

## Notice of Privacy Practices

**This Notice of Privacy Practices (NPP) describes how medical information about you may be used and disclosed, and how you can access this information. Please review it carefully.**

Hospice of Dubuque (HOD) takes the privacy of your health information seriously. HOD is required by law to maintain that privacy and provide you with this Notice of Privacy Practices (NPP). The NPP explains our duties and practices related to your Protected Health Information (PHI), as defined in the Health Insurance Portability and Accountability Act (HIPAA). All HOD staff, volunteers and business associates are required to abide by the terms of the most current NPP.

### **A. Use and Disclosure of Health Information**

**After you or your legal representative receive this NPP and sign the Patient/Family Informed Consent, HOD may use or disclose your health information related to, but not limited to, the following circumstances:**

#### **1. To Provide Treatment:**

HOD may use your PHI to coordinate care among the HOD Interdisciplinary Team and with others involved in your care, including your physician(s), other health care professionals, such as pharmacists or medical equipment suppliers, who assist HOD in providing care. For example, HOD may disclose your PHI to physicians or nursing facilities involved in your care who need information about your symptoms in order to prescribe appropriate medications or provide care. Referrals may be made with your consent or the consent of your legal representative to other social service agencies to assist in the provision of care for you and/or your caregiver(s). HOD may also share your PHI to authorized individuals, including family members or designated clergy, in order to coordinate or provide care.

#### **• Bereavement Activities:**

- Bereavement services are available to identified family members who have indicated a desire for services, including personal contact, mailings, or bereavement support groups. Bereavement care is individualized and based on an assessment of bereavement needs.
- Your name will be included in agency materials used for an annual memorial event for families who have been served by HOD. **You or your legal representative may request that your name be omitted from this material by contacting the Bereavement Coordinator at (563) 582-1220.**

#### **2. To Obtain Payment:**

HOD may disclose your PHI to receive payment for services provided by HOD. For example, HOD may be required by your health insurance company to provide information regarding your health care status, your need for care or the services provided for HOD to receive reimbursement for services.

**NOTE: You have the right to restrict disclosure of PHI to your health insurance company for treatment for which you have paid fully out-of-pocket. If you wish to make a request for restriction, please contact the HOD Privacy Officer at (563) 582-1220.**

#### **3. To Conduct Health Care Operations:**

HOD may use and disclose your personal health information for its own operations and as necessary to provide quality care to all HOD patients.

Operations include, but are not limited to:

- 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

- Professional review and performance evaluation
- Training programs, including those in which students, non-health care professionals, trainees or practitioners in health care learn under supervision
- Provision of a security escort for staff safety
- Accreditation, certification, licensing or credentialing activities
- Program review and auditing, including compliance and quality assessment/improvement activities, medical reviews, financial audits, legal services
  - For example, HOD may use your PHI to evaluate its performance and combine your health information with other HOD patients to evaluate how to more effectively serve HOD patients.
- Business management and general administrative activities of HOD, including planning, development, cost management/analysis and formulary development
- **Fundraising Activities:**  
 HOD will obtain written authorization prior to using PHI for fundraising activities and/or education about hospice care and services. However, HOD may use your name, phone number, address, age, gender, insurance status and the dates you received care from HOD in order to contact you or your family when raising the funds necessary to continue its mission. HOD may also disclose this demographic information to Hospice of Dubuque Foundation and/or a business associate. **Your name may also be used to publicly acknowledge memorials or gifts made in your honor. If you or your legal representative does not wish to be contacted regarding HOD's fundraising activities, please submit a written request to the Community Relations Department, 1670 JFK Rd., Dubuque, IA 52002. Your request will be considered a revocation of authorization to receive fundraising communications.**

4. **As Required By Law:**

HOD will disclose your health information only when permissible and mandated under the more stringent of federal, state and local laws. HOD may require additional authorization prior to using state-protected health information for reasons other than those mandated by state criteria. State protected health information may include information on substance abuse, HIV infection and mental health information.

HOD may disclose your PHI to a law enforcement official for purposes such as:

- Reporting of wounds or other physical injuries pursuant to a court order, warrant, subpoena or summons or similar process
- Identifying or locating a suspect, fugitive, material witness or missing person
- Circumstances when there is a suspicion that you are the victim of a crime or if there is a suspicion that your death was the result of criminal conduct
- An emergency to report a crime

5. **Risk or Serious Threat to Health or Safety:**

HOD may disclose your PHI when there are risks to public health, such as disease control or prevention or the reporting of adverse events or product defects. Consistent with applicable law and ethical standards of conduct, HOD may disclose your PHI if necessary to prevent or lessen a serious and imminent threat to your health or safety or to the health and safety of others.

6. **For Judicial and Administrative Proceedings:**

HOD may disclose your PHI in the course of any judicial or administrative proceeding in response to a valid order of a court or administrative tribunal having jurisdiction, as directed or authorized by such order, in response to a valid discovery request, or other lawful process.

7. **To Coroners and Medical Examiners:**

HOD may disclose your PHI to coroners and medical examiners for purposes of determining your cause of death or for other duties, as authorized by law. If necessary, HOD may disclose your PHI prior to your death.

**8. To Funeral Directors:**

HOD may disclose your PHI to funeral directors consistent with applicable law and, if necessary, to carry out its duties with respect to your funeral arrangements. If necessary, HOD may disclose your PHI prior to your death.

**9. If Organ, Eye or Tissue Donation is Desired:**

At your request, HOD may disclose your PHI to organ procurement organizations or other entities engaged in procurement, banking or transplantation of organs, eyes or tissue for the purpose of facilitating the donation and transplantation.

