

NOTICE OF INFORMATION 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.

We have summarized our responsibilities and your rights in this first section. For a complete description of our privacy practices, please review this entire notice.

Our Responsibilities

We are required to:

- Maintain the privacy of your health information;
- Provide you with this notice of our legal duties and information practices with respect to information we collect and maintain about you;
- Abide by the terms of this notice currently in effect; and
- Notify you following a breach of unsecured protected health information.

Your Rights

You have several rights with regard to your health information. Those include the right to:

- Be involved in developing your hospice plan of care while also being able to refuse any care treatment;
- Receive effective pain management and symptom control from the hospice for conditions related to the terminal illness.
- Choose your attending physician;
- Request that we not use or disclose your health information in certain ways.
- Your clinical record is confidential;
- Request to receive information about provided under hospice benefit services;
- Be free from mistreatment, neglect, verbal, mental, sexual, physical abuse including injuries of unknown source, and misappropriation of patient property.
- Request access and obtain a copy of your health information; and
- Request an accounting of disclosures of your health information.

We reserve the right to change our privacy practices and to make the new provisions effective for all health information we maintain. Should our privacy practices change, we will post the changes in a physical place within our building (if applicable) and on our website. A copy of the revised notice will be available after the effective date of the changes upon request. You may request a copy from the Hospice Director or obtain a copy from our website.

We will not use or disclose your health information without your authorization, except as described in this notice.

If you have any question and like additional information, you may contact the Hospice Director at 1 (913) 477-8248.

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Understanding Your Health Record

Each time you visit a medical provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record, serves the following purpose.

- Basis for planning your care and treatment
- Communication among health professionals involved in your care
- Legal document describing the care you received
- Proof that services billed were actually provided
- A tool to educate health professionals
- A source of data for medical research
- A source of information for public health officials who oversee the delivery of health care
- A tool to measure and improve the care we give

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

- Ensure its accuracy
- Understand who, what, where and why others may access your health information
- Make informed decisions when authorizing disclosure to others

How We Will Use or Disclose Your Health Information

Uses and Disclosures That May Be Made Without Your Authorization or an Opportunity to Object

For Treatment. We will use and disclose your health information to provide you with treatment and services. We may disclose your health information to those persons who may be involved in your care, such as physicians, nurses, nurse aides, physical therapists, dietary and admissions personnel. For example, a nurse caring for you will report any change in your condition to your physician.

Disaster Relief. We may use or disclose your personal health information to an authorized public or private entity to assist in disaster relief efforts and to coordinate with disaster relief agencies.

For Payment. We may use and disclose your health information so that we can bill and receive payment for the treatment and services you receive. For example, we may disclose your health information to your responsible party, an insurance or managed care company, Medicare, Medicaid or another third party payer. We may contact Medicare or your health plan to confirm your coverage or to request prior approval for a purposed treatment or service.

For Health Care Operations. We may use and disclose your health information for our regular health operations. Their uses and disclosures are necessary to manage our operations and to monitor our quality of care. For example, we may use your health information to evaluate our services, including the performance of our staff.

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Community Health Accreditation Program. Evergreen Hospice Care is a participant in a Community Health Accreditation Program (“CHAP”). CHAP is an arrangement or relationship that allows two or more Covered Entities who participate in joint activities to share health information about their patients in order to manage and benefit their joint operations. The Covered Entities participating in the CHAP will share health information with each other as necessary to carry out treatment, payment, or health care operations relating to CHAP.

Business Associates. Outside people and entities provide services for us. Examples of these “business associates” include your accountants, consultants and attorneys. We may disclose your health information to our business associates so that they can perform the job we’ve asked them to do. We require our business associates to safeguard your information so that it is protected. Business Associates are also required by law to safeguard your information.

Newsletters / Bulletin Boards. Some of our business units have bulletin boards and newsletters that are distributed to staff and residents. If applicable, we may post your name and birth date on a bulletin board and in a newsletter, unless you notify us.

Research. We may disclose information to researchers when certain conditions have been met.

Transfer of Information at Death. We may disclose health information to funeral directors, medical examiners, and coroners to carry out these duties consistent with applicable law.

Organ Procurement Organizations. Consistent with applicable law, we may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

Food and Drug Administration (FDA). We may disclose to the FDA, or to a person or entity subject to the jurisdiction of the FDA, health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

Worker’s Compensation. We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers’ compensation or other similar programs established by law.

Abuse or Neglect. We may disclose your personal health information to a public health authority that is authorized by law to receive reports of child or vulnerable person abuse or neglect. In addition, we may disclose your personal health information if we believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or other party authorized to receive such information.

Health Oversight. We may disclose personal health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.

Worker’s Compensation. Your personal health information may be disclosed by us as authorized to comply with worker’ compensation laws and other similar legally-established programs.

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Law Enforcement. We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.

Public Health. As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

Coroners, Funeral Directors, and Organ Donation. We may disclose personal health information to a coroner or medical examiner for identification purpose, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose personal health information to a funeral director, as authorized by law, in order to permit the funeral director to carry out their duties. We may disclose personal health information in reasonable anticipation of death. Personal health information may also be disclosed for organ, eye or tissue donation purposes.

Military Activity and National Security: We may use or disclose personal health information of individuals who are Armed Forces personnel (1) for activities deemed necessary by appropriate military command authorities; (2) for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits, or (3) to foreign military authority if you are a member of that foreign military services. We may also disclose your personal health information to authorized federal officials conducting national security and intelligence activities.

