

# *Old Colony Hospice*

## *Notice of Hospice Privacy Practices*

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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.

### *Summary of Our Uses and Disclosures*

We may use and share your information as we:

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

### *Summary of Your Rights*

You have the right to:

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

### *Summary of Your Choices*

You have some choices in the way that we use and share information as we:

- Tell family and friends about your condition
- Provide disaster relief
- Include you in a hospital directory
- Provide mental health care
- Market our services and sell your information
- Raise funds

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### *OUR USES AND DISCLOSURES*

Old Colony Hospice (*The Hospice*) may use your Private Health Information (PHI), for purposes of providing you treatment, obtaining payment for your care and conducting health care operations. The Hospice has established policies to guard against unnecessary disclosure of your health information.

**YOUR HEALTH INFORMATION MAY BE USED FOR OLD COLONY HOSPICE TO:  
PROVIDE TREATMENT, OBTAIN PAYMENT and CONDUCT OPERATIONS.**

***Providing Treatment:*** The Hospice may use your health information to coordinate care within the Hospice and with others involved in your care, such as your attending physician, members of the Hospice team and other health care professionals who have agreed to assist the Hospice in coordinating care. For example, physicians involved in your care will need information about your symptoms in order to prescribe appropriate medications. The Hospice also may disclose your health care information to individuals outside of the Hospice involved in your care including family members, clergy who you have designated, pharmacists, suppliers of medical equipment or other health care professionals for the purpose of providing treatment to you. As well as releasing information for qualification of services/programs such as handicap plaques.

***Obtaining Payment:*** The Hospice may include your health information in invoices to collect payment from third parties for the care you receive from the Hospice. The Hospice 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. The Hospice may need to submit information to your insurer for payment.

***Conducting Health Care Operations:*** The Hospice may use and disclose health information for its own operations to run its practice in order to facilitate the function of the Hospice and as necessary to provide quality care and to improve the care of all Hospice's patients, and contact you when necessary. Health care operations include 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.
- Releasing appropriate information to airlines for family to qualify for emergency flights.
- Professional review and performance evaluation.

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- Training programs including those in which students, trainees or practitioners learn under supervision.
- On-call services via Answering Service (nights, weekends and holidays)
- Accreditation, certification, licensing or credentialing activities.
- Review and auditing including: compliance reviews, medical reviews, legal services, and financial audits.
- Business planning, development and management including cost management and planning related analyses and formulary development.
- Periodic phone calls or mailings related to bereavement support from The Hospice, containing counseling information, support groups and memorial activities that you or your family may wish to participate in.

THE FOLLOWING IS A SUMMARY OF OTHER PURPOSES and CIRCUMSTANCES UNDER WHICH YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED.

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

**Business Associates:** We may share your Protected Health Information with our vendors and agents who create, receive, maintain or transmit Protected Health Information for certain functions or activities on behalf of the Provider. These are called our “Business Associates” and include any subcontractor that creates, receives, maintains or transmits Protected Health Information on behalf of the Provider. For example, we may give your health information to a billing company to assist us with our billing for services, or to a law firm or an accounting firm that assists us in complying with the law and for improving our services. To protect and safeguard your health information we require our Business Associates and subcontractors to appropriately safeguard your information.

**Fundraising:** The 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 acknowledge donations we receive in memory of you or to raise money for the Hospice. The “Report of Gifts” is printed 1-2 times each year and acknowledges the donations we have received in memory of our patients. If you do not want the Hospice to contact you or your family, please notify the **Director of Development at 781-341-4145** and indicate that you opt out of fundraising communications.

**Marketing Activities:** In most circumstances, we are required by law to receive your written authorization before we use or disclose your health information for marketing purposes. Under no circumstances will we sell our patient lists or your health information to a third party

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without your written authorization. We may contact you to provide information about treatment alternatives or other health-related benefits and services that may be of interest to you.

***As Required by Law:*** The Hospice will disclose your health information when it is required to do so by any Federal, State or local law.

