



**PATIENT'S COPY**

**NOTICE OF ARKANSAS HOSPICE 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:**

Arkansas Hospice may use your health information that constitutes Protected Health Information (PHI) as defined in the Privacy Rule of the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act (HIPAA) of 1996 and the Health Information Technology for Economic and Clinical Health Act (HITECH) of 2009, for purposes of providing you treatment, obtaining payment for your care and conducting healthcare operations. Arkansas Hospice has established policies to guard against unnecessary disclosures of your PHI.

**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:** Arkansas Hospice may use your PHI 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 healthcare 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. Arkansas Hospice may also disclose your PHI to individuals outside of the hospice involved in your care including family members, pharmacists, suppliers of medical equipment or other healthcare professionals.

**To Obtain Payment:** Arkansas Hospice may include your PHI in invoices to collect payment from third parties for the care you may receive from the hospice. For example, the hospice may be required by your health insurer to provide information regarding your healthcare status so that the insurer will reimburse you or the hospice. Arkansas Hospice may need to obtain prior approval from your insurer and may need to explain to the insurer your need for hospice and the services that will be provided to you.

**To Conduct Healthcare Operations:** Arkansas Hospice may use and disclose PHI 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. Healthcare operations include such activities as, but are not limited to:

- Quality assessment and improvement activities.
- Activities designed to improve health or reduce healthcare costs.
- Protocol development, case management and care coordination.
- Contacting healthcare 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-healthcare 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 analysis and formulary development.
- Business management and general administrative activities of the Hospice.

For example, Arkansas Hospice may use your PHI to evaluate its staff performance, combine your PHI with other hospice patients in evaluating how to more effectively serve all hospice patients, disclose your PHI to hospice staff and contracted personnel for training purposes, and use your PHI to contact you as a reminder regarding a visit to you.

Arkansas Hospice may disclose certain information about you, including your name and where you are in the hospice's facility, in a directory while you are in the hospice inpatient facility. The hospice may disclose this information to people who ask for you by name. Please inform us if you do not want your information to be included in the directory.

**For Fundraising Activities:** Arkansas Hospice may contact you regarding any fundraising efforts that involve use of your PHI such as your name, address, phone number or other contact information, age, gender, date of birth, health insurance status, dates of service, location of service, treating physician, and outcome information (e.g. death of a patient) for fundraising purposes. The hospice may also release this information to the Arkansas Hospice Foundation. At the time of contact, you or your personal representative may opt out of receiving fundraising communication from the Arkansas Hospice Foundation. If you do not want the hospice to contact you, notify the HIPAA Privacy Officer at 501-748-3333.

**For Reminders:** Arkansas Hospice may use and disclose your PHI to contact you as a reminder that you have an appointment for a home visit. We normally contact you by telephone or mail at your home address. You may request that we contact you by alternative means or at alternative locations. We will accommodate reasonable requests.

**For Treatment Alternatives:** Arkansas Hospice may use and disclose your PHI to inform you of 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:** Arkansas Hospice will disclose your PHI when it is required to do so by any Federal, State or local law.

**When There are Risks to Public Health:** Arkansas Hospice may disclose your PHI for public activities and purposes in order to:

- Prevent or control disease, injury or disability; report disease or injury; vital events such as birth or death; or the conduct of public health surveillance, investigations and interventions.
- Report adverse events or product defects; track products or enable product recalls, repairs and replacements; or 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:** Arkansas Hospice is required to notify government authorities if the hospice believes a patient is the victim of abuse, neglect or domestic violence. Arkansas Hospice will make this disclosure only when specifically required or authorized by law or when the patient agrees to the disclosure.

**To Conduct Health Oversight Activities:** Arkansas Hospice may disclose your PHI to a health oversight agency for activities including audits; civil, administrative or criminal investigations; inspections; licensure; or disciplinary action. The hospice, however, may not disclose your PHI if you are the subject of an investigation and PHI is not directly related to your receipt of health care or public benefits.

**In Connection with Judicial and Administrative Proceedings:** Arkansas Hospice may disclose your PHI 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, but only when the hospice makes reasonable efforts to either notify you about the request or to obtain an order protecting your health information.

**For Law Enforcement Purposes:** As permitted or required by State law, Arkansas Hospice may disclose your PHI 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 a 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.

**To Coroners and Medical Examiners:** Arkansas Hospice may disclose your PHI to coroners and medical examiners for purposes of determining your cause of death or for other duties, as authorized by law.

**To Funeral Directors:** Arkansas Hospice may disclose your PHI to funeral directors consistent with applicable law and if necessary, to carry out their duties with respect to funeral arrangements. If necessary to carry out their duties, the hospice may disclose your PHI prior to and in reasonable anticipation of your death.

**For Organ, Eye or Tissue Donation:** Arkansas Hospice may use or disclose your PHI to organ procurement organizations or other entities engaged in the procurement, banking or transplantation of organs, eyes or tissue for the purpose of facilitating the donation and transplantation.

