



HOSPICE AT HOME, INC. 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.**

OUR RESPONSIBILITIES

Hospice at Home takes the privacy of your health information seriously. Hospice at Home is required by law to maintain that privacy and to provide you with this Notice of Privacy Practices. This Notice is provided to tell you about our duties and practices with respect to your information. Hospice at Home is required to abide by the terms of this Notice as are currently in effect.

USE AND DISCLOSURE OF HEALTH INFORMATION

Hospice at Home, Inc. may use your health information for purposes of providing you treatment, obtaining payment for your care and conducting health care operations. Your health information may be used or disclosed only after Hospice at Home, Inc. has obtained your written consent. Hospice at Home, Inc. has established a policy to guard against unnecessary disclosure of your health information.

THE FOLLOWING IS A SUMMARY OF THE CIRCUMSTANCES UNDER WHICH AND PURPOSES FOR WHICH YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED AFTER YOU HAVE PROVIDED YOUR WRITTEN CONSENT:

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

To Obtain Payment. Hospice at Home, Inc. may include your health information in invoices to collect payment from third parties for the care you may receive from Hospice at Home, Inc. For example, Hospice at Home, Inc. may be required by your health insurer to provide information regarding your health care status so that the insurer will reimburse you or Hospice at Home, Inc. Hospice at Home, Inc. also may need to obtain prior approval from your insurer and may need to explain to the insurer your need for Hospice at Home, Inc. care and the services that will be provided to you.

To Conduct Health Care Operations. Hospice at Home, Inc. may use and disclose health care information for its own operations in order to facilitate the function of Hospice at Home, Inc. and as necessary to provide quality care to all of Hospice at Home, Inc.'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.



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- 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 Hospice at Home, Inc.
- Fundraising for the benefit of Hospice at Home, Inc. and certain marketing activities.

For example Hospice at Home, Inc. may use your health information to evaluate its staff performance, combine your health information with other Hospice at Home, Inc. patients in evaluating how to more effectively serve all Hospice at Home, Inc. patients, disclose your health information to Hospice at Home, Inc. staff and contracted personnel for training purposes, use your health information to contact you as a reminder regarding a visit to you, or contact you or your family as part of general fundraising and community information mailings (unless you tell us you do not want to be contacted).

For Fundraising Activities. Hospice at Home, Inc. may use information about you including your name, address, phone number and the dates you received care at Hospice at Home, Inc. in order to contact you or your family to raise money for Hospice at Home, Inc.. Hospice at Home, Inc. may also release this information to a related Hospice at Home, Inc. foundation. If you do not want Hospice at Home, Inc. to contact you or your family, notify *Becky Faultersack*, 269-429-7100 and indicate that you do not wish to be contacted.

Federal privacy rules allow Hospice at Home, Inc. to use or disclose your health information without your consent or authorization for a number of reasons:

Appointment Reminders Hospice at Home may use and disclose your health information to contact you as a reminder that you have an appointment for a home visit.

Treatment Alternatives Hospice at Home may use and disclose your health information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

When Legally Required. Hospice at Home, Inc. will disclose your health information when it is required to do so by any Federal, State or local law.

When There Are Risks to Public Health. Hospice at Home, Inc. may disclose your 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 the conduct of public health surveillance, investigations and interventions.
- To 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.



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- To notify a person who has been exposed to a communicable disease or who may be at risk of contracting or spreading a disease.
- To an employer about an individual who is a member of the workforce as legally required.

To Report Abuse, Neglect Or Domestic Violence. Hospice at Home, Inc. is allowed to notify government authorities if Hospice at Home, Inc. believes a patient is the victim of abuse, neglect or domestic violence. Hospice at Home, Inc. 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. Hospice at Home, Inc. may disclose your health information to a health oversight agency for activities including audits, civil administrative or criminal investigations, inspections, licensure or disciplinary action. Hospice at Home, Inc., however, may not disclose your health information if you are the 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. Hospice at Home, Inc. may disclose your 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 Hospice at Home, Inc. makes reasonable efforts to either notify you about the request or to obtain an order protecting your health information.

For Law Enforcement Purposes. Hospice at Home, Inc. may disclose your health information 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 Hospice at Home, Inc. has a suspicion that your death was the result of criminal conduct including criminal conduct at Hospice at Home, Inc.
- In an emergency in order to report a crime.

To Coroners And Medical Examiners. Hospice at Home, Inc. may disclose your health information to coroners and medical examiners for purposes of determining your cause of death or for other duties, as authorized by law.

To Funeral Directors. Hospice at Home, Inc. may disclose your health information 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, Hospice at Home, Inc. may disclose your health information prior to and in reasonable anticipation, of your death.

For Organ, Eye Or Tissue Donation. Hospice at Home, Inc. may use or disclose your 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.



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For Research Purposes. Hospice at Home may, under certain circumstances, use and disclose your health information for research purposes. Before Hospice at Home discloses any health information for research purposes, the project will be subject to an extensive approval process. This process includes evaluating a proposed research project and its use of health information and trying to balance the research needs with your need for privacy. Before Hospice at Home uses or discloses health information for research, the project will have been approved through this research approval process. Additionally, when it is necessary for research purposes and so long as the health information does not leave Hospice at Home, it may disclose your health information to researchers preparing to conduct a research project, for example, to help the researchers look for individuals with specific health needs. Lastly, if certain criteria are met, Hospice at Home may disclose your health information to researchers after your death when it is necessary for research purposes.

