



USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

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.

Hospice of Citrus County Inc. (Hereafter referred to as “the Hospice”) may use your health information for purposes of providing you treatment, obtaining payment for your care, and conducting health care operations only after your written consent. The Hospice has established a policy to guard against unnecessary disclosure of your health information.

THE FOLLOWING IS A SUMMARY OF THE CIRCUMSTANCES UNDER WHICH AND PURPOSES FOR WHICH YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED AFTER YOU HAVE PROVIDED YOUR WRITTEN CONSENT.

- **To Provide Treatment:** The Hospice may use your health information to coordinate care within the Hospice and with others involved in your care, such as your attending physician, members of the Hospice interdisciplinary team and other health care professionals who have agreed to assist the Hospice in coordinating care. For example, physicians involved in your care will need information about your symptoms in order to prescribe appropriate medications. The Hospice may also disclose your health information to family members, clergy, pharmacists, medical equipment suppliers or other health care professionals to better coordinate your care.
- **To Obtain Payment:** The Hospice may include your health information in invoices to collect payment from third parties for the care you may receive from the Hospice. For example, the Hospice may be required by your health insurer to provide information regarding your health care status so that the insurer will reimburse the Hospice.
- **To Conduct Health Care Operations:** The Hospice may use and disclose health care information for its own operations in order to facilitate the function of the Hospice and as necessary to provide quality care to all Hospice patients. Such operations may include but are not limited to: Quality Assurance, Care Management, Professional Review and Performance Evaluation, Training Programs, Accreditation, Certification, Business Management and fund raising for the benefit of the Hospice. For example the Hospice may use your health information to evaluate its staff’s performance, combine your health information with that of other Hospice patients in evaluating how to more effectively serve all Hospice patients, use your health information for training purposes, or contact you or your family as part of general fund raising and community information mailings (unless you tell us you do not want to be contacted).
- **For appointment reminders:** The Hospice may use and disclose your health information to contact you as a reminder that you have an appointment for a home visit.
- **For treatment alternatives:** The Hospice may use and disclose your health information to tell you about or recommend possible treatment options or alternatives that may be of interest.

FEDERAL PRIVACY RULES ALLOW HOSPICE OF CITRUS COUNTY TO USE OR DISCLOSE YOUR HEALTH INFORMATION WITHOUT YOUR CONSENT OR AUTHORIZATION UNDER THE FOLLOWING CIRCUMSTANCES:

- **When legally Required:** The Hospice will disclose your health information without your consent when it is required to do so by and Federal, State, or Local law.
- **When There are Risks to Public Health:** The Hospice may disclose your health information for public activities and purposes in order to: prevent or control disease, injury, or disability; report disease, injury, or vital events; the conduct of public health surveillance; to report adverse events, product defects, or track products; to notify a person who has been exposed to, or is at risk of spreading, a communicable disease.
- **To Report Abuse, Neglect, or Domestic Violence:** The Hospice is allowed to contact appropriate government authorities if the Hospice believes a patient is the victim of abuse, neglect, or domestic violence.
- **To Conduct Health Oversight Activities:** The Hospice may disclose your health information to oversight agencies for activities including audits, civil/administrative/criminal investigations, inspections, licensure, or disciplinary action.
- **In Connection with Judicial and Administrative Proceedings:** The Hospice may disclose your health information in response to a court order. Hospice of Citrus County may release records of a deceased patient only by a court order, if the patient is alive, a patient authorization is required.
- **Patients must authorize release of records For Law Enforcement Purposes:** The Hospice may disclose your health information to a law enforcement official as required for reporting of certain types of wounds or physical injuries pursuant to a subpoena or court order; to locate or identify a suspect, fugitive, or missing person; when you are the victim of a crime; if the Hospice has a suspicion that your death was the result of criminal conduct; in an emergency in order to report a crime.
- **To Coroners and Medical Examiners:** The Hospice may disclose your health information for the purpose of determining the cause of your death or for other duties as required by law.
- **For Research Purposes:** The Hospice may, under very select circumstances, use your health information for research. The research project will be subject to an extensive approval process.
- **In the Event of a Serious Threat to Health and Safety:** The Hospice may, consistent with applicable law and ethical standards of conduct, disclose your health information if Hospice believes that such disclosure is necessary to prevent or lessen a serious and imminent threat to your health or safety or to the health and safety of the public.
- **For Specified Government Functions:** In certain circumstances, Federal regulations authorize the Hospice to use or disclose your health information to facilitate specified government functions relating to military or veterans, national security, intelligence activities, protective services for the President, medical suitability determinations, and inmates and law enforcement custody.
- **For Workers Compensation:** The Hospice may release your health information for workers compensation or similar programs.



