

Hospice of the North Coast

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Notice of Privacy Practices ~ Effective April 14, 2003

This notice describes how medical information about you may be used and disclosed and how you can get access to this information.

Please review the following carefully.

This Notice of Privacy Practices is provided to you as a requirement of the Health Insurance Portability and Accountability Act (HIPAA). It describes how we may use or disclose your protected health information, with whom that information may be shared, and the safeguards we have in place to protect it. This notice also describes your rights to access and amend your protected health care information. You have the right to approve or refuse the release of specific information outside of our hospice agency except when the release is required or authorized by law or regulation.

If you have any questions about this notice, please call the Privacy Officer, the Executive Director of Hospice of the North Coast at (760) 431-4100.

Acknowledgement of Receipt of This Notice

You will be asked to sign an acknowledgement of receipt of this notice. The delivery of your hospice services will in no way be conditioned upon your signed acknowledgement. If you decline to sign the acknowledgement, we will continue to provide you with treatment, and we will disclose your protected health information for treatment, payment, and health care operations when necessary.

Our Duties to You Regarding Protected Health Information

In order to provide appropriate treatment to you, it is necessary for Hospice of the North Coast to maintain a medical file with your personal and medical information. This file will include your demographic information on your residence and next of kin, your past medical history (usually obtained from your physician), your Advance Directives, any physician orders, your individualized Plan of Care, and all assessment and visit notes from clinical staff. This information is used for the purpose of treatment, payment and some health care operations. You may inspect and obtain a copy of your protected health information that is contained in your Hospice medical record for as long as the Hospice retains your records.

“Protected health information, (PHI),” is individually identifiable health information. This information includes demographics, such as name, age, address, or phone number, and relates to your past, present or future physical or mental health condition and related health care services. Hospice of the North Coast is required by law to:

- Make sure that your protected health information is kept private.
- Give you this notice of our legal duties and privacy practices related to the use and disclosure of your protected health care information.
- Follow the terms of the notice currently in effect.
- Communicate any changes in the notice to you.

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for health care information we already have about you as well as any information we receive in the future.

Hospice of the North Coast ~ Notice of Privacy Practices (continued)

How We May Use Or Disclose Your Protected Health Information

Your medical record is kept confidential and secured to protect against those who have no need to access your information. Only that portion of your medical record necessary for treatment, payment or business activities will be released to those outside of the hospice agency. Hospice of the North Coast will not disclose your entire medical record without valid justification that the entire medical record is needed. It is assumed that any physician who provides treatment to you, the Hospice Interdisciplinary Team members who care for you, and certain staff members of a nursing home or other health care residence in which you may reside may have full access to your medical record information in order to provide appropriate treatment. Other Hospice employees, such as the Director of Finance, the medical records clerk, and filing and billing clerks may have access to certain information in your medical records in order to conduct business activities.

Following are examples of permitted uses and disclosures of your protected health information. These examples are not exhaustive.

Required Uses and Disclosures

By law, we must disclose your health information to you unless it has been determined by a competent medical authority that it would be harmful to you. We must also disclose health information to the Department of Health and Human Services (DHHS) for investigations or determinations of our compliance with laws on the protection of your health information. We may use or disclose your protected health information if law or regulation requires the use or disclosure. For example, we may disclose your protected health information to a public health authority who is permitted by law to collect or receive the information. We may need to report any abuse or neglect of you or any family member, any risk of exposure to a disease that could be contracted or spread to others, (as well as to inform those persons who may have been exposed to a contagious disease) and the report of any death.

Treatment

We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party. For example, we may disclose your health care information, as necessary, to "business associates", another physician or health care provider (such as a specialist, pharmacist, skilled or residential nursing facility, medical equipment or supply company, or a laboratory) who, at the request of your physician, becomes involved in your care by providing assistance with your health care. These business associates will also be required to protect your health care information. In emergencies, we will use and disclose your protected health information to provide the treatment you require.

Payment

Your protected health information will be used, as needed, to obtain payment for your health care services. This may include certain activities that Hospice of the North Coast might undertake before it approves or pays for health care services recommended for you, such as determining eligibility or coverage for benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities.

