Community Care Choices

A program of Community Hospice of Northeast Florida, Inc.

COMMUNITY CARE CHOICES
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 THIS NOTICE CAREFULLY.

Community Hospice of Northeast Florida, Inc. d/b/a Community Care Choices creates and maintains a medical record in paper and electronic formats for the purpose of documenting the care provided to you and your family.

The personal, financial, and protected health information in your medical record (collectively, "Health Information") includes your medical, mental, family, and social histories, descriptions of medical treatment by Community Care Choices and other health care providers, and personal and financial information which could be used to identify you.

This Notice of Privacy Practices ("Notice") describes Community Care Choices' responsibility to protect the privacy your Health Information and your rights, under federal and state law, to control your Health Information.

How Community Care Choices Protects Your Health Information

Community Care Choices is required, by law and the terms of this Notice, to:

1) Protect the privacy and security of the Health Information which Community Care Choices acquires from and about you;
2) Notify you in the event the privacy or security of your Health Information is breached; and
3) Provide a paper copy of this Notice to you.

Additionally, whenever Community Care Choices is authorized, permitted, or required to provide your Health Information to another person or entity, Community Care Choices endeavors to provide only the minimum information necessary to comply with the request (*for example, Community Care Choices provides only that amount, type, or category of information specifically requested, and does not provide any other information*).

Community Care Choices contracts with third parties to perform record keeping and other records services that may require access by those contractors to your Health Information. Community Care Choices requires those contactors to execute a Business Associate

Agreement. The Business Associate Agreement requires the contractor to comply with applicable privacy and security standards and laws.

Community Care Choices does not disclose, sell, or give your Health Information to any person or entity who intends to use, or will use, it for marketing or selling goods or services to you.

Community Care Choices allows the Community Hospice of Northeast Florida Foundation for Caring, Inc. a not-for-profit fundraising foundation, access to patient and family contact information for the limited purpose of soliciting donations and volunteers for Community Care Choices. Community Hospice of Northeast Florida Foundation for Caring, Inc. correspondence always includes instructions for how you and your family may opt-out of future foundation fundraising communications.

Community Care Choices will retain your Health Information for 5 years after you are discharged from Community Care Choices. Your Health Information, unless subject to a pending request from governmental authority or court order, will then be destroyed in a manner that will render it unrecognizable. If you are not 18 years of age or older upon discharge, your Health Information will be retained for 5 years plus the number of years remaining until you reached age 18.

Unless during your life you (or your lawful representative) expressly state in writing that a specific person or entity is authorized after your death to request your Health Information, then a court order may be required pursuant Florida Statute Section 400.611(3) before Community Care Choices will release your records.

The Community Care Choices medical record containing your Health Information is a single multidisciplinary record. Community Care Choices does not create or maintain psychotherapy notes or substance abuse treatment records. The multidisciplinary record may contain substance abuse or mental health information incidental to developing a hospice plan of care. These types of Health Information will be included in Community Care Choices' response to an otherwise lawful request for your complete medical record unless you specifically and timely advise us in writing that you do not want specified information disclosed.

Your Rights to Access and to Control the Use and Disclosure of Your Health Information

You have the right, by submitting a written request to Community Care Choices, to:

1) **inspect, obtain a copy of, and correct your Health Information** (*Community Care Choices will respond to you or your designated representative within 30 days of your request, and will charge a reasonable, cost-based, fee for copying*);

2) **receive communications regarding your Health Information in the manner you choose** (*for example, you may specify that you only want to be contacted at a specific e-mail address, telephone number, or street address, or request only an electronic copy of your Health Information*);

3) **receive an accounting of all disclosures (but not all uses) of your Health Information** (*Community Care Choices may collect a reasonable cost-based fee for preparing a requested accounting*);

4) **receive a paper copy of this Notic**e even if you have received an electronic copy.