***Risks to Public Health:*** The 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.
- Report adverse reactions to medications, 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.
- Notify an employer about an individual who is a member of the workforce as legally required.
- Preventing or reducing a serious threat to anyone's health or safety.

***Reporting Abuse, Neglect Or Domestic Violence:*** The Hospice is required to notify Department of Public Health officials if the Hospice believes a patient is the victim of abuse, neglect or domestic violence. The Hospice will make this disclosure only when specifically required or authorized by law.

***Conducting Health Oversight Activities:*** The Hospice may disclose your health information to a health oversight hospice for activities including audits, civil administrative or criminal investigations, inspections, licensure or disciplinary action. The 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 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 when the Hospice makes reasonable efforts to either notify you about the request or to obtain an order protecting your health information.

***Law Enforcement Purposes:*** As permitted or required by State law, the Hospice may disclose your 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.

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- 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 the Hospice 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.

*Coroners And Medical Examiners:* The 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.

*Funeral Directors:* The 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, the Hospice may disclose your health information prior to and in reasonable anticipation of your death.

*Worker's Compensation:* The Hospice may release your health information for worker's compensation or similar programs.

*Research:* We can use or share your information for health research. In general, we will request that you sign a written authorization before using your Protected Health Information or disclosing it to others for research purposes. However, we may use or disclose your health information without your written authorization for research purposes provided that the research has been reviewed and approved by a special Privacy Board or Institutional Review Board.

*Responding to Organ and Tissue Donation Requests:* We can share health information about you with organ procurement organizations.

### AUTHORIZATION TO USE OR DISCLOSE HEALTH INFORMATION

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

## *YOUR RIGHTS*

You have the following rights regarding your health information that the Hospice maintains. Please contact the appropriate individual identified below at: Old Colony Hospice – One Credit Union Way – Randolph, MA 02368 - 781-341-4145

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**Right to Request Restrictions:** You have the right to request restrictions on the way we use and disclose your Protected Health Information for our treatment, payment or health care operations. You also have the right to request restrictions on the way we disclose your Protected Health Information to a family member, friend or other person who is involved in your care or the payment for your care. We are not required to agree to your requested restriction, and in some cases, the law may not permit us to accept your restriction or if it would affect your care. However, if we do agree to accept your restriction, we will comply with your restriction except in the case of an emergency or if the use or disclosure is required by law. If your restriction applies to disclosure of information to a health plan, for payment or health care operations purposes and is not otherwise required by law and where you paid out of pocket, in full, for items or services, we are required to honor that request. If you wish to make a request for restrictions, please contact the **Quality Improvement Coordinator**.

**Right to Receive Confidential Communications:** You have the right to request that the Hospice communicate with you in a certain way. For example, you may ask that the 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 the **Quality Improvement Coordinator**. 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 Obtain Copy your Health Information:** You have the right to inspect and obtain a copy your health information, including billing records either in an electronic or paper format. A request to inspect and copy records containing your health information may be made to the **Medical Records Coordinator**. 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.

**Right to Amend Health Care Information:** You or your representative have the right to request that the Hospice amend your records, if you believe that your health information is incorrect or incomplete. That request may be made as long as the information is maintained by the Hospice. A request for an amendment of records must be made in writing to the **Medical Records Coordinator**. The 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 the Hospice, if the records you are requesting are not part of the 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 the 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 the Hospice for certain reasons, including reasons related to public purposes authorized by law and certain research. We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). The request for an accounting must

