



## **COMMUNITY HOSPICE & PALLIATIVE CARE 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.<sup>®</sup> d/b/a Community Hospice & Palliative Care (Community Hospice & Palliative Care) 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 Hospice & Palliative Care 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 Hospice's responsibility to protect the privacy your Health Information and your rights, under federal and state law, to control your Health Information.

### **How Community Hospice & Palliative Care Protects Your Health Information**

Community Hospice & Palliative Care is required, by law and the terms of this Notice, to:

- 1) Protect the privacy and security of the Health Information which Community Hospice & Palliative Care 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 Hospice & Palliative Care is authorized, permitted, or required to provide your Health Information to another person or entity, Community Hospice & Palliative Care endeavors to provide only the minimum information necessary to comply with the request (*for example, Community Hospice & Palliative Care provides*



*only that amount, type, or category of information specifically requested, and does not provide any other information).*

Community Hospice & Palliative Care contracts with third parties to perform record keeping and other records services that may require access by those contractors to your Health Information. Community Hospice & Palliative Care requires those contractors to execute a Business Associate Agreement. The Business Associate Agreement requires the contractor to comply with applicable privacy and security standards and laws.

Community Hospice & Palliative Care 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 Hospice & Palliative Care 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 Hospice. 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 Hospice & Palliative Care will retain your Health Information for 5 years after you are discharged from Community Hospice. 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 Hospice & Palliative Care will release your records.

The Community Hospice & Palliative Care medical record containing your Health Information is a single multidisciplinary record. Community Hospice & Palliative Care 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 Hospice's 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. However, Substance Use Disorder (SUD) treatment records are protected by federal law and the SUD treatment records and testimony that describes the information in the SUD treatment records cannot be used or disclosed in any civil, criminal, administrative, or legislative proceedings against you unless you, the patient, specifically authorize it in writing or a court issues an order after giving you, the patient notice of the court order.

### **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 Hospice, to:

- 1) **inspect, obtain a copy of, and correct your Health Information** (*Community Hospice & Palliative Care 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 Hospice & Palliative Care may collect a reasonable cost-based fee for preparing a requested accounting*);
- 4) **receive a paper copy of this Notice** 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 Hospice & Palliative Care will implement the requested restriction*);
- 6) **receive notification** you have the right to receive a notification from us in the event of any breach of your unsecured protected health information;

- 7) **request any other limitation or restriction on access and use of your Health Information.** Your request will be implemented by Community Hospice & Palliative Care unless the request is one prohibited by law, or unless the circumstances would not allow Community Hospice & Palliative Care 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 Hospice & Palliative Care will implement your request*);
- 8) **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;
- 9) **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
- 10) **make a complaint,** if you believe Community Hospice & Palliative Care has violated your right to privacy under the terms of this Notice or under federal or state law. Community Hospice & Palliative Care is prohibited by law from retaliating against you for filing a complaint. Your complaint may be filed with Community Hospice, the Secretary of Health and Human Services, or Florida Attorney General.
- 11) **you have additional privacy rights as it relates to any Substances Use Disorder (SUD) treatment records we receive,** because based on federal law, SUD treatment records and testimony that describes information in SUD treatment records cannot be used or disclosed unless the patient specifically authorizes the use or disclosure or if the court issues an order and gives you notice of that order.



### **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 Hospice:

Community Hospice & Palliative Care  
ATTN: Chief Compliance and Quality Officer  
4266 Sunbeam Road  
Jacksonville, Florida 32257  
904-407-5041

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 Hospice & Palliative Care 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 Hospice & Palliative Care** (for example, using your clinical information to evaluate the quality of care and develop best practices at Community Hospice); 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 Hospice & Palliative Care provides to you).

Community Hospice & Palliative Care 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 Hospice & Palliative Care reserves the right to revise the terms of this Notice. If Community Hospice & Palliative Care materially changes the terms of this Notice, it will post a copy of the revised Notice on the Community Hospice & Palliative Care website <http://communityhospice.com/>. The first use and effective date of this Notice is February 16, 2026.