

SERENITY HOSPICE & HOME

HIPAA Notice of Patient Privacy

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 may use your health information for purposes of providing you treatment, obtaining payment for your care and conducting health care operations. We are required by law to guard against unnecessary disclosure and maintain the privacy of your protected health information (PHI). We are also required to abide by the terms of this Notice.

We reserve the right to make changes to the terms of this Notice and any changes will apply to PHI that is already in our possession.

A. WE ARE PERMITTED UNDER FEDERAL LAW TO MAKE THE FOLLOWING USES OR DISCLOSURES OF YOUR PHI WITHOUT YOUR AUTHORIZATION:

To You. We may disclose your PHI to you or to your appointed representative.

Treatment. We may use PHI to provide you with medical treatment. For example, we may disclose your PHI to doctors, nurses, pharmacists, clergy, suppliers of medical equipment, medical or nursing students, volunteers, other health care providers or personnel who are involved in taking care of you.

Payment. We may use and disclose PHI to bill and collect payment for the treatment and services you receive from us. For example, we may be required by your health insurer for reimbursement to provide information regarding your health care status and may need to explain your need for hospice care and services we will provide for you.

Health Care Operations. We may use and disclose PHI in the course of performing activities called "health care operations." For example, we may use your PHI to perform business management and general administrative activities of Serenity Hospice & Home, including managing our activities related to complying with the HIPAA Privacy Rule.

Appointment Reminders: Treatment Alternatives.

We may use and disclose PHI to remind you of an appointment, or to tell you about possible treatment options or alternatives that may be of interest to you.

Required By Law. We may use and disclose PHI as required by Federal, State or local law as long as any disclosure complies with the law and is limited to the requirements of the law.

Public Health Activities. We may use or disclose PHI to public health authorities or other persons authorized to carry out certain activities related to public health, such as to report disease, injury, birth or death, or to report child abuse or neglect, or to notify a person who may have been exposed to a communicable disease in order to control the spread of the disease.

Abuse, Neglect or Domestic Violence. We may disclose PHI in certain cases to proper government authorities if we reasonably believe a patient is a victim of abuse, neglect or domestic violence.

Health Oversight Activities. We may disclose PHI to a health oversight agencies in connection with audits, criminal or civil investigations, inspections, licensure or disciplinary action and other activities it undertakes to monitor the health care system, government health care programs and compliance with certain laws.

Lawsuits and Other Legal Proceedings. We may use or disclose PHI when required by a court or administrative tribunal.

Law Enforcement. Under certain conditions, we may disclose PHI to law enforcement officials for the purpose of reporting or investigating criminal activity.

Coroners, Medical Examiners, Funeral Directors. Under certain conditions, we may disclose PHI to a coroner, medical examiner or to funeral directors consistent with applicable laws.

Organ and Tissue Donation. Under certain circumstances, we may use or disclose PHI in order to facilitate an organ, eye or tissue donation and transplantation.

Research. We may, under very select circumstances, use and disclose your PHI for research purposes. Before any disclosure of 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. We may use or disclose PHI about you, consistent with applicable law and ethical standards of conduct, when necessary to prevent a threat to your health or safety or to the public.

Specialized Government Functions. We are permitted to disclose PHI for certain military and veteran activities, for national security and intelligence activities, protective services for the President and others, medical suitability determinations and inmates and law enforcement custody.

Disclosure Required by HIPAA Patient Privacy Rule. We are required to disclose PHI to the Secretary of the United States Department of Health and Human Services when requested by the Secretary to review our compliance with the HIPAA Patient Privacy Rule.

Worker's Compensation. We may disclose PHI as authorized by worker's compensation laws or other similar programs that provide benefits for work-related injuries or illness.

Business Associates. We may disclose PHI to individuals or entities that perform services for us if we obtain written assurances that they will safeguard the information.

SERENITY HOSPICE & HOME HIPAA Notice of Patient Privacy

Marketing and Fundraising. We may use and disclose PHI for marketing and fundraising purposes in certain limited circumstances. You may opt out by notifying our office at 815-732-2499.

Individuals Involved in Your Care or Payment. We may disclose PHI about you to people involved in your care or payment for your care if we have your verbal agreement, or if you have the opportunity to object but do not. If you are not present or you are unable to consent or object, we may exercise professional judgment in determining whether the use or disclosure of PHI is in your best interests.

ALL OTHER USES AND DISCLOSURES OF PHI ABOUT YOU THAT ARE NOT MENTIONED ABOVE, MAY ONLY BE MADE WITH YOUR WRITTEN AUTHORIZATION.

B. UNDER THE HIPAA PATIENT PRIVACY RULE, YOU HAVE THE FOLLOWING RIGHTS REGARDING YOUR PHI:

Right to Request Restrictions. You or your appointed representative have the right to request additional restrictions on certain uses and disclosures of your PHI. You or your appointed representative have the right to request a limit on disclosures of your PHI to someone who is involved in your care or the payment of your care. You have the right to restrict disclosure of PHI to a health plan with respect to treatment for which you have paid fully out of pocket. However, we are not required to agree to your request.

Right to Receive Confidential Communications. You or your appointed representative have the right to receive communications regarding PHI in a reasonable manner or location. For example, you may request to receive communications regarding PHI with you privately with no other family members present. You or your appointed representative must make your request in writing to our Privacy Officer. We 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. You or your appointed representative have the right to inspect and receive a copy of PHI. You or your appointed representative must make your request in writing to our Privacy Officer. We may charge a reasonable fee for copying and assembling costs associated with your written request.

Right to Request Amendment. If you feel that your PHI is incorrect or incomplete, you or your appointed representative have the right to request that we amend it by submitting your request in writing to our Privacy Officer. We 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 Serenity Hospice and Home, if the PHI you wish to amend is not part of the health information you or your appointed representative are permitted to inspect or copy, or if, in the opinion of Serenity Hospice & Home, the records containing your PHI are accurate and complete.

Right to Receive an Accounting of Disclosures. You or your appointed representative have the right to request an "accounting" of certain disclosures that we have made of your PHI by submitting your request in writing to our Privacy Officer. The request should specify the time period for the accounting starting on or after April 14, 2003. Accounting requests may not be made for periods of time in excess of six (6) years. We may charge a reasonable fee associated with your written request.

Right to be Notified of Breach of PHI. You or your representative have the right to be notified in the event of a breach of your PHI. Should we discover that your PHI has been breached, you will be notified by U.S. Postal Service mail sent to the address in your records within 60 days of discovery.

Right to a Paper Copy of This Notice. You or your appointed representative have a right to a separate paper copy of this Notice at any time even if you or your appointed representative have received this Notice previously. To obtain a paper copy of this Notice, please contact our Privacy Officer.

Complaints. If you or your appointed representative believe your privacy rights have been violated, you or your appointed representative may file a complaint with us or the Secretary of the United States Department of Health and Human Services. To file a complaint with our office, please contact our Privacy Officer at the address and number listed below. We will not retaliate or take action against you for filing a complaint. All complaints must be submitted in writing. Serenity Hospice & Home encourages you to express any concerns you or your appointed representative may have regarding the privacy of your information.

Questions. If you or your appointed representative have any questions about this Notice, please contact our Privacy Officer at the address and telephone number listed below:

1658 South IL Route 2, P.O. Box 462
Oregon, IL 61061
(815) 732-2499

THIS NOTICE EFFECTIVE APRIL 14, 2003
Revised SEPTEMBER 23, 2013