



## COMMUNITY HOSPICE NOTICE OF PRIVACY PRACTICES

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, HOW YOU CAN GET ACCESS TO THIS INFORMATION, AND HOW TO REPORT A COMPLAINT. PLEASE REVIEW IT CAREFULLY.**

A federal regulation, known as the Health Insurance Portability & Accountability Act of 1996 (the “HIPAA Privacy Rule”) requires that you be provided a detailed notice in writing of our privacy practices.

### **Our Commitment to Protecting Your Privacy**

Community Hospice of Northeast Florida, Inc. is required to:

- Make certain that your Protected Health Information (“PHI”) is kept private;
- Provide you with this Notice in explanation of our legal duties and privacy practices with respect to your PHI;
- Follow the terms of this Notice currently in effect;
- Notify you if we are unable to agree to a requested restriction; and
- Accommodate reasonable requests you may have to communicate PHI by alternative means or at alternative locations.

We reserve the right to change the terms of this Notice at any time. If we change this Notice, we may make the new notice terms effective for all PHI that we maintain, including any information created or received prior to issuing the new notice. If we change this Notice, we will post the new notice in waiting areas at our facility. You also may obtain any new notice by contacting our Privacy Officer. The contact information for our Privacy Officer may be found at the end of this Notice.

### **HOW YOUR PHI MAY BE USED OR DISCLOSED**

By law, your PHI must be disclosed to you unless it has been determined by a competent medical authority that it would be harmful to you. We must also disclose PHI to the Secretary of the U.S. Department of Health and Human Services (“DHHS”) for investigations or determinations of our compliance with laws on the protection of your PHI.

The following examples describe different ways your PHI may be disclosed without obtaining your consent. The examples included within each category do not list every type of use or disclosure that may fall in that category.

#### **Treatment:**

We may use and disclose your PHI in order to provide treatment and other services to you. For example: information obtained by a nurse, physician, or other member of your healthcare team will be recorded in your record and used to determine the course of treatment that should work best for you.

Your physician will document in your record his or her expectations of the members of your interdisciplinary care team. Members of your interdisciplinary care team will then record these actions and their observations. We will also provide other treating physicians, specialists, pharmacists, laboratories or other providers with information necessary for their provision of treatment or services to you.

**Payment:**

We may use and disclose your PHI so that we can bill and collect payment for treatment and services provided to you. For example, before providing treatment or services, we may share details with your health plan provider concerning the treatment or services you are scheduled to receive and the related diagnosis for such treatment or services. We may use and disclose PHI for billing, claims management and collection activities.

**Health Care Operations:**

We may use and disclose your PHI in performing business activities, which are called healthcare operations. Healthcare operations include, but are not limited to, quality assessment activities, investigations, oversight or staff performance reviews, training of student nurses, licensing, communications regarding a product or service, and conducting or arranging for other health care related activities, such as to provide you with information about treatment alternatives or other health-related benefits and services.

For example, we may use your PHI to develop ways to assist our physicians and staff in deciding how we can improve the medical treatment we provide to others. Another example is that your PHI may be seen by doctors reviewing the services provided to you and by accountants, lawyers and others who assist us in complying with the law and managing our business.

**Business:**

We may use and disclose your PHI with third-party “business associates” who perform various activities (for example, billing or transcription services). The business associates will also be required to appropriately safeguard your PHI.

**Appointments:**

We may use or disclose your PHI to contact you or your caregiver to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

**Communication with Relatives, Close Friends and Other Caregivers:**

We may use or disclose PHI to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location and general condition. In addition, we may use or disclose PHI to a family member, other relative, a close personal friend or any other person identified by you when you are present for, or otherwise available prior to, the disclosure.

If you are not present, are incapacitated, or in an emergency circumstance, we may exercise our professional judgment to determine whether a disclosure is in your best interest. If we disclose PHI to a family member, other relative or a close personal friend, we would disclose only PHI that is directly relevant to the person’s involvement with your health care or payment related to your healthcare. We may also disclose PHI in order to notify (or assist in notifying) such persons of your location, general condition or death.

**Research:**

We may use or disclose PHI to researchers when authorized by law, for example, if their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your PHI.

**Public Health:**

We may use or disclose your PHI to a public health authority who is permitted by law to collect or receive the information. The disclosure may be necessary to do the following:

- Prevent or control disease, injury or disability;
- Report disease, injury, birth or death;
- Report child abuse or neglect;
- Report reactions to medications or problems with products;
- Notify a person who may have been exposed to a communicable disease in order to control who may be at risk of contracting or spreading the disease;

- Notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence; or
- To report to your employer, under limited circumstances, as required by law, information related primarily to workplace injuries or illness, or workplace medical surveillance.

**Food and Drug Administration (FDA):**

We may use or disclose your PHI to the FDA relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs or replacement.

**Law Enforcement:**

We may use or disclose your PHI if law or regulation requires the use or disclosure.

**Coroners, Medical Examiners, Funeral Directors, and Organ Procurement Organizations:**

We may use or disclose your PHI to coroners, medical examiners or funeral directors for identification to determine the cause of death or for the performance of other duties authorized by law.

If services are to be held at the any of our Centers for Caring, the patient's name may be placed on the lobby marquee on the day of the service.

We also may use or disclose your PHI to organ procurement organizations or other entities that handle organ, eye or tissue procurement, banking, or transplantation for the purpose of facilitating organ, eye or tissue donation and transplantation.

