



NOTICE OF HOSPICE ALLIANCE 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.

USE AND DISCLOSURE OF HEALTH INFORMATION:

Hospice Alliance is required by law to maintain the privacy of your health information, to provide you (or your representative) this Notice of our duties and privacy practices, and to notify you (or your representative) following a breach of your unsecured health information. Hospice Alliance is required to abide by the terms of this Notice as may be amended from time to time. Hospice Alliance reserves the right to change the terms of our Notice. Any revisions to this Notice will be effective for all health information that Hospice Alliance created or maintained in the past, and for any records that Hospice Alliance may create or maintain in the future. Hospice Alliance will post a copy of the current Notice in a prominent location in our facility as well as on our website, www.hospicealliance.org.

THE FOLLOWING IS A SUMMARY OF THE CIRCUMSTANCES UNDER WHICH AND PURPOSES FOR WHICH HOSPICE ALLIANCE MAY USE OR DISCLOSE YOUR HEALTH INFORMATION:

To Provide Treatment: Hospice Alliance may use your health information to treat you and coordinate care within Hospice Alliance. For example, your attending physician or members of the Hospice Alliance interdisciplinary team may use information about your symptoms in order to prescribe appropriate medications. Hospice Alliance also may disclose your health information to individuals outside of hospice involved in your care including family members, clergy whom you have designated, pharmacists, suppliers of medical equipment, or other health care professionals.

To Obtain Payment: Hospice Alliance may use or disclose your health information in order to bill or collect payment for the services and items you receive from Hospice Alliance. For example, Hospice Alliance may be required by your health insurer to provide information regarding your health care status so that the insurer will reimburse you or Hospice Alliance. Hospice Alliance 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 service(s) that will be provided to you.

To Conduct Health Care Operations: Hospice Alliance may use or disclose your health information for our own operations and as necessary to provide quality care to all of Hospice



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Alliance patients. For example, Hospice Alliance may use your health information to evaluate our staff performance, combine your health information with other Hospice Alliance patients to evaluate how to more effectively serve all Hospice Alliance patients, disclose your health information to Hospice Alliance staff and contracted personnel for training purposes, or use your health information to contact you or your family as part of general information mailings. Hospice Alliance also may disclose your health information to a health oversight agency performing activities authorized by law, such as investigations or audits. These agencies include governmental agencies that oversee the health care system, government benefit programs, and organizations subject to government regulation and civil rights laws. In addition, Hospice Alliance may disclose your health information to another health care provider subject to Federal privacy protection laws, as long as the provider has or has had a relationship with you and the health information is for that provider's health care operations.

For Facility Directory: Hospice Alliance's Hospice House may disclose certain information about you, including your name, general health status, religious affiliation and room location while you are a patient in a Hospice Alliance residential facility. Hospice Alliance may disclose this information to people who ask for you by name.

For Fundraising Activities: In support of our charitable mission, Hospice Alliance may use certain information about you and your family members or friends (e.g., names, mailing addresses, electronic addresses, phone numbers, department of service, treating physician, outcome information, health insurance status and the dates you received care) to contact you or your family to raise money for Hospice Alliance. Hospice Alliance may also release this information to the Hospice Alliance Foundation for the same purpose. If you do not want Hospice Alliance to use your information for this purpose, notify the Hospice Alliance Development Coordinator at (800) 830-8344 and indicate that you do not wish to be contacted.

For Appointment Reminders: Hospice Alliance may use and disclose your health information to contact you to remind you that you have an appointment.

To Inform You About Information that May Be of Interest to You: Hospice Alliance may use and disclose your health information to tell you about or recommend possible options or alternatives for your care, or to inform you of other information that may be of interest to you.

Business Associates: Hospice Alliance may disclose your health information to our business associates that perform functions on our behalf or provide us with services if the information is necessary for them to provide such functions or services. Hospice Alliance requires our business



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associates to agree in writing to protect the privacy of your health information and to use and disclose your health information only as specified in the written agreement.

THE FOLLOWING IS A SUMMARY OF THE CIRCUMSTANCES UNDER WHICH AND PURPOSES FOR WHICH HOSPICE ALLIANCE MAY USE OR DISCLOSE YOUR HEALTH INFORMATION WITHOUT YOUR CONSENT OR AUTHORIZATION.

