

# NOTICE OF PRIVACY PRACTICES

## Minnesota Hospice

### 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.** Minnesota Hospice (herein referred to as “the hospice”) may use your health information to coordinate care with others involved in your care, such as your attending physician, members of the care team, and other health care professionals who have agreed to assist in coordinating care. The hospice also may disclose your health care information to individuals outside the organization who are 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.** The hospice may be required by your health insurer to provide information regarding your health care status so that the insurer will authorize services or reimburse you or the hospice.

**To Conduct Health Care Operations.** Health care operations may include such activities as the following:

- \* Quality assessment and improvement activities
- \* Coordination of benefits with Division of Family Services, Division of Aging, Social Security, the Department of Veteran’s Affairs, State Veteran’s Commission, and other agencies
- \* Activities to improve health care or reduce health care
- \* Protocol development, case management, and care coordination
- \* Contacting health care providers and patients with information about treatment and 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 the hospice
- \* Patient safety activities (as defined in 42CFR 3.20)

**Communication and Marketing.** Except as permitted by law, the hospice will not use your personal health information (PHI) for marketing purposes without your prior written authorization. We may discuss face-to-face or offer a promotional gift of nominal value without authorization.

**When Legally Required.** The hospice 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.** The hospice may disclose your health information for public activities and purposes to:

- \* Prevent or control disease, injury, or disability; report disease, injury, vital events such as death and to conduct public health surveillance, investigations, and interventions
- \* Report adverse event or product defects; to track products or enable product recalls, repairs and replacements, and to comply 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.** The hospice is mandated to notify government authorities if it believes a patient is the victim of abuse, neglect, or domestic violence.

**To Conduct Health Oversight Activities.** The hospice may disclose your health information 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 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.** The hospice may disclose your health information in the course of any judicial or administrative proceeding in response to court or administrative 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 required by State law for reporting certain types of wounds or other physical injuries pursuant to a court order, warrant, subpoena, summons, or similar process
- \* For the purpose of identifying or locating a suspect, fugitive, material witness, or missing person
- \* To report a crime
- \* If there is a suspicion that your death was the result of criminal conduct
- \* Under limited circumstances when you are the victim of a crime

**To Coroners and Medical Examiners.** The hospice 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.

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**To Funeral Directors.** The hospice 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 fulfill their duties, the hospice may disclose your health information prior to and in reasonable anticipation of your death.

**For Organ, Eye or Tissue Donation.** The hospice 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 the purpose of facilitating the donation and transplantation, if you so desire.

**In the Event of a Serious Threat to Health or Safety.** The hospice may, consistent with applicable law and ethical standards of conduct, disclose your health information 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.

**AUTHORIZATION TO USE OR DISCLOSE HEALTH INFORMATION.** Other than as stated above, the hospice will not disclose your health information without your written authorization. You may revoke that authorization in writing at any time. However, the hospice is unable to take back any disclosures it has already made with your permission and that the hospice is required to retain for its records of care.

**SALE OF YOUR PHI.** Except as permitted by law, we will not sell your PHI for financial remuneration without your prior written authorization.

**USES AND DISCLOSURES THAT YOU AUTHORIZE.** Other than as stated above, we will not disclose your health information without your written authorization. Your written authorization is required for most uses and disclosures of psychotherapy notes, uses and disclosures of health information for marketing purposes, and disclosures that are a sale of health information. You may revoke your authorization in writing at any time except to the extent that we have taken action in reliance upon the authorization.

**YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION.** You have the following rights regarding your health information that the hospice maintains. If you wish to exercise this right, you may contact the hospice's HIPAA Privacy Officer.

**Right to request restrictions.** You may request restrictions on certain uses and disclosures of your health information, as provided by 45 CFR 164.522. The hospice is not required to agree to such disclosures, except for requests to restrict disclosures to a health plan if the disclosure is for payment or health care operations and pertains solely to a health care item or service for which you (or person other than the health plan on your behalf) have paid your health care provider out of pocket in full. If the hospice does agree, it will comply with your requests

unless the information is needed to provide you emergency treatment.

**Right to inspect and copy your health information.** You have the right to inspect and copy your health information, including billing records, as provided by 45 CFR 164.524, however, the hospice may charge a reasonable fee for copying and assembling costs associated with your request.

**Right to an Accounting of disclosures.** You have the right to disclosures of your health information made by the hospice for any reason other than for treatment, payment or health operations, as provided in 45 CFR 164.528.

**Right to amend health care information.** You or your representative have the right to amend your health care information if you or your representative believe that your health information records are incorrect or incomplete, however, the hospice is not required to agree, as provided in 45 CFR 164.526.

**Right to a paper copy of this notice.** You or your representative have a right to a separate copy of this notice at any time, even if you or your representative have received this notice previously. You may also obtain a copy of the current version of the hospice's Notice of Privacy Practices at its website, [www.mnhospice.org](http://www.mnhospice.org).

**Right to receive notice of breach of Protected Health Information.** In the event of any unauthorized acquisition, access, use or disclosure of Protected Health Information; The hospice, will fully comply with the breach notification requirements, including any and all regulations which have been or may be promulgated, which will include notification to you of any impact that breach may have had on you.

### **DUTIES OF THE HOSPICE**

The hospice is required by law to maintain the privacy of your health information and to provide this Notice of its duties and privacy practices to you or your representative. The hospice is required to abide by the terms of this Notice, as may be amended from time to time. The hospice 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 revised, the hospice will provide a revised copy to you or your appointed representative

You or your personal representative have the right to express complaints to the hospice and to the Secretary of Health and Human Services if you believe that your privacy rights have been violated. Complaints about the hospice should be made in writing to: **Minnesota Hospice, HIPAA Privacy Officer, 17645 Juniper Path, Suite 155, Lakeville, Minnesota 55044 or 952.898.1022.**