**For Research Purposes:** Arkansas Hospice may, under very select circumstances, use your PHI for research. Before the hospice discloses any of your PHI 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:** Arkansas Hospice may, consistent with applicable law and ethical standards of conduct, disclose your PHI if the hospice, 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 Arkansas Hospice to use or disclose your PHI to facilitate specified government functions relating to the 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:** Arkansas Hospice may release your PHI for worker's compensation or similar programs.

## **AUTHORIZATION TO USE OR DISCLOSE PHI:**

Other than as stated above, Arkansas Hospice will not disclose your PHI other than with your written authorization. If you or your representative authorizes the hospice to use or disclose your PHI, you may revoke that authorization in writing at any time.

## **YOUR RIGHTS WITH RESPECT TO YOUR PHI:**

You have the following rights regarding your PHI that the hospice maintains:

**Right to Request Restrictions:** You may request restrictions on certain uses and disclosures of your PHI. However, the hospice is not required to agree to your request except in the limited situation in which you or someone on your behalf pays for an item or service in full and you request the information concerning such item or service not be disclosed to a health insurer. If you wish to make a request for restrictions, please contact the HIPAA Privacy Officer.

**Right to Receive Confidential Communication:** You have the right to request that the hospice communicate with you in a certain way. For example, you may ask that Arkansas Hospice only conduct communications pertaining to your PHI with you privately and with no other family member present. If you wish to receive confidential communications, please contact the HIPAA Privacy Officer at 501-748-3333. Arkansas Hospice will not require you to provide any reasons for your request and will attempt to honor your reasonable requests for confidential communications.

**Right to Inspect and Copy Your PHI:** You have the right to inspect and copy your PHI, including billing records. This right includes obtaining an electronic copy, if such exists. A request to inspect and copy records containing your PHI may be made to the HIPAA Privacy Officer at 501-748-3333. If you request a copy of your PHI, the hospice may charge a reasonable fee for copying and assembling costs associated with your request.

**Right to Amend Your PHI:** You or your representative has the right to request that the hospice amend your records if you believe that your PHI is incorrect or incomplete. That request may be made as long as the information is maintained by Arkansas Hospice. A request for an amendment of records must be made in writing to the HIPAA Privacy Officer at 14 Parkstone Circle, North Little Rock, Arkansas, 72116. The hospice 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 PHI was not created by the hospice, if the PHI you wish to amend is not part of the PHI you or your representative are permitted to inspect and copy, or if, in the opinion of the hospice, the records containing your PHI are accurate and complete.

**Right to be Notified of a Breach:** You or your representative have the right to be notified in the event of a breach of your unsecure PHI.

**Right to an Accounting:** You or your representative have the right to request an accounting of disclosures of your PHI made by Arkansas Hospice for certain reasons. An “accounting of disclosures” is a list of all disclosures made by the Company except if the disclosure was a Paper Record to carry out treatment, payment, or healthcare operations. In order to obtain an accounting of disclosures, you must submit your request in writing to the Privacy Officer, 14 Parkstone Circle, North Little Rock, Arkansas, 72116. All requests for an “accounting of disclosures” must state a time period, which may not be longer than six (6) years from the date of disclosure for Paper Records and three (3) years for Electronic Records and may not include dates before April 14, 2003. The hospice would provide the 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 Copy of this Notice:** You or your representative have the right to a copy of this Notice in the format of your choice, paper or electronic, at any time even if you or your representative has received this Notice previously. To obtain a copy, please contact the HIPAA Privacy Officer at 501-748-3333 or find it on our website at [www.arkansashospice.org](http://www.arkansashospice.org).

### **DUTIES OF THE HOSPICE AND RIGHT TO FILE A COMPLIANT**

Arkansas Hospice is required by law to maintain the privacy of your PHI and to provide to you and your representative this Notice of its duties and privacy practices. Arkansas Hospice is required to abide by terms of this Notice as may be amended from time to time. Arkansas Hospice reserves the right to change the terms of its Notice and to make the new Notice provisions effective for all PHI that it maintains. If we materially change our privacy practices, we will post a copy of the current Notice in our reception area and on our website. You may obtain a copy of the operative Notice from our receptionist or Privacy Officer. You or your representative have the right to express complaints to the hospice and to the Secretary of the Department of Health and Human Services if you or your representative believe that your privacy rights have been violated. Any complaints to the hospice should be made in writing to the HIPAA Privacy Officer at 14 Parkstone Circle, North Little Rock, Arkansas, 72116. 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:**

Arkansas Hospice has designated the HIPAA Privacy Officer as its contact person for all issues regarding patient privacy and your rights under the Federal privacy standards. You may contact this person at 14 Parkstone Circle, North Little Rock, Arkansas, 72116 or at 501-748-3333.

### **EFFECTIVE DATE:**

This Updated Notice is effective September 23, 2013.