Correctional Institution. Should you be an inmate or in a correctional institution, we may disclose the institution or agents health information necessary for your health and the health and safety of other individuals..

Reports. Federal law allows a member of our work force or a business associate to release your health information to an appropriate health oversight agency, public health authority or attorney, if the work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers, or the public.

Uses and Disclosures That May Be Made Either With Your Agreement or an Opportunity to Object.

Directory / List of Patients. Unless you notify us that you object, we may use your name, name of the facility (if applicable), general condition, and religious affiliation for directory purposes. We may release information in our directory, except for your religious affiliation, to people who ask for you by name. We may provide the directory information, including your religious affiliation, to any member of spiritual care.

Notification. Unless you notify us that you object, we may use or disclose information to notify or assist in notifying a family member, responsible party, or another person responsible for your care, of your location and general condition. If we are unable to reach your family member or responsible party, then we may leave a message for them at the phone number they have provided us, e.g. on an answering machine.

Communication With Family. Unless you notify us that you object, we may disclose to a family member, other relative, close personal friend or any other person involved in your health care, health information relevant to that person's involvement in your care or payment related to your care. If appropriate, these communications may also be made after your death, unless you instructed us not to make such communications.

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Uses and Disclosures of Your Health Information Based on Your Written Authorization.

Psychotherapy Notes. We must obtain your written authorization for most uses and disclosures of psychotherapy notes.

Marketing. We must obtain your written authorization to disclose your health information for most marketing purposes. We may contact regarding your treatment, to coordinate your care, or to direct or recommend alternative treatments, therapies, health care provider or settings. In addition, we may contact you to describe a health-related product or services that may be of interest to you, and the payment for such product or services.

Sale of Health Information. We must obtain your written authorization for any disclosure of your health information which constitutes a sale of health information.

Other Uses. Other uses and disclosures of your health information, not described above, will be made only with your written authorization (unless otherwise permitted or required by law). You may revoke your authorization, at any time, in writing, except to the extent we have taken in reliance on the authorization.

Your Health Information Rights.

You have the following rights regarding your health information. You may exercise these rights by submitting a request in writing to our Hospice Director. Please acknowledge that our hospice care is palliative care, not the curative nature part of healthcare, as it relates to the individual's terminal illness.

Right to Request Restrictions. You have the right to request restrictions on our use or disclosure of your health information for treatment, payment or health care operations. You also have the right to restrict health information we disclose about you to a family member, friend or other person involved in your care or the payment for your care. Such requests should be made in writing on a form provided by us.

Although we will consider your requests with regard to the use of your health information, please be aware that we are under no obligation to accept it, except we must agree not to disclose your health information to your health care plan if the disclosure; Is for payment or health care operations and is not otherwise required by law; or relates to a health care item or service which you paid for in full out of pocket. If we do agree to accept your requested restriction, we will comply with your request except as needed to provide you emergency treatment.

Rights of Access to Health Information. You have the right to inspect and obtain a copy of your medical or billing records or other written information that may be used to make decision about your care, subject to some limited expectations. Such records will be provided to you in the mean timeframes established by law. We may charge a reasonable fee for our costs in copying and mailing your requested information.

We may deny your request to inspect or receive copies in certain limited circumstances. If you are denied access to health information, in some cases you will have a right to request review of the denial.

Right to Request Amendment. If you believe that any health information in your record is incorrect or if you believe that important information is missing, you may request that we correct existing information or add the missing information. Such requests must be made in writing, and must provide a reason to support the amendment.

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We may deny your request for amendment in certain circumstances. If we deny your request for amendment, we will give you a written denial including the reasons for the denial. You have the right to submit a written statement disagreeing with the denial.

Right to an Accounting of Disclosures. You have the right to request an “accounting” of our disclosures of your health information. This is a listing of certain disclosures of your health information made by us or by others on our behalf, but does not include disclosures for treatment, payment and health care operations or certain other exceptions.

To request an accounting of disclosures, you must submit a request in writing, stating a time period that is within six (6) years from the date of your request. An accounting will include, if requested: the disclosure date; the name of the person or entity that received the information and address, if known; a brief description of the information disclosed; a brief statement of the purpose of the disclosure or a copy of the authorization request; or certain summary information concerning multiple similar disclosures. The first accounting provided within a 12-month period will be free; for further requests, we may charge you our costs.

Right to a Paper Copy of This Notice. You have the right to obtain a paper copy of this notice, even if you have agreed to receive this notice electronically. You may request a copy of this notice at any time.

Right to Request Confidential Communications. You have the right to request that we communicate with you concerning personal health matters in a certain manner or at a certain location. For example, you can request that we contact you only at a certain phone number. We will accommodate your reasonable requests.

Right to revoke Authorization. You may revoke an authorization to use our disclose health information, except to the extent that action has already been taken. This request must be made in writing.

Right to Breach Notification. You have the right to be notified if you are affected by a breach of unsecured protected health information.

Right to Opt Out of Fundraising Communications. We may contact you for fundraising purposes. You have the right to opt out of receiving these communications.

For More Information or to Report a Problem.

If you believe that your privacy rights have been violated, you may file a complaint in writing with us or with the Office for Civil Right in the U.S. Department of Health and Human Services. To file a complaint with us, you may contact the Hospice Director at **1-913-477-8248**.

We will not retaliate against you for filing a complaint.

If you have any questions about this notice or would like further information concerning your privacy rights, please contact the Hospice Director at **1-913-477-8248**.

Effective Date: May 8th, 2015