



## 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 of Marion County Inc. (HMC)** 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. HMC 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.** HMC may use your health information to coordinate care within the HMC and with others involved in your care, such as your attending physician, and other health care professionals who have agreed to assist HMC in coordinating care. For example, physicians involved in your care will need information about your symptoms in order to prescribe appropriate medications. HMC also may disclose your health care information to individuals 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.** HMC may include your health information in invoices to collect payment from third parties for the care you receive from HMC. For example, the HMC may be required by your health insurer to provide information regarding your health care status so that the insurer will reimburse you or HMC. HMC also may need to obtain prior approval from your insurer and may need to explain to the insurer your need for care and the services that will be provided to you.

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

- Quality assessment and improvement activities.
- Activities designed to improve health or reduce health care costs.
- Protocol development, case management and care coordination.



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- 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 programs including those in which students, trainees or practitioners in health care learn under supervision.
- 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 HMC.
- Fundraising for the benefit of HMC.

For example HMC may use your health information to evaluate its staff performance, combine your health information with other HMC patients in evaluating how to more effectively serve all HMC patients, disclose your health information to HMC staff and contracted personnel for training purposes, use your health information to contact you as a reminder regarding a visit to you, or contact you as part of general fundraising and community information mailings (unless you tell us you do not want to be contacted).

**For Bereavement Services.** HMC may use and disclose health information as deemed necessary to accomplish the objectives of bereavement counseling services to your family/friends or those that were involved in your care.

**For Fundraising Activities.** HMC 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 HMC. HMC may also release this information to a related HMC foundation. If you do not want HMC to contact you or your family, you may opt out by notifying the Fund Development Department in writing at P.O. Box 4860, Ocala, FL 34478, and indicating that you do not wish to be contacted. You may also opt out by calling us toll free at 1-352-291-5143.



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**For Marketing Activities.** HMC will occasionally ask patients and families to share their stories or comments in regards to services received. Before this may happen you or your representative will be asked to provide consent for the specific use.

**For Appointment Reminders.** HMC 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.** HMC 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.** HMC 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.** HMC 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 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.

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



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**To Conduct Health Oversight Activities.** HMC may disclose your health information to a health oversight at HMC for activities including audits, civil administrative or criminal investigations, inspections, licensure or disciplinary action. HMC, 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 or public benefits.

**In Connection With Judicial And Administrative Proceedings.** HMC 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. HMC will make reasonable efforts to obtain assurance from the entity delivering the order, that steps have been taken to notify you.

**For Law Enforcement Purposes.** As permitted or required by State law, HMC 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 the HMC has a suspicion that your death was the result of criminal conduct including criminal conduct of the HMC.
- In an emergency in order to report a crime.

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

**To Funeral Directors.** HMC 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, HMC may disclose your health information prior to and in reasonable anticipation of your death.

**For Organ, Eye Or Tissue Donation.** HMC may use or disclose your health information to organ procurement organizations or other entities engaged in the



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procurement, banking or transplantation of organs, eyes or tissue for the purpose of facilitating the donation and transplantation.

**For Research Purposes.** HMC may, under very select circumstances, use your health information for research. Before HMC discloses any of your health information for such research purposes, the project will be subject to an extensive approval process. Your written authorization is required for all other research purposes.

**In the Event of A Serious Threat To Health Or Safety.** HMC may, consistent with applicable law and ethical standards of conduct, disclose your health information if the HMC, 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, the Federal regulations authorizes HMC 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.** HMC may release your health information for worker's compensation or similar programs.

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

Uses and disclosures of your protected health information that involve marketing, sale of your protected health information, certain research purposes, or any other uses and disclosures not described in this notice or required by law will be made only with your written authorization. If you or your representative authorizes the HMC 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 HMC 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 the HMC 's disclosure of your health information to someone who is involved in your care or the payment of your care. HMC must comply with your request if the disclosure is to a health plan for purposes of carrying out payment or health care operations (and is not for



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the purpose of carrying out treatment) and the protected health information pertains solely to a health care item or service for which the health care provider involved has been paid out of pocket in full by you. Otherwise, HMC is not required to agree to your request. If you wish to make a request for restrictions, please contact the Privacy Official in writing at P.O. Box 4860, Ocala, FL 34478.

- **Right to receive confidential communications.** You have the right to request that the HMC communicate with you in a certain way. For example, you may ask that the HMC 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 Official in writing at P.O. Box 4860, Ocala, FL 34478 . The HMC 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 in writing to the Privacy Official at P.O. Box 4860, Ocala, FL 34478 . If you request a copy of your health information, HMC may charge a reasonable fee for copying and assembling costs associated with your request. You have the right to request a copy of your health information that is maintained electronically in an electronic format if it is readily producible. You also have the right to request HMC to transmit a copy of this information directly to a designated third party on your behalf. We may charge a reasonable fee for producing the electronic copy of your health information.
- **Right to amend health care information.** You or your representative have the right to request that HMC 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 the HMC. A request for an amendment of records must be made in writing to the Privacy Official, P.O. Box 4860 Ocala, Florida 34478. HMC 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 HMC, if the records you are requesting are not part of the HMC'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 HMC, the records containing your health information are accurate and complete.



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- **Right to an accounting.** You or your representative have the right to request an accounting of disclosures of your health information made by the HMC for certain reasons, including reasons related to public purposes authorized by law and certain research for a period of up to six (6) years prior to the date of the request. You also have the right to request an accounting of disclosures of your health information for the purposes of treatment, payment, or healthcare operations for a period of up to three (3) years prior to the date of the request for disclosures made after January 1, 2014. The request for an accounting must be made in writing to the Health Information Privacy Official at P.O. Box 4860, Ocala, FL 34478. HMC would 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. To obtain a separate paper copy, please contact the Privacy Official in writing at P.O. Box 4860, Ocala, FL 34478. . *The Notice of Privacy Practice is also posted on the HMC website [www.hospiceofmarion.com](http://www.hospiceofmarion.com)*
- **Right to breach notification.** You have a right to be notified if a breach of your unsecured protected health information has occurred. Unauthorized disclosure of your health information is presumed to be a breach unless a risk assessment shows a low probability that the information was compromised.

### **DUTIES OF THE HOSPICE OF MARION COUNTY, INC.**

HMC 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. HMC is required to abide by the terms of this Notice as may be amended from time to time. HMC 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 HMC changes its Notice, the HMC 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 HMC and to the Secretary of the U.S. Department of Health and Human Services if you or your representative believe that your privacy rights have been violated. Any complaints to the HMC should be made in writing to the Privacy Official at P.O. Box 4860, Ocala, FL 34478 . The HMC 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.



Post Office Box 4860 \* Ocala, FL 34478 \* (352)873-7400

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### **CONTACT PERSON**

HMC has designated the Privacy Official as its contact person for all issues regarding patient privacy and your rights under the Federal privacy standards. You may contact this person at P.O. Box 4860, Ocala, FL 34478 (352) 873-7400

### **EFFECTIVE DATE**

This Notice is effective January 2014

**IF YOU HAVE ANY QUESTIONS REGARDING THIS NOTICE, PLEASE CONTACT  
Privacy Official at P.O. Box 4860, Ocala, FL 34478 (352 ) 873-7400**