



Notice of Hope Hospice, Inc. Privacy Practices

THIS FORM IS INTENDED ONLY TO PROVIDE GENERAL GUIDANCE. IT DOES NOT CONSTITUTE NOR SERVE AS A SUBSTITUTE FOR LEGAL ADVICE.

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.

USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION*

Hope Hospice, Inc. may use your Protected Health Information (PHI), information that constitutes Protected Health Information (PHI) as defined in the Privacy Rule of the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), for purposes of providing you treatment, obtaining payment for your care, and conducting health care operations. Hope Hospice has established policies to guard against unnecessary disclosure of your Protected Health Information. As a health care provider, we are committed to meet the requirements of the law to maintain the privacy of our Protected Health Information, and to provide you with this Notice of your legal duties and our privacy practices relating to your Protected Health Information.

THE FOLLOWING IS A SUMMARY OF THE CIRCUMSTANCES UNDER WHICH AND PURPOSES FOR WHICH YOUR PROTECTED HEALTH INFORMATION MAY BE USED AND DISCLOSED:

To Provide Treatment. Hope Hospice may use your Protected Health Information to coordinate care within Hope Hospice and with others involved in your care, such as your attending physician, members of the Hope Hospice interdisciplinary team, and other health care professionals who have agreed to assist Hope Hospice in coordinating care. For example, physicians involved in your care will need information about your symptoms in order to prescribe appropriate medications. Hope Hospice also may disclose your health care information to individuals outside of Hope Hospice involved in your care including your physician, family members, clergy who you have designated, pharmacists, suppliers of medical equipment or other health care professionals.

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



Notice of Hope Hospice, Inc. Privacy Practices

**Protected Health Information is health information that either identifies you or can be reasonably used to ascertain your identity, and which is transferred or maintained to another party in electronic or other form.*

To Conduct Health Care Operations. Hope Hospice may use and disclose Protected Health Information for its own operations in order to facilitate the function of Hope Hospice and, as necessary, to provide quality care to all of Hope 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 care learn under supervision.
- Training of non-health care professionals.
- Accreditation, certification, licensing or credentialing activities.
- Review and auditing, including compliance reviews, medical reviews, legal services, and compliance programs.
- Business planning and development including cost management and planning related analyses and formulary development.
- Business management and general administrative activities of Hope Hospice.
- Fundraising for the benefit of Hope Hospice.

For example, Hope Hospice may use your Protected Health Information to evaluate its staff performance, combine your Protected Health Information with other Hospice patients in evaluating how to more effectively serve all Hospice patients, disclose your Protected Health Information to Hospice staff and contracted personnel for training purposes, use your Protected Health Information to contact you as a



Notice of Hope Hospice, Inc. Privacy Practices

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

For Fundraising Activities. Hope Hospice may use information about you including your name, address, phone number, and the dates you received care in order to contact you or your family to raise money for Hope Hospice. Hope Hospice may also release this information to a related Hospice foundation. If you do not want Hope Hospice to contact you or your family, notify the Hope Hospice Director of Development, 925-829-8770 and indicate that you do not wish to be contacted.

For Appointment Reminders. Hope Hospice may use and disclose your Protected Health Information to contact you as a reminder that you have an appointment for a home visit.

For Treatment Alternatives. Hope Hospice may use and disclose your Protected Health Information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

THE FOLLOWING IS A SUMMARY OF THE CIRCUMSTANCES UNDER WHICH AND PURPOSES FOR WHICH YOUR PROTECTED HEALTH INFORMATION MAY ALSO BE USED AND DISCLOSED.

When Legally Required. Hope Hospice will disclose your Protected Health Information when it is required to do so by any Federal, State or local law.

When There Are Risks to Public Health. Hope Hospice may disclose your Protected Health Information 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 conduct of public health surveillance, investigations, and interventions.
- Report adverse events; product defects; track products or enable product recalls, repairs, and replacements; and 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.
- Notify an employer about an individual who is a member of the workforce as legally required.



Notice of Hope Hospice, Inc. Privacy Practices

To Report Abuse, Neglect Or Domestic Violence. Hope Hospice is allowed to notify government authorities if Hope Hospice believes a patient is the victim of abuse, neglect, or domestic violence. Hope Hospice will make this disclosure only when specifically required or authorized by law or when the patient agrees to the disclosure.

To Conduct Health Oversight Activities. Hope Hospice may disclose your Protected Health Information to a health oversight agency for activities including audits, civil administrative or criminal investigations, inspections, licensure, or disciplinary action. Hope Hospice, however, may not disclose your Protected Health Information if you are the subject of an investigation and your Protected Health Information is not directly related to your receipt of health care or public benefits.

In Connection With Judicial And Administrative Proceedings. Hope Hospice may disclose your Protected Health Information 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 Hope Hospice makes reasonable efforts to either notify you about the request or to obtain an order protecting your Protected Health Information.

For Law Enforcement Purposes. As permitted or required by State law, Hope Hospice may disclose your Protected Health Information to a law enforcement official for certain 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 Hope Hospice has a suspicion that your death was the result of criminal conduct including criminal conduct at Hope Hospice.
- In an emergency in order to report a crime.

To Coroners And Medical Examiners. Hope Hospice may disclose your Protected Health Information to coroners and medical examiners for purposes of determining your cause of death or for other duties, as authorized by law.



Notice of Hope Hospice, Inc. Privacy Practices

To Funeral Directors. Hope Hospice may disclose your Protected Health Information to funeral directors consistent with applicable law and if necessary, to carry out their duties with respect to your funeral arrangements, prior to and in reasonable anticipation of your death.

