. HPCG staff may disclose this information to people who ask for you by name. In addition, your religious affiliation may be given to members of the clergy, such as a minister, priest or rabbi. Please inform us if you do not want to be included in our facility directory or if you want to restrict the information we include in the directory.

For Disaster Relief Efforts. HPCG may use or disclose medical information about you to a public or private entity authorized by law or by its charter to assist in disaster relief efforts. This will be done to coordinate with those entities in notifying a family member, other relative, close personal friend or other person identified by you or your location, general condition or death.

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For Fundraising Activities. HPCG may use or disclose PHI about you, including disclosures to a foundation to contact you to raise money for our facility and their operations. We would only release demographic information relating to you, including your name, address, and other contact information. You have a right to opt out of receiving fundraising communications. If you do not want to be contacted in this way, you must notify us by contacting our vice president of marketing and development at 336.621.2500. If you have not already chosen to opt out of receiving fundraising communications, we must ask you each time we contact you regarding fundraising efforts if you wish to opt out of all future fundraising communications.

For Public Health Activities. HPCG may disclose your PHI for public activities and purposes in order to:

- 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 or condition.
- Notify an employer about an individual who is a member of the workforce as legally required.

For Proof of Immunization. HPCG may use or disclose immunization information to a school about you if you are a student or prospective student of the school; the information is limited to proof of immunization; the school is required by State or other law to have the proof of immunization prior to admitting you; and we obtain and document the agreement to the disclosure from either: your parent, guardian or other person standing in loco parentis of you if you are an unemancipated minor, or from you if you are an adult or emancipated minor.

To Report Abuse, Neglect or Domestic Violence. HPCG may notify government authorities if a staff member believes a patient/client is the victim of abuse, neglect or domestic violence. Our agency will make the disclosure only when specifically required or authorized by law or when the patient/client agrees to the disclosure.

To Conduct Health Oversight Activities. HPCG may disclose your PHI to a health oversight agency for activities including audits, civil administrative or criminal investigations, inspections, licensure or disciplinary action. You have the right to object in writing to the release of your PHI to the North Carolina Department of Health and Human Services, and to the department's inspection of your record during a North Carolina Department of Health and Human Services inspection of our agency for compliance with applicable requirements. HPCG, however, may not disclose your PHI if you are the subject of an investigation and your PHI is not directly related to your receipt of health care or public benefits.

When Legally Required. HPCG may use or disclose medical information about you when we are required to do so by law. For example, if you are a patient, our agency will disclose your PHI to a judge or hearing officer in response to a court order.

In Connection with Judicial and Administrative Proceedings. HPCG may disclose your health information in the course of any judicial or administrative proceedings in response to an order of the court or administrative tribunal as expressly authorized by such order or in response to a subpoena, discovery request or other legal process but only when HPCG makes reasonable efforts to either notify you about the request or to obtain an order protecting your health information.

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For Law Enforcement Purposes. HPCG may disclose your PHI as permitted or required by state law to a law enforcement official for certain law enforcement purposes such as:

- In response to a court, grand jury or administrative order, warrant, subpoena or similar process.
- To comply with mandatory reporting requirements for violent injuries, such as gunshot wounds, stab wounds and poisonings.
- 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.
- If our agency has a suspicion that your death was the result of criminal conduct.
- To report crimes that occur at HPCG facilities.
- In an emergency in order to report a crime.

To Coroners and Medical Examiners. HPCG may disclose your PHI to coroners and medical examiners for the purposes of determining your cause of death or for other duties, as authorized by law.

To Funeral Directors. HPCG may disclose your PHI 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, our agency may disclose your PHI prior to and in reasonable anticipation of your death.

For Organ, Eye or Tissue Donation. HPCG may use or disclose your PHI 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. If you are an organ or tissue donor, we are also required by law to provide medical information about you after your death to the person or entity who receives the organ or tissue donation.