**10. To Conduct Health Oversight Activities:**

HOD may disclose your PHI to a health oversight agency for activities including audits, civil administrative or criminal investigations, inspections, licensure, or disciplinary action, such as Medicare or the Occupational Safety & Health Administration (OSHA) audits or site reviews. However, HOD may not disclose your PHI if you are the subject of an investigation and your PHI is not directly related to your receipt of health care or your receipt of public benefits.

**11. For Research Purposes:**

HOD may use your PHI for research purposes. Prior to disclosing your PHI for such research purposes, the project will obtain approval from an Institutional Review Board (IRB) or other authorized privacy board. HOD will ask your permission, or that of your legal representative, before any researcher will be granted access to your individually identifiable PHI.

**12. For Specified Government Functions:**

In certain circumstances, federal regulations authorize HOD to use or disclose your PHI to facilitate specified government functions relating to veterans, national security and intelligence activities, protective services for the President and others, medical suitability determinations and law enforcement.

**13. For Worker's Compensation:**

HOD may release your PHI for worker's compensation or similar programs.

**B. Authorization to Use or Disclose Health Information**

Other than as stated above, HOD will not disclose your personal health information without your written authorization. HOD will not sell your name or PHI for any reason. HOD will obtain an authorization before using your name, photo or PHI in marketing material. If you, or your legal representative, authorize HOD to use or disclose your PHI, you may revoke that authorization in writing at any time.

**1. After Your Death:**

- HOD may disclose PHI to the executor or administrator of your estate or your legal representative if there is no estate proceeding, upon written request to HOD. Documentation of authority must accompany the request.
- HOD will obtain authorization before releasing or using any of your PHI for purposes other than the purposes identified in this NPP.

**C. Your Rights with Respect to Your Health Information:**

You have the following rights regarding your personal health information:

**1. Right to Request Restrictions:**

You have the right to request limits or restrictions on certain uses and disclosures of your PHI to someone who is involved in your care or the payment of your care. However, HOD is not required to agree to your request. **If you wish to make a request for restriction, please contact the HOD Privacy Officer at (563) 582-1220.**

2. **Right to Receive Confidential Communications:**

You have the right to request that HOD communicates with you in a manner or at a location that you designate. For example, you may ask that HOD only communicates PHI with you or your family privately and without others present. HOD will not require that you provide any reason for your request and will attempt to honor reasonable requests for confidential communication. **If you wish to receive confidential communication in an alternative manner, please contact the HOD Privacy Officer at (563) 582-1220.**

3. **Right to Inspect and Copy Your Health Information:**

You have the right to inspect and copy your PHI, including paper and electronic formats of medical and billing records. HOD may deny your request in very limited circumstances. **If you would like to inspect and/or copy records containing your PHI, please contact the HOD Privacy Officer at (563) 582-1220 to obtain an authorization form or submit your request in writing.** If you request a copy of your PHI, HOD may charge a reasonable fee for copying and assembling costs. HOD is required to provide access to records within 30 days or provide a written explanation for the delay and apply a one-time 30-day extension.

4. **Right to Amend Health Care Information:**

If you or your legal representative believes that your PHI records are incorrect or incomplete, you may request that HOD amend the records. The request to amend your records may be made as long as the information is maintained by HOD. **A request for an amendment must be made in writing to the HOD Privacy Officer at 1670 JFK Road, Dubuque, IA 52002.** HOD may deny the request if it is not in writing or if the request does not include a reason for the amendment. The request may also be denied if your records were not created by HOD or if the records you are requesting are not part of the HOD medical record. The request may also be denied if the PHI you wish to amend is not part of the PHI you or your representative are permitted to inspect and copy, or if in the opinion of HOD, the records containing your PHI are accurate and complete.

5. **Right to an Accounting of Disclosures:**

You or your legal representative may request an accounting of disclosures of your PHI made by HOD for any reason other than for treatment, payment or health care operations, as outlined in this NPP. **The request for an accounting must be made in writing to the HOD Privacy Officer at 1670 JFK Road, Dubuque, IA 52002.** The request must specify the time period for the accounting. Requests may not be made for periods of time in excess of six years. HOD will provide the first accounting during any 12-month period without charge. Subsequent accounting requests may be subject to a reasonable cost-based fee.

6. **Right to Notification of a Breach:**

You have the right to receive notification by mail if HOD has determined through a risk assessment that there is more than a low probability that your PHI was compromised due to impermissible use or disclosure of PHI by a HOD employee, volunteer or business associate. HOD is required to provide this notification no later than 60 days after the discovery of a breach. Depending on the extent of the breach, notification of a breach may also be posted on the HOD website, provided to the media or sent to the Secretary of the US Department of Health and Human Services.

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

You or your legal representative has the right to a separate paper copy of this NPP at any time. **To obtain a separate paper copy, please contact the HOD Privacy Officer or obtain a copy of the current version on the website: [www.hospiceofdubuque.org](http://www.hospiceofdubuque.org).**

**D. Change in the NPP:**

HOD reserves the right to change the terms of its NPP and to make the new NPP provisions effective for all PHI it maintains. If HOD changes its NPP, HOD will provide you or your legal representative with a revised NPP.

**E. Complaints:**

You or your legal representative has the right to express complaints to HOD and to the Secretary of the US Department of Health and Human Services if you or your representative believes that your privacy rights have been violated. **Complaints to HOD can be made to the HOD Privacy Officer at (563) 582-1220 or in writing at 1670 JKF Rd., Dubuque, IA 52002.** HOD 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.

**F. Contact Person:**

This NPP has been provided to you as a summary of how your personal health information will be used and details your rights regarding your PHI. **If you have any questions about this NPP or desire more information regarding your PHI, please contact the Hospice of Dubuque Privacy Officer at 1670 JFK Road, Dubuque, IA 52002 or (563) 582-1220.**

**G. Effective Date:**

This NPP is effective September 23, 2013.