5) **request a restriction on disclosure of your Health Information to a health plan** (*if you or someone on your behalf, other than the health plan, pay in full the charges due for your hospice care then Community Care Choices will implement the requested restriction*);

6) **request any other limitation or restriction on access and use of your Health Information.** Your request will be implemented by Community Care Choices unless the request is one prohibited by law, or unless the circumstances would not allow Community Care Choices to agree to your request (*for example, you may request that your medical record contents or some specific portion of the record not be shared with a particular person or entity and, unless applicable law or circumstances prohibit it, Community Care Choices will implement your request*);

7) **designate another person to receive a copy of your Health Information** by making and signing a written designation which clearly identifies your designee and where the copy should be sent;

8) **object to being included in a directory of patients and restrict the disclosure of general information regarding your current condition as a patient, your current location, and contact information**; and

9) **make a complaint**, if you believe Community Care Choices has violated your right to privacy under the terms of this Notice or under federal or state law. Community Care Choices is prohibited by law from retaliating against you for filing a complaint. Your complaint may be filed with Community Care Choices, the Secretary of Health and Human Services, or Florida Attorney General.

Requests for Restrictions on Health Information, Questions, or Complaints

You may request copies of your Health Information, or place restrictions on the disclosure and use of your Health Information, or submit a question or a complaint regarding your rights under the terms of this Notice, to Community Care Choices:

Community Care Choices
ATTN: Privacy Officer/VP of Compliance and Quality/Chief Compliance Officer
4266 Sunbeam Road
Jacksonville, Florida 32257
904-407-7087

You may also submit a complaint regarding your rights under the terms of this Notice to:

The U.S. Department of Health & Human Services
Hubert H. Humphrey Building
200 Independence Avenue, S.W.
Washington, D.C. 20201
Toll Free Call Center: 1-877-696-6775

Or

Office of Attorney General
State of Florida
The Capitol PL-01
Tallahassee, FL 32399-1050
Florida Toll Free: 1-866-966-7226

Use and Disclosure of Your Health Information without Your Authorization

Federal and state law allows Community Care Choices to use and disclose your Health Information without your prior authorization, in order to:

1) **provide hospice treatment and care to you and your family, including disclosing your protected health, personal, and financial information to other health care professionals who are treating you** (*for example, giving a home health aide your home address and clinical information so that the aide can provide professional home health care in your home*);

2) **conduct routine health care operations at Community Care Choices** (*for example, using your clinical information to evaluate the quality of care and develop best practices at Community Care Choices*); and

3) **bill for the services we provide to you** (*for example, using your personal and financial identifying data to receive payment from Medicare, health insurance plans, or other payors who may be responsible to pay for all or part of the care Community provides to you*).

Community Care Choices may, without your authorization, also be required to disclose some or all of your Health Information in order to:

4) **comply with a law that requires disclosure;**

5) **respond to requests from public health authorities and agencies conducting health oversight activities;**

6) **help prevent the spread of disease;**

7) **participate in a recall of medical devices or medications;**

8) **report suspected abuse, neglect, or domestic violence to proper authorities;**

9) **when deemed reasonably necessary, to prevent a serious threat to anyone's safety or health;**

10) **participate in properly approved research;**

11) **respond to court orders, lawful administrative orders, certain subpoenas and investigative requests from federal and state regulators or law enforcement authorities** (*for example, if a court enters an order requiring the disclosure of the contents of your medical record to third parties*);

12) **respond to tissue and organ donation requests** (*for example, if you are an organ donor, Community can disclose clinical information to the organ or tissue bank*);

13) **respond to requests from medical examiners and funeral directors;**

14) **participate in lawsuits or legal actions involving your Health Information;** and

15) **respond to requests from law enforcement officials and requests involving workers' compensation claims.**

Revisions of this Notice

Community Care Choices reserves the right to revise the terms of this Notice. If Community Care Choices materially changes the terms of this Notice, it will post a copy of the revised Notice on the Community Care Choices website which is located at https://www.communityhospice.com/services/community-care-choices/. The first use and effective date of this Notice is April 11, 2018.