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**Notice Of Privacy Practices**

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**The Hospice and Palliative Care Group, 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.**

This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

**Uses and Disclosures of Protected Health Information**

**Uses and Disclosures of Protected Health Information Based Upon Your Written Consent**

You will be asked by the Hospice and Palliative Care Group, Inc. staff to sign an informed consent form. This document includes consent for use and disclosure of your protected health information for treatment, payment and health care operations purposes. Following are examples of the types of uses and disclosures of your protected health care information that agency is permitted to make.

**Treatment:** We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party that has already obtained your permission to have access to your protected health information. For example, we would disclose your protected health information, as necessary, to a physician that provides care to you.

**Payment:** Your protected health information will be used, as needed, to obtain payment that we provide to you, such as: making a determination of eligibility or coverage for insurance benefits, and undertaking utilization review activities. For example, obtaining services may require that your relevant protected health information be disclosed to the health plan to obtain approval for Hospice or Palliative Care services. In addition, bills may be sent to you or third party payers, such as insurance companies or health plans. The information on the bill may contain information that identifies you, your diagnosis, and used in the course of treatment.

**Healthcare Operations:** We may use or disclose, as needed, your protected health information in order to support the business activities of the Hospice and Palliative Care Group, Inc. These activities include, but are not limited to, quality assessment activities, employee review activities, training of health professionals and students, licensing, and conducting or arranging for other business activities.

For example, we may use your information to evaluate the performance of staff involved in your care, to assess the quality of care you receive, and to learn how to improve our services.

We will share your protected health information with third party "business associates" that perform various activities for Hospice. Whenever an arrangement between our office and a business associate involves the use or disclosure of your protected health information, we will have a written contract that contains terms that will protect the privacy of your protected health information.

We may use or disclose your family's demographic information and the dates that you received services from the Hospice and Palliative Care Group, as necessary, in order to contact you or your family for fundraising activities supported by the Group. If you or your family do not want to receive these materials, please contact our Privacy Contact and request that these fundraising materials not be sent.

**Uses and Disclosures of Protected Health Information Based upon Your Written Authorization**

Other uses and disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke such authorization in writing at any time.

**Uses and Disclosures That May Be Made With Your Consent, Authorization or Opportunity to Object**

We may use and disclose your protected health information in the following instances. You have the opportunity to agree or object to the use or disclosure of all or part of your protected health information. If you are not present or able to agree or object to the use or disclosure of the protected health information, then your physician may, using professional judgment, determine whether the disclosure is in your best interest. In this case, only the protected health information that is relevant to your health care will be disclosed. A specific authorization will be required for the release of HIV or AIDS information in some circumstances.

We may disclose to a member of your family, a relative, a close friend or any other person you identify, your protected health information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. In this regard, we will ask you to provide us with the names of persons to whom we may speak. We may use or disclose protected health information to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location, general condition or passing. Finally, we may use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care.

**Permitted and Required Uses and Disclosures That May Be Made Without Your Consent, Authorization or Opportunity to Object**

We may use or disclose your protected health information in the following situations without your consent or authorization. These situations include:

**Required by Law:** We may use or disclose your protected health information when it is required to do so by any Federal, State or local law.

**Public Health:** We may disclose your protected health information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury or disability. We may also disclose your protected health information, if directed by the public health authority, to a foreign government agency that is collaborating with the public health authority.

We may disclose your protected health information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

We may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.

We may disclose your protected health information to a person or company required by the Food and Drug Administration to report adverse events, product defects or problems, biologic product deviations, tract products; to enable product recalls; to make repairs or replacements, or to conduct post-marketing surveillance, as required.

**Abuse or Neglect:** We may disclose your protected health information to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your protected health information if we believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

**Legal Proceedings:** We may disclose protected health information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), in certain conditions in response to a subpoena, discovery request or other lawful process.

**Law Enforcement:** We may also disclose protected health information, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include (1) legal processes and otherwise required by law, (2) limited information requests for identification and location purposes, (3) pertaining to victims of a crime, (4) suspicion that death has occurred as a result of criminal conduct, (5) in the event that a crime occurs on the premises of the Hospice and Palliative Care Group, and (6) medical emergency (not on the premises) and it is likely that a crime has occurred.