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be made in writing to the *Medical Records Coordinator*. 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 six (6) 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 Receive Notice of a Breach:** We will notify you by first class mail or by email (if you have indicated a preference to receive information by e-mail), of any breaches of Unsecured Protected Health Information as soon as possible, but in any event, no later than 60 days following the discovery of the breach. A “Breach” means the unauthorized access, acquisition, use, or disclosure of Protected Health Information which compromises the security or privacy of Protected Health Information, except: (1) an unauthorized person to whom such information is disclosed would not reasonably have been able to retain such information; (2) any unintentional acquisition, access, or use of Protected Health Information by an employee or individual acting under the authority of a covered entity or business associate (a) was made in good faith and within the course and scope of the employment or other professional relationship of such employee, or individual, respectively, with the covered entity or business associate; and (b) such information is not further acquired, accessed, or used or disclosed by any person; or (3) any inadvertent disclosure from an individual who is otherwise authorized to access Protected Health Information at a facility operated by a covered entity or business associate to another similarly situated individual at the same facility provided that any such information received as a result of such disclosure is not further acquired, accessed, used, or disclosed without authorization. The Provider must notify you of any breach unless we can demonstrate, based on a risk assessment, that there is a low probability that the Protected Health Information has been compromised. “Unsecured Protected Health Information” is information that is not secured through the use of a technology or methodology identified by the U.S. Department of Health and Human Services to render the Protected Health Information unusable, unreadable and undecipherable to unauthorized users. The notice is required to include the following information:- a brief description of the breach, including the date of the breach and the date of its discovery, if known;6- a description of the type of Unsecured Protected Health Information involved in the breach;- steps you should take to protect yourself from potential harm resulting from the breach;- a brief description of action we are taking to investigate the breach, mitigate losses, and protect against further breaches; and- contact information, including a toll-free number, e-mail address, Website or postal address to permit you to ask questions or obtain additional information. In the event the breach involves 10 or more individuals whose contact information is out of date, we will post a notice of the breach on the home page of our web site or in a major print or broadcast media. If the breach involves more than 500 individuals in the state or jurisdiction, we will send notices to prominent media outlets. If the breach involves more than 500 individuals, we are required to immediately notify the Secretary of Health and Human Services. We are also required to submit an annual report to the Secretary of a breach that involved less than 500 individuals during the year and will maintain a written log of breaches involving less than 500 individuals. Notification to the Secretary will occur within 60 days of the end of the calendar year in which the breach was discovered.

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**Right to Designate Someone to Act of your Behalf:** If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.

**Right to Obtain a Copy of This Privacy Notice:** You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. You may obtain a copy of this notice on our website: [www.oldcolonyhospice.org](http://www.oldcolonyhospice.org), or by calling the Quality Improvement Coordinator and requesting that a copy be mailed to you.

**Right to File a Complaint if You Feel Your Right are Violated:** You can complain if you feel we have violated your rights by contacting us using the information on page 1. You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/). We will not retaliate against you for filing a complaint.

### *Your Choices*

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we never share your information unless written authorization is given:

- Marketing purposes – Uses and disclosures of protected health care information for marketing purposes.
- Sale of your information – Disclosures that constitute a sale of protected health information; as well as a statement that other uses and disclosures not described in the notice of privacy practices, will be made only with authorization from the individual.



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- Most sharing of psychotherapy notes – Most uses and disclosures of psychotherapy notes (where appropriate).

In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

### *Our Responsibilities*

The Hospice is required by law to maintain the privacy and security of your protected health information and to provide to you and your representative this Notice of its duties and privacy practices. The Hospice is required to abide by the terms of this Notice as may be amended from time to time. The 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 the Hospice changes its Notice, the new notice will be available upon request in our office and on our website. You or your personal representative have the right to express complaints to the Hospice or the Secretary of DHHS if you or your representative believe that your privacy rights have been violated. We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information. We will not use or share your information other than as described here, unless you provide us with written authorization. If written authorization is given, you may change your mind at any time. Let us know in writing if you change your mind.

Any complaints to the Hospice should be made in writing to the *Quality Improvement Coordinator*. The 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 has designated the *Quality Improvement Coordinator* as its primary contact person for all issues regarding patient privacy and your rights under the Federal privacy standards.

### EFFECTIVE DATE

This Notice is effective September 1, 2013.

Reviewed: 4/05, 4/07, 6/08, 12/12, 9/13

Revised: 4/06, 9/13

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