

# TRI-CITIES CHAPLAINCY HOSPICE 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.**

## **USE AND DISCLOSURE OF HEALTH INFORMATION**

The Tri-Cities Chaplaincy (TCC) Hospice may use your health information for purposes of providing you treatment, obtaining payment for your care and conducting health care operations.

The (TCC) Hospice may use your health information for purposes of providing you treatment, obtaining payment for your care and conducting health care operations. Additionally, there are specific circumstances under which TCC Hospice may use or disclose your health information without your authorization as required by law. The following is a description of the circumstances under which TCC Hospice may use or disclose your health care information.

**To Provide Treatment.** The TCC Hospice 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 Hospice interdisciplinary team and other health care professionals who have agreed to assist Hospice in coordinating care. For example, physicians involved in your care will need information about your symptoms in order to prescribe appropriate medications. The TCC Hospice also may disclose your health care information to individuals outside of Hospice involved in your care including family members, clergy whom you have designated, pharmacists, suppliers of medical equipment or other health care professionals that Hospice uses in order to coordinate your care.

**To Obtain Payment.** The TCC Hospice may include your health information in invoices to collect payment from third parties for the care you may receive from Hospice. For example, Hospice may be required by your health insurer to provide information regarding your health care status so that the insurer will reimburse you or Hospice. The TCC 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 TCC Hospice may use and disclose health care information for its own operations in order to facilitate the function of the Hospice program 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 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 the Hospice.
- Fundraising for the benefit of the Hospice and certain marketing activities.

For example, the Tri-Cities Chaplaincy Hospice 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 all Hospice patients, or disclose your health information to Hospice staff and contracted personnel for training purposes.

**For Reminders or Information.** The TCC Hospice may use your health information to contact you as a reminder regarding an appointment to visit you or to provide you or your family with information about treatment alternatives or other health-related benefits and services in which you may be interested. TCC Hospice may also send you community information mailings. Please inform us if you do not wish to be contacted regarding reminders or information.

**For Our Directory.** The TCC Hospice may disclose certain information about you including your name, your general health status, your religious affiliation and where you are in the Hospice facility in a Hospice directory while you are in the Hospice inpatient facility. The TCC Hospice may disclose this information to people who ask for you by name. Please inform us if you do not want your information to be included in the directory.

**For Fundraising Activities** The TCC Hospice may use information about you including your name, address, phone number and the dates you received care at the Hospice in order to contact you or your family to raise money for Hospice. The Hospice may also release this information to the Tri-Cities Chaplaincy endowment. If you do not want Hospice to contact you or your family, notify the Bereavement Coordinator and indicate that you do not wish to be contacted.

**FEDERAL PRIVACY RULES ALLOW THE TCC HOSPICE TO USE OR DISCLOSE YOUR HEALTH INFORMATION WITHOUT YOUR AUTHORIZATION FOR A NUMBER OF REASONS:**

**When Legally Required.** The TCC Hospice 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.** The TCC Hospice 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 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.** The TCC Hospice is allowed to notify government authorities if there is reason to believe a patient is the victim of abuse, neglect or domestic violence. The TCC 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** The TCC Hospice may disclose your health information to a health oversight agency for activities including audits, civil administrative or criminal investigations, inspections, licensure or disciplinary action. The TCC Hospice, 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.** The TCC Hospice 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 in compliance with the Uniform Health Care Information Act, Chapter 70.02 RCW.

**For Law Enforcement Purposes** The TCC Hospice 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 has a suspicion that your death was the result of criminal conduct including criminal conduct at Hospice.
- In an emergency in order to report a crime.

**To Coroners And Medical Examiners.** The TCC Hospice 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** The TCC Hospice 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 may disclose your health information prior to and in reasonable anticipation, of your death.

**For Organ, Eye Or Tissue Donation.** The TCC Hospice 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.

**For Research Purposes** The TCC Hospice may, under very select circumstances, use your health information for research. Before Hospice discloses any of your health information for such research purposes, the project will be subject to an extensive approval process. The TCC Hospice will ask your permission if any researcher will be granted access to your individually identifiable health information.

**In the Event of A Serious Threat To Health Or Safety.** The TCC Hospice may, consistent with applicable law and ethical standards of conduct, disclose your health information if 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 Hospice 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.** The TCC 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 TCC Hospice will not disclose your health information other than with your written authorization. If you or your representative authorizes 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 rights regarding your health information that the TCC Hospice 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's disclosure of your health information to someone who is involved in your care or the payment of your care. However, Hospice is not required to agree to your request. If you wish to make a request for restrictions, please contact your Hospice Social Worker or Nurse.
- **Right to receive confidential communications** You have the right to request, in writing, that TCC Hospice communicate with you in a certain way. For example, you may ask that Hospice 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 your Hospice Social Worker or Nurse, who will assist you in making a written request. The TCC 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 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 must be made in writing to the Tri-Cities Chaplaincy Hospice Director. If you request a copy of your health information, the Hospice may charge a reasonable fee for copying and assembling costs associated with your request. In certain circumstances, your request may be denied in whole or in part. If your request is denied, Hospice will provide you with a timely written denial stating the basis for denial and whether or not the denial is reviewable.
- **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 TCC Hospice amend the records. That request may be made as long as the information is maintained by Hospice. A request for an amendment of records must be made in writing to the Hospice Director. The TCC 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 health information records were not created by Hospice, if the records you are requesting are not part of Hospice'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,

the records containing your 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 health information made by Hospice for reasons other than, among other things, treatment, payment, or health operations. The request for an accounting must be made in writing to the Tri-Cities Chaplaincy Hospice Billing Clerk.. The request should specify the time period for the accounting starting on April 14, 2003. Accounting requests may not be made for periods of time in excess of six years. The 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, 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 Tri-Cities Chaplaincy Hospice Patient Care Coordinator.

### **DUTIES OF THE HOSPICE**

The TCC Hospice 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. The TCC Hospice is required to abide by the terms of this Notice, as may be amended from time to time. The TCC Hospice 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 changes its Notice, a copy of the revised Notice will be provided to you or your appointed representative.

### **COMPLAINTS**

You or your personal representative have the right to express complaints to TCC Hospice and/or to the Secretary of Health and Human Services if you or your representative believe that your privacy rights have been violated. Any complaints to the Hospice should be made in writing to the Tri-Cities Chaplaincy Hospice Director. The TCC 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**

The Hospice's contact person for all issues regarding patient privacy and your rights under the Federal privacy standards is The Tri-Cities Chaplaincy Hospice Director, 2108 W. Entiat Avenue, Kennewick WA 99336, 509-783-7416.

### **EFFECTIVE DATE**

This Notice is effective April 14, 2003.

**IF YOU HAVE ANY QUESTIONS REGARDING THIS NOTICE, PLEASE CONTACT ANY MEMBER OF YOUR HOSPICE TEAM.**