For Research Purposes. HPCG may, under very select circumstances, use your PHI for research. Before HPCG discloses any of your PHI for such research purposes, the project will be subject to an extensive approval process. We will not be permitted to receive any money or other thing of value in connection with the use or disclosure of your medical information for research purposes unless the money we receive reflects the cost to prepare and transmit the medical information to the researcher, or unless we notify you in advance and we obtain your written authorization.

In the Event of a Serious Threat to Health or Safety. HPCG may, consistent with applicable law and ethical standards of conduct, use or disclose your PHI if we, in good faith, believe the use or disclosure is necessary to prevent or lessen a serious or imminent threat to your health or safety or to the health or safety of the public. Any disclosure, however, would only be to someone able to help prevent the threat. We also may release information about you if we believe the disclosure is necessary for law enforcement authorities to identify or apprehend an individual who admitted participation in a violent crime or who is an escapee from a correctional institution or from lawful custody.

For Specified Government Functions. In certain circumstances, the Federal regulations authorize HPCG to use or disclose your PHI to facilitate specified government functions relating to military and veterans, national security and intelligence activities, protective services for the President and others, medical suitability determinations and inmates in law enforcement custody.

For Worker's Compensation. HPCG may release your PHI for worker's compensation or similar programs under appropriate circumstances. These programs provide benefits for work-related injuries or illness.



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More Stringent Protection of Your Protected Health Information

Substance Abuse / Behavioral Health Care. Any information relating to alcohol and drug treatment or behavioral health care treatment will not be disclosed outside HPCG except in limited situations including emergency treatment or threat to safety of person or public; as authorized by you in writing; pursuant to a court order; or as required by law.

HIV/AIDS. If you are tested or receive treatment for HIV or AIDS, we will not release this information except in the following circumstances: specific medical or epidemiological information may be released for statistical purposes if you cannot be identified from the information; for treatment, payment and healthcare operations; as permitted under 45 C.F.R. §§ 164.506 and 164.512(i); if a subpoena or court order requires disclosure; if you or your guardian give us permission to release the information; or if the disclosure is required or permitted under communicable disease laws, statutes or regulations.

Minors or Developmentally Disabled Patients. A parent, guardian or other person with authority to act in loco parentis has authority to have access to and decide the use and disclosure of PHI concerning a minor patient, except when:

1. A custody order or agreement provides otherwise.
2. A court order provides otherwise.
3. There is a reasonable basis to suspect abuse or neglect of the minor or developmentally disabled patient and providing such information or authority to the parent, guardian, or other person acting in loco parentis is reasonably believed to present a risk of injury or harm to the minor or developmentally disabled patient.
4. The minor or developmentally disabled patient has the right to obtain health care on his or her own behalf as is permitted in the following cases:
 - a. For outpatient diagnosis or treatment of emotional illness.
 - b. For diagnosis or treatment of pregnancy (not abortion).
 - c. For diagnosis or treatment of sexually transmitted diseases. In these circumstances, however, our agency may choose to disclose such information to the parent or guardian if the parent or guardian contacts HPCG and requests such information.
 - d. The parent or guardian has agreed that such information will be confidential between the minor or developmentally disabled patient and our agency.

Other Uses and Disclosures of Medical Information

Other uses and disclosures of PHI not covered by this notice, including uses and disclosures of PHI for marketing purposes and disclosures that constitute a sale of PHI, will be made only with your written permission or as required by law. If you provide us permission to use or disclose PHI about you, you may revoke that permission, in writing, at any time. Your revocation will be effective as of the end of the day on which you provide it in writing to the Privacy Officer. If you revoke your permission, we will no longer use or disclose PHI about you for the purposes that you had authorized in writing. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

Contact Person

HPCG contact person for all issues regarding patient privacy and your rights under the Federal privacy standards is the Privacy Officer, Hospice and Palliative Care of Greensboro, 2500 Summit Avenue, Greensboro, North Carolina 27405, 336.621.2500.

This Notice is effective **September 3, 2013**.

If you have any questions regarding this notice, please contact the privacy officer.

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