

# Hospice of the Piedmont

## Privacy Policy

**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.**

### **USE AND DISCLOSURE OF HEALTH INFORMATION**

Hospice of the Piedmont may use your health information, information that constitutes protected health information as defined in the Privacy Rule of the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996, for purposes of providing you treatment, obtaining payment for your care and conducting health care operations. The Hospice has established policies 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:**

#### **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 also may disclose your health care information to individuals outside of the Hospice 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**

The Hospice may include your health information in invoices to collect payment from third parties for the care you 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 you or the Hospice. The Hospice also 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**

The Hospice may use and disclose health information for its own operations in order to facilitate the function of the Hospice and as necessary to provide quality care to all of the Hospice's patients.

For example the Hospice may use your health information to evaluate its staff performance

The Hospice may disclose certain information about you including your name, your general health status. The Hospice may disclose this information to people who ask for you by name.

#### **For Fundraising Activities**

The Hospice may use information about you including your name, address, phone number and the dates you received care in order to contact you or your family to raise money for the Hospice. The Hospice may also release this information to a related Hospice foundation. If you do not want the Hospice to contact you or your family, notify Sharon Britt, Compliance Officer, at 434.817.6900 or 800.975.5501 and indicate that you do not wish 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 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:**

Prevent or control disease, injury or disability, report disease, injury, vital events such as birth or death and the conduct of public health surveillance, investigations and interventions.

Report adverse events, product defects, to track products or enable product recalls, repairs and replacements and to conduct post-marketing surveillance and compliance with requirements of the Food and Drug Administration.

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.

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 the Hospice has a suspicion that your death was the result of criminal conduct including criminal conduct at the Hospice.

In an emergency in order to report a crime.

**AUTHORIZATION TO USE OR DISCLOSE HEALTH INFORMATION**

Other than is 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 the Hospice maintains:

**DUTIES OF THE HOSPICE**

The Hospice is required by law to maintain the privacy of your health information and to provide to you and your representative this Notice of its duties and privacy practices. The Hospice is required to abide by the terms of this Notice as may be amended from time to time. The Hospice reserves the right to change the terms of its Notice and to make the new Notice provisions effective for all health information that it maintains. If the Hospice changes its Notice, the Hospice will provide a copy of the revised Notice to you or your appointed representative. You or your personal representative have the right to express complaints to the Hospice and to the Secretary of DHHS if you or your representative believe that your privacy rights have been violated. Any complaints to the Hospice should be made in writing to Sharon Britt, Compliance Officer, 675 Peter Jefferson Parkway, Suite 300, Charlottesville, VA 22911. The Hospice 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.

**CONTACT PERSON**

The Hospice has designated Sharon Britt, Director of Provider Relations as its contact person for all issues regarding patient privacy and your rights under the Federal privacy standards. You may contact this person at 675 Peter Jefferson Parkway, Suite 300, Charlottesville, VA 22911.

**EFFECTIVE DATE**

This Notice is effective April 14, 2003.

**IF YOU HAVE ANY QUESTIONS REGARDING THIS NOTICE, PLEASE CONTACT:**

Sharon Britt, Compliance Officer, at 675 Peter Jefferson Parkway, Suite 300, Charlottesville, VA 22911 or 434.817.6900.