When Legally Required: Hospice Alliance will disclose your health information to the extent that it is required to do so by any Federal, State or local law.

When There Are Risks to Public Health: Hospice Alliance may disclose your health information for public activities and purposes in order to:

- Prevent or control disease, injury or disability, report disease, injury, vital events such as 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 government authorities.
- 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 their workforce as legally required.

To Report Abuse, Neglect or Domestic Violence: Hospice Alliance is allowed to notify government authorities if it reasonably believes a patient is the victim of abuse, neglect or domestic violence. Hospice Alliance will make this disclosure only when specifically required or authorized by law or when you authorize the disclosure.

To Conduct Health Oversight Activities: Hospice Alliance may disclose your health information to a health oversight agency or other organization for activities including audits, civil administrative or criminal investigations, inspections, licensure or disciplinary action. If you are the subject of a health oversight agency investigation, Hospice Alliance may disclose your health information only if it is directly related to your receipt of health care or public benefits.



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In Connection with Judicial and Administrative Proceedings: Hospice Alliance 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. Under certain conditions, Hospice Alliance also may disclose your health information in response to a subpoena, discovery request or other lawful process.

For Law Enforcement Purposes: As permitted or required by State law, Hospice Alliance 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, 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 Hospice Alliance has a suspicion that your death was the result of criminal conduct.
- To a law enforcement official if Hospice Alliance believes the information constitutes evidence of criminal conduct that occurred at a Hospice Alliance facility.
- In an emergency in order to report a crime.

To Coroners and Medical Examiners: Hospice Alliance 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: Hospice Alliance may disclose your health information to funeral directors prior to and in reasonable anticipation of your death consistent with applicable law and, if necessary, to carry out their duties with respect to your funeral arrangements.



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For Organ, Eye or Tissue Donation: To carry out your pre-arranged instruction regarding organ, eye or tissue donation, Hospice Alliance 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 Research Purposes: Hospice Alliance may, under very select circumstances, use your health information for research. Before Hospice Alliance discloses any of your health information for such research purposes, the project will be subject to an extensive approval process.

In the Event of a Serious Threat to Health or Safety: Hospice Alliance may, consistent with applicable law and ethical standards of conduct, disclose your health information if Hospice Alliance, in good faith, 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 Hospice Alliance 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 determination and inmates and law enforcement custody.

For Worker's Compensation: Hospice Alliance may release your health information for worker's compensation or similar programs.

AUTHORIZATION TO USE OR DISCLOSE HEALTH INFORMATION

The following is a summary of the circumstances under which Hospice Alliance will not disclose your health information unless it obtains written authorization from you or your representative: (i) when using or disclosing your psychotherapy notes; (ii) when using your health information to make a marketing communication to you for which Hospice Alliance receives financial remuneration from a third party, unless such communication is face-to-face or in other limited circumstances; or (iii) when disclosing your health information in any manner which constitutes the sale of such information under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). Also, some types of health information are particularly sensitive, and the law, with limited exceptions, may require that Hospice Alliance obtain your authorization to use or disclose that information. Sensitive information may include information dealing with genetics, HIV/AIDS, mental health, developmental disabilities, and alcohol and substance abuse. If



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required by law, Hospice Alliance will ask that you (or your representative) sign an authorization before it uses or discloses such information. If you (or your representative) authorize Hospice Alliance to use or disclose your health information, you (or your representative) may revoke that authorization in writing at any time, except to the extent that it has already been acted upon.

YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION

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

Right to Request Restrictions: You (or your representative) have the right to request restrictions on certain uses and disclosures of your health information. You (or your representative) have the right to request a limit on Hospice Alliance's disclosure of your health information to someone who is involved in your care or the payment of your care. All requests for restrictions must be made in writing using the appropriate Hospice Alliance form. The form can be requested by contacting **Hospice Alliance at 1-800-830-8344**. Hospice Alliance is not required to agree to your request; however, if we do agree, we are bound by that agreement except when otherwise required by law or in emergencies. Except as otherwise required by law, Hospice Alliance must agree to a restriction request if: (i) the disclosure is to a health plan for purposes of carrying out payment or health care operations (and not for purposes of carrying out treatment); and (ii) the health information pertains solely to a health care item or service for which Hospice Alliance has been paid out of pocket in full by you or someone else on your behalf (not the health plan). If you self-pay and request a restriction, it will apply only to those health records created on the date that you received the item or service for which you, or another person (other than the health plan) on your behalf, paid in full, and which document the item or service provided on such date.

