

# Hospice of Laramie

## 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 IT CAREFULLY.**

### **OVERVIEW**

The mission of Hospice of Laramie (HOL) is to promote acceptance of the dying process as a natural, potentially fulfilling part of life, while providing emotional, spiritual, social, and material resources to support the dying, their families and friends. Through activities and services HOL collects, uses and discloses personal health information to carry out our mission. The information is private and confidential. HOL has policies and procedures in place to protect the information against unlawful use and disclosure. This Notice provides you with information about the use and disclosure of protected health information by HOL. This Notice applies when services are provided by HOL. This Notice also:

- (a) describes your rights and our obligations for using your health information;
- (b) informs you about laws that provide special protections;
- (c) explains how your protected health information is used and how, under certain circumstances, it may be disclosed;
- (d) tells you how changes in this Notice will be made available to you; and
- (e) informs you on how to contact HOL with questions regarding this Notice.

### **PROTECTED HEALTH INFORMATION**

This Notice applies to past, current or future personal health information created or received by HOL that identifies you. This information relates to your past, current or future physical or mental condition, the care provided, or payment for your health care. This information often contained in your health or medical record, among other purposes, serves as:

- A means of communication among many health care providers who contribute to your care.
- The legal record describing the care you received.
- A means by which you or a third-party payer can verify that services billed were provided.
- A tool HOL uses to improve the care HOL gives and the outcomes achieved.

Understanding what is in your record and how your health information is used and disclosed helps you to:

- Ensure accuracy of the record and request corrections, if needed.
- Better understand who, what, when, where and why others may access your health information. And to generally limit the release of information to the minimum needed for the purpose of the disclosure.
- Make a more informed decision when authorizing disclosures to others.

## **USE AND DISCLOSURE OF YOUR PROTECTED HEALTH INFORMATION WITH OR WITHOUT YOU AUTHORIZATION**

HOL may use your protected health information, as defined in the Privacy Rule of the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act (HIPAA) of 1996, for purposes of providing your treatment, obtaining payment for your care and conducting health care operations. HOL has established policies to guard against unnecessary disclosure of your health information.

**To Provide Treatment.** HOL may use your health information to coordinate care within HOL and with others involved in your care, such as your attending physician, members of HOL interdisciplinary team and other health care professionals who have agreed to assist HOL in coordinating care. For example, physicians involved in your care will need information about your symptoms in order to prescribe appropriate medications. HOL also may disclose your health care information to individuals outside of the HOL involved in your care including family members, clergy who you have designated, pharmacists, suppliers of medical equipment or other health care professionals.

**To Obtain Payment.** HOL may include your health information in invoices to collect payment from third parties for the care you receive from HOL. For example, HOL may be required by your health insurer to provide information regarding your health care status so that the insurer will reimburse you or HOL. Also, HOL may need to obtain prior approval from your insurer and may need to explain to the insurer your need for hospice care and the services that will be provided to you.

**To Conduct Health Care Operations.** HOL may use and disclose health information for its own operations in order to facilitate the function of HOL and as necessary to provide quality care to all of the HOL's patients. Health care operations include:

- Quality assessment and improvement activities.
- Activities designed to improve health or reduce health care costs.
- 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 of non-health care professionals.
- Accreditation, certification, licensing or credentialing activities.
- Review and auditing, including compliance reviews, medical reviews, legal services and compliance programs.
- Business planning and development including cost management and planning related analyses and formulary development.
- Business management and general administrative activities of HOL.
- Fundraising for HOL.

For example, HOL may use your health information to evaluate its staff performance, combine your health information with other HOL patients in evaluating how to more effectively serve all HOL patients, disclose your health information to HOL staff and contracted personnel for training purposes, use your health information to contact you as reminder regarding a visit to you, or contact you as part of general fundraising and community information mailings.

**For Fundraising Activities.** HOL may use information about you including your name, address, phone number and the dates you received care in order to contact you or family to raise money for the Hospice. HOL may also release this information to a related Hospice foundation. If you do not want HOL to contact you or your family, notify in writing the Privacy Officer, Hospice of Laramie, 1262 N. 22<sup>nd</sup> St. Unit A, Laramie, WY 82072.

**For Bereavement Activities.** HOL may use and disclose your health information for Bereavement Services, including a Memorial Service.

**For Appointment Reminders.** HOL 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.** HOL may use and disclose your health information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

**THE FOLLOWING IS A SUMMARY OF THE CIRCUMSTANCES UNDER WHICH AND PURPOSES FOR WHICH YOUR HEALTH INFORMATION MAY ALSO BE USED AND DISCLOSED.**

**When Legally Required.** HOL will disclose your health information when it is required to do so by any Federal, State or Local law.

**When There Are Risks to Public Health.** HOL 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 such as birth or death and the conduct of public health surveillance, investigations and interventions.
- Report adverse events, product defects, or to track products.
- Enable product recalls, repairs and replacements.
- Conduct post-marketing surveillance.
- Notify a person who has been exposed to a communicable disease or who may be at risk of contracting or spreading a disease.
- Notify an employer about an individual who is a member of the workforce as legally required.