**Coroners, Funeral Directors, and Organ Donation:** We may disclose protected health information to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose protected health information to a funeral director, as authorized by law, in order to permit the funeral director to carry out their duties. We may disclose such information in reasonable anticipation of death. Protected health information may be used and disclosed for cadaver organ, eye or tissue donations purposes.

**Criminal Activity:** Consistent with applicable federal and state laws, we may disclose your protected health information, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

**For Specified Government Function:** When appropriate conditions apply, the Federal regulations authorize the agency to use or disclose your health information to facilitate specified government functions relating to military and veterans, national security and suitability determinations and inmates and law enforcement custody.

**Workers' Compensation:** Your protected health information may be disclosed by us as to comply with workers' compensation laws and other similar legally-established programs.

#### **Your Rights**

Following is a statement of your rights with respect to your protected health information and a brief description of how you may exercise these rights.

**Right to inspect and copy your protected health information.** This means you may inspect and obtain a copy of protected health information about you for as long as we maintain the protected health information.

We may charge a reasonable fee for the costs of copying, mailing or other supplies associated with your request. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed by Hospice and/or the New York State Department of Health. Please contact our Privacy Contact if you have questions about access to your medical record.

**Right to request a restriction of your protected health information.** This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations.

You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply.

If the Hospice and Palliative Care Group believes it is in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted. If the agency does agree to the requested restriction, we may not use or disclose your protected health information in violation of that restriction unless it is needed to provide emergency treatment. With this in mind, please discuss any restriction you wish to request with your physician. You may request a restriction by contacting our Privacy Contact in writing.

**Right to request to receive confidential communications from us by alternative means or at an alternative location.** We will accommodate reasonable requests. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not request an explanation from you as to the basis for the request. Please make this request in writing to our Privacy Contact.

**You may have the right to amend your protected health information.** If you or your representative believes that your health information records are incorrect or incomplete, you may request that the agency amend the records. That request may be made as long as the information is maintained by the Hospice and Palliative Care Group. A request for an amendment of records must be made in writing to the Privacy Officer. The Hospice and Palliative Care Group may deny the request if it is not in writing or does not include a reason for the amendment. The request may also be denied if your health information records were not created by the Hospice and Palliative Care Group, if the records you are requesting are not part of the Hospice and Palliative Care Group'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 agency, the records containing your health information are accurate and complete.

**Right to receive an accounting.** You or your representative have the right to request an accounting of disclosures of your health information made by the Hospice and Palliative Care Group for any reason other than for treatment, payment or health operation. The request for an accounting must be made in writing to the Privacy Officer. 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 and Palliative Care Group 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 obtain a paper copy of this notice.** You or your representative have the right to a paper copy of this Notice at any time even if you have received this Notice previously. To obtain a separate paper copy, please contact the Privacy Officer. You may also obtain a copy of the current version of the Hospice and Palliative Care Group's Notice of privacy practices at its website, [www.niagarahospice.org](http://www.niagarahospice.org)

#### **Duties of the Hospice and Palliative Care Group**

We are required to abide by the terms of this Notice of Privacy Practices. We may change the content of our notice at any time. Upon your request, we will provide you with any revised Notice of Privacy Practices by accessing our website ([www.niagarahospice.org](http://www.niagarahospice.org)), calling the office and requesting a revised copy be sent to you in the mail or asking for one when meeting with the staff. We will promptly revise and redistribute this notice whenever there is a material change to the uses or disclosures, your rights related to the privacy act, the Hospice and Palliative Care Group's legal duties, or other privacy practices stated in this Notice.

You may complain to us or the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our privacy officer of your complaint. We will not be retaliated against in any way for filing a complaint.

You may contact our Privacy Officer at (716) 439-4417 or in writing at: Niagara Hospice  
4675 Sunset Dr.  
Lockport, NY 14094

This Notice is effective April 14, 2003.

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