Health Care Operations

We may use or disclose, as needed, your protected health information to support the daily activities related to health care. These activities include, but are not limited to: quality improvement activities; investigations, audits, or inspections by government agencies; oversight or staff performance reviews; training of staff; training of medical, nursing, or social services students; licensing; or, conducting or arranging for other health care related activities.

Hospice of the North Coast ~ Notice of Privacy Practices (continued)

Legal Proceedings

We may disclose protected health care information during any judicial proceeding, in response to a court order, a subpoena, discovery request, or other lawful process.

Coroners, Funeral Directors and Organ Donations

We may disclose protected health information to coroners or medical examiners, to funeral directors and, with additional provisional consent, to any agency who uses body tissues or organs for transplant or research.

Uses and Disclosures of Protected Health Information Requiring Your Permission

Individuals Involved in Your Health Care

Unless you object, we may disclose to a member of your family, a relative, close friend, DPOA-HC, or any other person you identify, your protected health information that directly relates to that person's involvement in your health care. Additionally, we may use your protected health information to notify any of the above-identified persons your general condition, or your death.

Your Rights Regarding Your Health Information

You are also being informed that you have a right to review your medical record and receive a copy of such at any time, and may request appropriate revisions to your record be made. Your written request for revisions will be included in your medical record. If you choose to review your hospice medical record or have a grievance to file over an issue with your medical record, please call the Privacy Officer and Executive Director of Hospice of the North Coast at (760) 431-4100. Accommodations will be made to meet your needs.

It is the policy of Hospice of the North Coast to ensure that your privacy is protected by having in place certain standards of conduct concerning your medical health records. The following is the policy that the agency will follow:

“In accordance with the rules and regulations set forth by the Health Insurance Portability and Accountability Act, (HIPAA), Hospice of the North Coast shall agree that all patient information shall be considered protected health information, (PHI) and as such, *only information that is reasonably needed for the purpose of providing services to the designated patient will be released.* Hospice will obtain consent from the patient involved to release any confidential information (PHI) to any contracted provider. Hospice will provide the patient with a “Notice of Privacy Practices” which are written assurances that only necessary information will be released to contracted providers, and that the patient may examine or obtain copies of what health information was released to which contracted providers. Patients will be informed that they have the right to examine and obtain copies of their own health records and request corrections to those records, if appropriate. Patients will be informed to call/write the Privacy Officer of Hospice of the North Coast, the executive director, to obtain information on these policies or ask questions concerning their medical records and/or disclosures to other health care providers.

Hospice will assure that any confidential information (PHI) shared for the purpose of providing hospice care will not be shared with any other person, agency or entity without the written consent of the patient involved. Hospice staff members and other providers will be given only that information (PHI) necessary to perform the duties of their jobs. Hospice will assure that no shared information (PHI) will be used for the purpose of marketing or other advertising, and no information will be used in any directory for internal or external marketing uses without obtaining the patient's written consent. Hospice will assure that any PHI will be stored in such a manner as to not allow confidential information to be revealed to outside parties, and PHI that is no longer needed will be appropriately destroyed, (shredded or otherwise modified so that information may not be read or deciphered).” Hospice of the North Coast may use your information (name, address, phone number and/or email address) for its fundraising activities including but not limited to invitations to events, donation campaigns, newsletter, etc. You may opt out of future fundraising communication in writing to Hospice of the North Coast, 5441 Avenida Encinas, Suite A, Carlsbad, CA 92008.

Hospice of the North Coast ~ Notice of Privacy Practices (continued)

Release of Information and Authorization For Payment Form

The "Release of Information and Authorization for Payment" form that you are being asked to sign will allow Hospice of the North Coast to submit claims for hospice care to your insurance carrier. Included in the form is authorization for Hospice of the North Coast to release any necessary information to any other health care provider who requires your medical information in order to provide treatment to you. You have a right to refuse to allow any or all of your hospice medical record to be accessed by others and have a right to stipulate which providers may not be given your confidential medical information. However, be informed that a health care entity may not render service to you without certain necessary information.

Patient Name _____ MR# _____ Date _____