For Organ, Eye Or Tissue Donation. Hope Hospice may use or disclose your Protected Health Information 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.

For Research Purposes. Hope Hospice may, under very select circumstances, use your Protected Health Information for research. Before Hope Hospice discloses any of your Protected Health Information for such research purposes, the project will be subject to an extensive approval process.

In the Event of A Serious Threat To Health Or Safety. Hope Hospice may, consistent with applicable law and ethical standards of conduct, disclose your Protected Health Information if Hope 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.

For Specified Government Functions. In certain circumstances, the Federal regulations authorize Hope Hospice to use or disclose your Protected 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 determinations, and inmates and law enforcement custody.

For Worker's Compensation. Hope Hospice may release your Protected Health Information for worker's compensation or similar programs.

AUTHORIZATION TO USE OR DISCLOSE PROTECTED HEALTH INFORMATION

Other than is stated above, Hope Hospice will not disclose your Protected Health Information other than with your written authorization. If you or your representative authorizes Hope Hospice to use or disclose your Protected Health Information, you may revoke that authorization in writing at any time.

YOUR RIGHTS WITH RESPECT TO YOUR PROTECTED HEALTH INFORMATION

You have the following rights regarding your Protected Health Information that Hope Hospice maintains:



Notice of Hope Hospice, Inc. Privacy Practices

- **Right to request restrictions.** You may request restrictions on certain uses and disclosures of your Protected Health Information. You have the right to request a limit on Hope Hospice's disclosure of your Protected Health Information to someone who is involved in your care or the payment of your care. However, Hope Hospice is not required to agree to your request. If you wish to make a request for restrictions, please contact the Executive Director, Hope Hospice, 925-829-8770.
- **Right to receive confidential communications.** You have the right to request that Hospice communicate with you in a certain way. For example, you may ask that Hope Hospice only conduct communications pertaining to your Protected Health Information with you privately with no other family members present. If you wish to receive confidential communications, please contact the Director of Patient Services, Hope Hospice, 925-829-8770. The Hospice 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 your Protected Health Information.** You have the right to inspect and copy your Protected Health Information, including billing records. A request to inspect and copy records containing your Protected Health Information may be made to Biller/Medical Records, Hope Hospice, 925-829-8770. If you request a copy of your Protected Health Information, Hope Hospice may charge a reasonable fee for copying and assembling costs associated with your request.
- **Right to amend health care information.** You or your representative has the right to request that Hope Hospice amend your records, if you believe that your Protected Health Information is incorrect or incomplete. That request may be made as long as Hope Hospice maintains the information. A request for an amendment of records must be made in writing to Biller/Medical Records, Hope Hospice, Inc., 6377 Clark Avenue, #100, Dublin, CA 94568-3024. Hope 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 if your Protected Health Information records were not created by Hope Hospice, if the records you are requesting are not part of Hope Hospice's records, if the Protected Health Information you wish to amend is not part of the Protected Health Information you or your representative are permitted to inspect and copy, or if, in the opinion of Hope Hospice, the records containing your Protected Health Information are accurate and complete.
- **Right to an accounting.** You or your representative have the right to request an accounting of disclosures of your Protected Health Information



Notice of Hope Hospice, Inc. Privacy Practices

made by Hope Hospice for certain reasons, including reasons related to public purposes authorized by law and certain research. The request for an accounting must be made in writing to Privacy Officer, Hope Hospice, 6377 Clark Avenue, #100, Dublin, CA 94568-3024. The request should specify the time period for the accounting starting on or after April 14, 2003. Accounting requests may not be made for periods of time in excess of seven (7) years. Hope Hospice would 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 has a right to a separate paper copy of this Notice at any time even if you or your representative previously has received this Notice. To obtain a separate paper copy, please contact Privacy Officer, Hope Hospice, 925-829-8770. You or your representative may also obtain a copy of the current version of Hospice's Notice of Privacy Practices at its website, www.hopehospice.com

DUTIES OF HOPE HOSPICE

Hope Hospice is required by law to maintain the privacy of your Protected Health Information and to provide to you and your representative this Notice of its duties and privacy practices. Hope Hospice is required to abide by the terms of this Notice as may be amended from time to time. Hope Hospice reserves the right to change the terms of its Notice and to make the new Notice provisions effective for all Protected Health Information that it maintains. If Hope Hospice changes its Notice, Hope Hospice will provide a copy of the revised Notice to you or your appointed representative. You or your personal representative has the right to express complaints to Hope Hospice and to the Secretary of the Department of Health and Human Services (DHHS) if you or your representative believes that your privacy rights have been violated. Any complaints to Hope Hospice should be made in writing to the Privacy Officer, Hope Hospice, 6377 Clark Avenue, #100, Dublin, CA 94568-3024. Hope Hospice encourages you to express any concerns you may have regarding the privacy of your information. You will not be retaliated against in any way for filing a complaint.

CONTACT PERSON

Hope Hospice has designated the Privacy Officer as its contact person for all issues regarding patient privacy and your rights under the Federal privacy standards. You may contact this person at 6377 Clark Ave., #100, Dublin, CA 94568-3024, 925-829-8770.



Notice of Hope Hospice, Inc. Privacy Practices

EFFECTIVE DATE

This Notice is effective April 14, 2003.

IF YOU HAVE ANY QUESTIONS REGARDING THIS NOTICE, PLEASE CONTACT the Privacy Officer, Hope Hospice, Inc. 6377 Clark Avenue, #100, Dublin, CA 94568-3024, 925-829-8770.