**To Report Abuse, Neglect or Domestic Violence.** HOL may notify government authorities if HOL believes a patient is the victim of abuse, neglect or domestic violence. HOL will make this disclosure only when specifically required or authorized by law or when the patient agrees to the disclosure.

**To Conduct Health Oversight Activities.** HOL may disclose your health information to a health oversight agency for activities including audits, civil administrative or criminal investigations, inspections, licensure or disciplinary action. HOL, however, may not disclose your health information if you are the subject of an investigation and your health information is not directly related to your receipt of health care public benefits.

**In Connection With Judicial and Administrative Proceedings.** HOL may disclose your health information in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal as expressly authorized by such order or in response to a subpoena, discovery request or other lawful process, but only when HOL makes reasonable efforts to either notify you about the request or to obtain an order protecting your health information.

**For Law Enforcement Purposes.** As permitted or required by State Law, HOL may disclose your health information to a law enforcement official for certain law enforcement purposes as follows:

- As required by law for reporting of certain types of wounds or other physical injuries pursuant to the court order, warrant, subpoena or summons or similar process.
- For the purpose of identifying or locating a suspect, fugitive, material witness or missing person.
- Under certain limited circumstances, when you are the victim of a crime.
- To a law enforcement official if HOL has a suspicion that your death was the result of criminal conduct including criminal conduct at HOL.
- In an emergency in order to report a crime.

**To Coroners and Medical Examiners.** HOL may disclose your health information to coroners and medical examiners for purposes of determining your cause of death or for other duties, as authorized by law.

**To Funeral Directors:** HOL may disclose your health information to funeral directors consistent with applicable law and if necessary, to carry out their duties with respect to your funeral arrangements. If necessary to carry out their duties, HOL may disclose your health information prior to and in reasonable anticipation of your death.

**For Organ, Eye or Tissue Donation.** HOL may use or disclose your health information to organ procurement organizations or other entities engaged in the procurement, banking or transplantation of organs, eyes or tissue for the purpose of facilitating the donation and transplantation.

**For Research Purposes.** HOL may, under select circumstances, use or disclose your health information for research. Before HOL discloses any of your health information for such research purposes, the project will have been approved through an approval process that evaluates the need of the research project with your needs for privacy of your health information. While your protected health information may be used or disclosed to help prepare a research project or to contact you to ask whether or not you want to participate in a study, it will not be further disclosed for research without your authorization.

**In the Event of a Serious Threat to Health or Safety.** HOL may, consistent with applicable law and ethical standards of conduct, disclose your health information if HOL, in good faith, believes that such disclosure is necessary to prevent or lessen a serious and imminent threat to your health or safety or the health and safety of the public.

**For Specified Government Functions.** In certain circumstances, the Federal regulations authorize HOL to use or disclose your health information to facilitate specified government functions relating to

military and veterans, national security and intelligence activities, protective services for the President and others, medical suitability determinations and inmates and law enforcement custody.

**For Worker's Compensation.** HOL may release your health information for worker's compensation or similar programs.

#### **AUTHORIZATION TO USE OR DISCLOSE HEALTH INFORMATION**

Other than is stated above, HOL will not disclose your health information other than with your written authorization. If you or your duly appointed representative authorizes HOL 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 HOL maintains:

**Right to request restrictions.** You may request restrictions on certain uses and disclosures of your health information. You have the right to request a limit on HOL's disclosure of your health information to someone who is involved in your care or the payment of your care. However, HOL is not required to agree to your request. If you wish to make a request for restrictions, please contact the Privacy Officer at 1262 N. 22<sup>nd</sup> St. Unit A Laramie, WY 82072 or 307-745-9254.

**Right to receive confidential communications.** You have the right to request that HOL communicate with you in a certain way. For example, you may ask that HOL only conduct communications pertaining to your health information with you privately with no other family members present. If you wish to receive confidential communications, please contact the Privacy Officer at 307-745-9254. HOL will not request that you provide any reasons for your 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. A request to inspect and copy records containing your health information may be made to the Privacy Officer at 1262 N. 22<sup>nd</sup> St. Unit A Laramie, WY 82072 or 307-745-9254. If you request a copy of your health information, HOL may charge a reasonable fee for copying and assembling costs associated with your request.

**Right to amend health care information.** You or your duly appointed representative has the right to request that HOL amend your records, if you believe that your health information is incorrect or incomplete. That request may be made as long as the information is maintained by HOL. A request for an amendment of records must be made in writing to Privacy Officer at 1262 N. 22<sup>nd</sup> St. Unit A, Laramie, WY 82072. HOL may deny the request if it is not in writing or does not include a reason for the amendment. The request also may be denied if your health information records were not created by HOL, if the records you are requesting are not part of the health information you or your representative are permitted to inspect and copy, or if, in the opinion of HOL, the records containing your health information are accurate and complete.

**Right to an accounting.** You or your duly appointed representative has the right to request an accounting of disclosures of your health information made by HOL for certain reasons, including reasons related to public purposes authorized by law and certain research. The request for an HOL Notice of Privacy Practices (April 14, 2003, revised April 9, 2009)