Right to Receive Confidential Communications: You (or your representative) have the right to request that Hospice Alliance communicate with you about your health and related issues in a particular manner or at a certain location. Such requests shall specify the requested method of contact or the location where you wish to be contacted. For example, you (or your representative) may ask that Hospice Alliance contact you on a cellular phone rather than a home phone.

All requests for confidential communications must be made in writing using the appropriate Hospice Alliance form. The form can be requested by contacting **Hospice Alliance at 1-800-830-8344**. Hospice Alliance will accommodate reasonable requests. You (or your representative) do not need to give a reason for your request.



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Right to Inspect and Copy Your Health Information: You (or your representative) have the right to inspect and copy your health information, including billing records. All requests to inspect and copy records containing your health information must be made in writing using the appropriate Hospice Alliance form. The form can be requested by contacting **Hospice Alliance at 1-800-830-8344**. If you (or your representative) request a copy of your health information, Hospice Alliance will provide you (or your representative) copies of your health information in the format you request unless we cannot practically do so. Hospice Alliance may charge a reasonable fee for copying and assembling costs associated with your request. Hospice Alliance may deny your request to inspect and/or copy your health information in certain limited circumstances. If Hospice Alliance denies your request, you (or your representative) may request that we provide you with a review of our denial. Reviews will be conducted by a licensed health care professional whom Hospice Alliance has designated as a reviewing official and did not participate in the original decision to deny the request.

Right to Amend Health Care Information: If you (or your representative) believe that your health information is incorrect or incomplete, you (or your representative) have the right to request that Hospice Alliance amend your records. The request may be made as long as Hospice Alliance still maintains your records. The request must be made in writing using the appropriate Hospice Alliance form and include a reason for the amendment. The form can be requested by contacting **Hospice Alliance at 1-800-830-8344**. Hospice Alliance may deny the request if it is not in writing on the applicable form or does not include a reason for the amendment. The request also may be denied if the requested amendment pertains to health information that was not created by Hospice Alliance, if the records you are requesting to amend are not part of Hospice Alliance's records, if the health information you wish to amend is not part of the health information you (or your representative) are permitted to inspect and copy, or if, in the opinion of Hospice Alliance, the records containing your health information are accurate and complete.

Right to be Notified of a Breach of Your Unsecured Health Information: You (or your representative) have the right to be notified of any breach of your unsecured health information. Notification of a breach may be delayed or not provided if so required by a law enforcement official. If there is a breach of your health information after you are deceased, the notice will be provided to your next of kin or personal representative if Hospice Alliance knows the identity and address of such individual.

Right to an Accounting: You (or your representative) have the right to request an accounting of disclosures of your health information made by Hospice Alliance for certain reasons, including



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reasons related to public purposes authorized by law and certain research. All requests for an accounting must be made in writing using the appropriate Hospice Alliance form. The form can be requested by contacting **Hospice Alliance at 1-800-830-8344**. The request should specify the time period for the accounting, which may not be in excess of six years immediately preceding the accounting request. Hospice Alliance will provide the first accounting you 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 this Notice at any time even if you (or your representative) have received this Notice previously (either in paper or electronic format). To obtain a separate paper copy, please contact **Hospice Alliance at 1-800-830-8344**. (A copy of the current version of Hospice Alliance's Notice of Privacy Practices may also be obtained at our website, www.hospicealliance.org.)

QUESTIONS AND COMPLAINTS:

Hospice Alliance has designated the Hospice Alliance Privacy Officer as its contact person for all issues regarding patient privacy and your rights under the Federal privacy standards. If you have any questions or feel that your privacy rights as stated in this Notice have been violated, please contact:

**Hospice Alliance Privacy Officer
10220 Prairie Ridge Blvd.
Pleasant Prairie, WI 53158
1-800-830-8344.**

You (or your representative) have the right to express complaints to Hospice Alliance and to the Secretary of the Department of Health Human Services. If you (or your representative) believes that your privacy rights have been violated, please contact **Hospice Alliance at 1-800-830-8344**. Hospice Alliance 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.

EFFECTIVE DATE

This notice was last modified July 24, 2015.