**Fundraising:**

We may use or disclose your PHI in order to contact you or a family member as part of a fundraising effort. Your name, address, phone number and the dates you received care may be used as part of a fundraising effort.

If you do not wish to be contacted, you may opt-out by sending a notification in writing to our Privacy Officer, indicating that you do not wish to be contacted.

**Workers' Compensation:**

We may use or disclose your PHI to the extent authorized by and to the extent necessary to comply with laws relating to workers' compensation or other similar programs established by law.

**Inmates:**

We may use or disclose your PHI if you are an inmate of a correctional facility and we created or received your PHI while providing care to you. This disclosure would be necessary for the institution to provide you with health care; or for your health and safety or the health and safety of others; or for the safety and security of the correctional institution.

**Parental Access:**

Some state laws concerning minors permit or require disclosure of PHI to parents, guardians and persons acting in a similar legal status. We will act consistently with the law of the state where the treatment is provided and will make disclosure following such laws.

**Disaster Relief:**

We may use or disclose your PHI to emergency management services during any disaster so that any family can be notified about your condition and location.

**Other Uses and Disclosures:**

We will obtain your written authorization for uses and disclosures that are not identified by this Notice or permitted by applicable law. If you have authorized us to use or disclose PHI about you, you may revoke your authorization at any time, except to the extent we have taken action based on the authorization.

## **YOUR RIGHTS REGARDING YOUR PHI**

Under federal law, you have the following rights regarding the PHI that we maintain about you:

### **Right to Request Restrictions:**

You have the right to request additional restrictions on the PHI that we may use for treatment, payment and healthcare operations. You may also request additional restrictions on our disclosure of PHI to certain individuals involved in your care that otherwise are permitted by the HIPAA Privacy Rule.

We are not required to agree to your request. If we do agree to your request, we are required to comply with our agreement except in certain cases, including where the information is needed to treat you in the case of an emergency.

To request restrictions, you must make your request in writing to our Privacy Officer. In your request, please include the information that you want to restrict, how you want to restrict the information, and to whom you want the limits to apply.

### **Right to Receive Confidential Communications:**

You have the right to request that you receive communications regarding PHI in a certain manner or at a certain location. You must make your request in writing to our Privacy Officer. You must specify how you would like to be contacted. You do not need to give a reason for your request. We are required to accommodate reasonable requests.

### **Right to Inspect and Copy:**

You have the right to request the opportunity to inspect and receive a copy of PHI about you in certain records that we maintain. This includes your medical and billing records, but does not include psychotherapy notes or information gathered or prepared for a civil, criminal or administrative proceeding.

We may deny your request to inspect and copy your PHI only in limited circumstances. To inspect and copy your PHI, please contact our Privacy Officer. If you request a copy of your PHI, we may charge you a reasonable fee for the copying, postage, labor and supplies used in meeting your request.

### **Right to Amend:**

You have the right to request that we amend PHI about you if you believe it is incorrect or incomplete. You may request an amendment as long as such information is kept by or for our office.

To make this type of request, you must submit your request in writing to our Privacy Officer. You must also give us a reason for your request. We may deny your request in certain cases (including if it is not in writing or if you do not give us a reason for the request).

**Right to Receive Accounting of Disclosures:**

You have the right to request an “accounting” of certain disclosures that we have made of your PHI. This is a list of disclosures made by us during a specified period of up to six (6) years from the date of the disclosure, other than disclosures made for the following:

- treatment, payment and healthcare operations;
- for use in or related to a facility directory;
- to family members or friends involved in your care, or to you directly;
- pursuant to an authorization by you or your personal representative;
- for certain notification purposes (including national security, intelligence, correctional and law enforcement purposes); or
- for disclosures made before April 14, 2003.

If you wish to request this accounting, please submit your request in writing to our Privacy Officer. The first list you request in a twelve (12) month period is free of charge, but we may charge you for additional lists within the same twelve (12) month period. We will notify you of the costs involved with additional requests, and you may withdraw your request before you incur any costs.

**Right to a Paper Copy of this Notice:**

You have a right to receive a paper copy of this Notice at any time. You are entitled to a paper copy of this Notice even if you have previously agreed to receive this Notice electronically. To obtain a paper copy of this Notice, please contact our Privacy Officer.

**FOR MORE INFORMATION OR TO REPORT A PROBLEM**

If you have any questions or if you would like additional information, you may contact our Privacy Officer at **904.407.7097**. If you believe your privacy rights have been violated, you may file a written complaint with our Privacy Officer or the U.S. Department of Health and Human Services. **There will be no retaliation for filing a complaint.**

**Privacy Officer**

**Community Hospice of Northeast Florida, Inc.  
4266 Sunbeam Road  
Jacksonville, Florida 32257**

*Community Hospice Privacy Practices, Effective 4/15/11, Revised 4/15/11.*

**Complaint Hotline**

Community Hospice strives to provide you with the best of care. Our mission is to improve the quality of life for patients and families and to be the compassionate guide for end-of-life care in the community.

To report a complaint regarding your patient rights or the services you receive, please call the **Community Hospice Compliance department at 904.407.7097**.

You have the right to file a written complaint about the quality of care you are receiving or have received to Florida's Quality Improvement Organization:

**Florida's Medicare Quality Improvement Organization (FMQAI)**

**5201 W. Kennedy Boulevard, Suite 900**

**Tampa, FL 33609-1822**

**Medicare Beneficiary Helpline Number: 800.844.0795**

**<http://www.fmqai.com/contact.aspx>**