Limited Data Set Hospice at Home may use or disclose a limited data set of your health information, that is, a subset of your health information for which all identifying information has been removed, for purposes of research, public health, or health care operations. Prior to release, any recipient of that limited data set must agree to appropriately safeguard your health information.

In the Event of A Serious Threat To Health Or Safety. Hospice at Home, Inc. may, consistent with applicable law and ethical standards of conduct, disclose your health information if Hospice at Home, Inc., 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 Hospice at Home, Inc. to use or disclose your 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. Hospice at Home, Inc. may release your health information for worker's compensation or similar programs.

AUTHORIZATION TO USE OR DISCLOSE HEALTH INFORMATION

Other than is stated above, Hospice at Home, Inc. will not disclose your health information other than with your written authorization. If you or your representative authorizes Hospice at Home, Inc. to use or disclose your health information, you may revoke that authorization in writing at any time. If you revoke your authorization, Hospice at Home will no longer use or disclose health information about you for the reasons covered by your written authorization, except to the extent that Hospice at Home has taken action in reliance thereon. You understand that Hospice at Home is unable to take back any disclosures it has already made under the authorization, and that Hospice at home is required to retain our records of the care that it has provided you.



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YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION

You have the following rights regarding your health information that Hospice at Home, Inc. maintains:

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 Hospice at Home, Inc.'s disclosure of your health information to someone who is involved in your care or the payment of your care. However, Hospice at Home, Inc. is not required to agree to your request, unless your request is for a restriction on a disclosure to a health plan for purposes of payment or health care operations (and is not for purposes of treatment) and the medical information you are requesting to be restricted from disclosure pertains solely to a health care item or service for which you paid out of pocket in full. If you wish to make a request for restrictions, please contact *Becky Faultersack at 269-429-7100*.

Right to receive confidential communications. You have the right to request that Hospice at Home, Inc. communicate with you in a certain way. For example, you may ask that Hospice at Home, Inc. only conduct communications pertaining to your health information with you privately with no other family members present. If you wish to receive confidential communications, please contact *Becky Faultersack at 269-429-7100*. Hospice at Home, Inc. 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 health information. You have the right to inspect and copy your health information, including billing records. A request to inspect and copy records containing your health information may be made to *Becky Faultersack at 269-429-7100*. If you request a copy of your health information, Hospice at Home, Inc. may charge a reasonable fee for copying and assembling costs associated with your request.

You have the right to request that Hospice at Home provide you, and entity or a designated individual with an electronic copy of your electronic health record containing your health information. If Hospice at Home uses or maintains electronic health records containing patient health information. Hospice at Home may require you to pay the labor costs incurred for responding to your request.

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 Hospice at Home, Inc. amend the records. That request may be made as long as the information is maintained by Hospice at Home, Inc. A request for an amendment of records must be made in writing to *Becky Faultersack at 269 429-7100*. Hospice at Home, Inc. 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 health information records were not created by Hospice at Home, Inc., if the records you are requesting are not part of Hospice at Home, Inc.'s records, if the health information you wish to amend is not part of the health information you or your representative are permitted to inspect and copy, or if, in the opinion of Hospice at Home, Inc., the records containing your health information are accurate and complete.



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Right to an accounting. You or your representative have the right to request an accounting of disclosures of your health information made by Hospice at Home, Inc. 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 *Becky Faultersack, at 4025 Health Park Lane, St. Joseph, MI 49085*. 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 (6) six years. Hospice at Home, Inc. 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, 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 *Becky Faultersack at 269 429-7100*. You or your representative may also obtain a copy of the current version of Hospice at Home, Inc.'s Notice of privacy practices at its website, www.hospiceathomecares.org.

DUTIES OF HOSPICE AT HOME, INC.

Hospice at Home, Inc. is required by law to maintain the privacy of your health information and to provide to you and your representative this Notice of its duties and privacy practices. Hospice at Home, Inc. is required to abide by terms of this Notice as may be amended from time to time. Hospice at Home, Inc. reserves the right to change the terms of its Notice and to make the new Notice provisions effective for all health information that it maintains. If Hospice at Home, Inc. changes its Notice, Hospice at Home, Inc. will provide a copy of the revised Notice to you or your appointed representative. You, or your personal representative, have the right to express complaints to Hospice at Home, Inc. and to the Secretary of Health and Human Services if you or your representative believe that your privacy rights have been violated. Any complaints to Hospice at Home, Inc. should be made in writing to *Becky Faultersack, of Hospice at Home, Inc. 4025 Health Park Lane, St. Joseph, MI 49085*. Hospice at Home, Inc. 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

Hospice at Home, Inc.'s contact person for all issues regarding patient privacy and your rights under the Federal privacy standards is *Becky Faultersack at 269 429-7100*.

EFFECTIVE DATE

This Notice is effective April 22, 2010.

**IF YOU HAVE ANY QUESTIONS REGARDING THIS NOTICE, PLEASE CONTACT:
BECKY FAULTERSACK AT (269) 429-7100**