AUTHORIZATION TO USE OR DISCLOSE HEALTH INFORMATION

Other than stated above, the Hospice will not disclose your health information other than with your written authorization. If you or your representative authorizes the Hospice to use or disclose your health information, you may revoke that authorization in writing at any time.

YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION

You have the following rights regarding your health information that Hospice Maintains:

- **Right to Request Restriction:** You may request restrictions of certain uses and disclosures of your health information to those involved in your care or the payment of your care. However, Hospice is not required to agree with your request. If you wish to make a request for restrictions, please contact the Hospice Privacy Office.
- **Right to Receive Confidential Communications:** You have the right to request that the Hospice communicate with you in a certain way. For example, you may ask that the Hospice only communicate with you privately, with no other family members present. If you wish to receive confidential communications, please contact the Hospice Privacy Officer. The Hospice will not request or require that you provide any reason for this request and will attempt to honor your reasonable requests for confidential communications.
- **Right to Inspect and Copy Your Health Information:** You have the right to inspect and copy your health information, including billing records. All requests to copy or inspect records containing your health information may be made to the Hospice Privacy Officer. Hospice may charge a reasonable fee for copying and assembling costs associated with your request.
- **Right to Amend Health Care Information:** If you or your representative believes that your health information records are incorrect or incomplete, you may request that the Hospice amend the records. This request must be made in writing to the Hospice Privacy Officer. Hospice may deny the request if it is not in writing or does not include a reason for the amendment. Hospice may also deny if the information in question was not created by Hospice, is not part of Hospice's records, is not a part of the health information that you are permitted to inspect and copy, or if Hospice believes the records containing your health care information are accurate and complete.
- **Right to an Accounting:** You or your representative have the right to request an accounting of disclosures of your health information made by Hospice for any reason other than for treatment, payment, or health operations. The request must be made in writing to the Hospice Privacy Officer and should specify the time period for the accounting starting April 14, 2003. Accounting requests may not be made for periods of time in excess of six (6) years. The Hospice would provide the first accounting request during any 12-month period without charge. Subsequent accounting requests may be subject to a reasonable cost-based fee.
- **Right to a Paper Copy of This Notice:** You or your representative have a right to a separate paper copy of the Notice at any time, even if you or your representative received the Notice previously. To obtain a separate paper copy, please contact the Hospice Privacy Officer.



DUTIES OF THE HOSPICE

The Hospice is required by law to maintain the privacy of protected health information and to provide you with notice of its legal duties and privacy practices. The Hospice must abide by the terms of the notice currently in effect, but reserves the right to change the terms. If there is a change, the Hospice will provide you with a written, revised notice as soon as practicable by mail or hand delivery. Your or your personal representative have the right to express complaints to Hospice of Citrus County and to the Secretary of Health and Human Services if you believe that your privacy rights have been violated. Hospice encourages you to express and concerns you may have regarding the privacy of your information. You will not be retaliated against in any way for filing a complaint.

Hospice of Citrus County's contact person for all issues regarding patient privacy, your rights under the Federal Privacy Standards, and for filing complaints is:

**Privacy Officer
Hospice of Citrus County
PO Box 641270
Beverly Hills, FL 34464
352-527-2020**

All complaints and requests for information must be in writing. Any questions regarding this notice, please contact the Privacy Officer.

Effective Date: This notice is in effect April 14, 2003.