



NOTICE OF HOSPICE EL PASO'S 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.

USE AND DISCLOSURE OF HEALTH INFORMATION

Hospice El Paso (HOEP) 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 HOEP has obtained your written consent. HOEP 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: HOEP may use your health information to coordinate care within Hospice and with others involved in your care, such as your attending physician, members of the interdisciplinary team and other health care professionals who have agreed to assist HOEP in coordinating care. For example, physicians involved in your care will need information about your symptoms in order to prescribe appropriate medications. HOEP also may disclose your health care information to individuals outside of HOEP involved in your care including family members, clergy whom you have designated, pharmacists, therapist or other health care professionals that HOEP uses in order to coordinate your care.

To Obtain Payment: HOEP may include your health information in invoices to collect payment from third parties for the care you may receive from HOEP. For example, HOEP may be required by Medicare, Medicaid, and/or your health insurer to provide information regarding your health care status so that the insurer may compensate HOEP for its services. HOEP 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 Operation: HOEP may use and disclose health care information for its own operations in order to facilitate the function of the organization and as necessary to provide quality care to all of HOEP's patients. Health care operations include activities such 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 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 analysis and formulary development.
- ✓ Business management and general administrative activities of HOEP.

For example: HOEP may use your health information to evaluate its staff performance, combine your health information with other Hospice patients in evaluating how to more effectively serve patients, disclose your health information to Hospice 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.

Federal privacy rules allow HOEP to use or disclose your health information without your consent or authorization for a number of reasons. These include:

When Legally Required HOEP will disclose your health information when it is required to do so by Federal, state or local law.

When there are Risks to Public Health HOEP 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;
- ✓ To notify a person who has been exposed to a communicable disease or who may be at risk of contacting or spreading disease; and
- ✓ To an employer about an individual who is a member of the workforce as required by law.

To Report Abuse, Neglect, Exploitation or Domestic Violence HOEP is required by law to notify and disclose to government authorities if it believes a patient is the victim of abuse, neglect, exploitation or domestic violence.

In Connection with Judicial and Administrative Proceeding HOEP 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 HOEP makes reasonable efforts to either notify you about the request or to obtain an order protecting your health information.

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

To Coroners and Medical Examiners HOEP 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 HOEP 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, HOEP may disclose your health information prior to and within reasonable anticipation of your death.

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

For Specified Government Functions In certain circumstances, the federal regulations authorize HOEP 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 for the US Government and for the health and safety of inmates and law enforcement custody.

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

AUTHORIZATION TO USE OR DISCLOSE HEALTH INFORMATION

Other than is stated above, HOEP will not disclose your health information without your written authorization. If you or your representative authorizes the Hospice to use or disclose your health information, you may revoke that authorization in writing at any time.

YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION

You have the following right regarding your health information that HOEP maintains:

Right to Request Restrictions You may request restrictions on certain uses and disclosure of your health information. You have the right to request a limit on HOEP's disclosure of your health information to someone who is involved in your care or the payment of your care. However, HOEP is NOT REQUIRED to agree to your request. If you wish to make a request for restrictions, please contact:

Executive Director
(915) 532-5699

This person will have a system for obtaining a written request form.

Right to receive confidential communications You have the right to request that HOEP communicate with you in a certain way. For example, you may ask HOEP 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:

Administrator on-call
(915) 532-5699

HOEP 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:

Health Information Department
(915) 532-5699

If you request a copy of your health information, HOEP may charge a reasonable fee for copying and assembling costs associated with 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 HOEP amend the records. That request may be as long as HOEP maintains the information. A request for an amendment of records must be made in writing to:

Health Information Department
(915) 532-5699

HOEP 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 HOEP, if the records you are requesting are not part of HOEP'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 HOEP, the records containing your information is accurate and complete.

Right to an accounting You or your representative have the right to request an accounting of disclosures of your health information made by HOEP for any reason other than for treatment, payment or health operations. The request for an accounting must be made in writing to:

Health Information Department
(915) 532-5699

The request should specify the time period for the accounting. An accounting request may not be made for periods in excess of six years. HOEP will provide the first accounting you request during a 12-month period without charge. Subsequent accounting request 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 if you or your representative has received this Notice previously. To obtain a separate paper copy please contact:

Health Information Department
(915) 532-5699

A patient or representative may also obtain a copy of the current version of HOEP's Notice of privacy practices at its website, www.hospiceelpaso.org

DUTIES OF HOSPICE EL PASO

HOEP is required by law to maintain the privacy of your Health information and to provide you and your representative this Notice of its duties and privacy practices. HOEP is required to abide by terms of this Notice as may be amended from time to time. HOEP reserves the right to change the terms of its Notice and to make the new Notice provision effective for all health information that it maintains. If HOEP changes its Notice while you are a patient, HOEP will provide a copy of the revised Notice to you or your appointed representative.

Grievance

You or your personal representative has the right to express complaints to HOEP and to the Department of Aging and Disability Services if you or your representative believes that your privacy rights have been violated. Any complaints to HOEP should be made in writing to:

Linda Black
Executive Director
1440 Miracle Way
El Paso, TX 79925
(915) 532-5699

Department of Aging and
Disability Services
DADS Consumer Rights & Services
P.O. Box 149030
Austin, TX 78714-9030
1-800-458-9858

HOEP 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

HOEP's contact person for all issues regarding patient privacy and your rights under the Federal privacy standards is:

Linda Black
Executive Director
1440 Miracle Way
El Paso TX 79925
(915) 532-5699

EFFECTIVE DATE

This notice is effective December 1, 2011