

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.**

The Hospice of the Western Reserve keeps a record of the care and services provided to you at our facilities. We are required by law to keep your information private and we respect your right to confidentiality.

This Notice describes the privacy practices of The Hospice of the Western Reserve and its affiliated facilities. This Notice of Privacy Practices applies to all health information that describes the care and services you receive, regardless of storage format, which may include paper or electronic. We are required under federal law to keep your information private, to notify you of our legal responsibility to do so, and to notify you if your unsecured information has been breached. We are also legally required to provide this Notice of Privacy Practices to you on our website, or to provide a printed copy at your request. You may request a printed copy of this Notice, which will be sent by regular US Mail to the address you provide, by submitting your request in writing to:

Mary Kay Tyler
Vice President of Quality, Privacy Officer
Hospice of the Western Reserve
17876 St Clair Ave
Cleveland, OH 44110

THE HOSPICE OF THE WESTERN RESERVE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

We may use and share your information in the following circumstances:

- **Provide Treatment.** We will use your health information to provide care and treatment to you.
- **Obtain Payment.** We will use and disclose your health information so that we can receive payment for the care and treatment provided to you.
- **Engage in Health Care Operations.** We may use your health information, alone or in combination with the information of other patients, to help us identify new services to offer, to improve patient care, or to establish best practices, among other programs.
- **Contact You.** We may use your information to contact you about appointments or other matters. We may contact you by mail, telephone, or email and we may leave voice mail messages asking you to contact us.
- **For Philanthropic Requests.** We may contact you to help raise funds for The Hospice of the Western Reserve to support operations or special projects. You may request not to be contacted.
- **For Research.** The Hospice of the Western Reserve performs research and we

may review your records to prepare for research activities. However, if a decision is made to use your information for a research purposes, our researchers will either obtain your permission to do so or determine that your privacy is protected by undergoing a special process required by law that reviews patient protections for research projects. Additional information about research activities in which your health information will be used will be provided to you, as required by law.

- **Respond to organ and tissue donation requests.** We may release health information about organ, tissue, and eye donors and transplant recipients to organizations that manage these activities.
- **Work with a medical examiner or funeral director.** Your information, as needed and if appropriate, may be released to a medical examiner or funeral director.
- **For Legal Matters.** We will disclose health information about you when required to do so by federal, state or local law, or by a court process (for example, in response to a subpoena). We may also disclose information about you for public health concerns, including reporting deaths, child or elder abuse or neglect, reactions to medications or other treatments, or problems with medical products or devices. We may release health information about you to help control the spread of disease or to notify another person whose health or safety may be threatened. We will also disclose health information to a health oversight organization, as required by and authorized by law, including information that may be used in audits, investigations, inspections, and licensure.
- **Address workers' compensation, law enforcement, and other government requests.** We can use or share your health information for workers' compensation claims, for law enforcement purposes or with a law enforcement official, with health oversight agencies, as authorized and required by law, for certain government functions (for example, military purposes, national security or presidential protective services), or in any other situation authorized by law.

YOUR RIGHTS

When it comes to your health information, you have certain rights. This section explains your rights and our responsibilities.

- **Right to Accounting.** You may request a list of the entities or persons to whom The Hospice of the Western Reserve has disclosed your health information. This list would not include disclosures for treatment, payment, health care operations, and certain other disclosures exempted by law. You must submit your request in writing to Mary Kay Tyler at the above address, it must be signed and dated and identify the time period of the disclosures (within the previous six years), and you must specify the form in which you want the list (for example, printed on paper and mailed to you, or electronically via email). A reasonable cost-based fee for this service will be necessary; you will receive a response within 60 days.

- **Right to Correct Your Record.** If you believe that information we have about you is incorrect or incomplete, you may request us to amend or correct it. Your request must be in writing, signed, and dated, and should be mailed to Mary Kay Tyler at the above address. You must state what aspects of your information you believe to be incorrect or incomplete. We will respond within 60 days, but we may deny your request to correct or amend. If we do deny your request, we will provide an explanation.
- **Right to Inspect and Obtain a Copy.** You have a right to inspect and obtain a copy of your record, unless your doctor believes disclosure of your information to you could cause you harm. You may not see or obtain a copy of your information that has been gathered for any court proceeding or for research while that research is active. You must submit your request in writing to inspect or obtain a copy of your information to Mary Kay Tyler at the above address. A cost-based fee for this service will be charged to you.
- **Right to Request Restrictions.** You have the right to ask The Hospice of the Western Reserve to restrict the uses or disclosures of your health information for treatment, payment, or health care operations, but we do not have to agree. You may also ask that we limit health information we disclose about you to someone who is involved in your care, such as a family member or a friend, but, again, we do not have to agree. You must submit your signed and dated request in writing to Mary Kay Tyler at the above address, and you must specify what information you want to restrict. We will tell you if we agree with your request or not. And, if we do agree, we will comply, unless releasing your information is to facilitate emergency treatment. If you choose to pay out of pocket for your care and treatment, you may request that we not submit any disclosures to your health plan for that episode of care and treatment, and we will agree with your request to the extent that the disclosure is not required by law.
- **Right to Request Confidential Communications.** You have the right to request that we communicate with you about your health, care, and treatment in a certain way. For example, you can request that we contact you at a specific phone number or only by US Mail or email. Your signed and dated request for confidential communication must be submitted in writing to Mary Kay Tyler at the above address, and it must specify how or where you wish to be contacted. We will agree to all reasonable requests, or contact you if we are unable to meet your requirements.
- **Get a Copy of this Notice of Privacy Practices.** You can view this Notice on our website, download it from our website to your personal electronic device, or submit a signed and dated request in writing to Mary Kay Tyler at the above address.
- **Choose Someone Else to Act on Your Behalf.** If you have given another person medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will ask this person to provide documentation of his or her legal rights to act on your behalf before we provide any information about you.
- **File a complaint.** If you feel your rights have been violated you may submit a signed, dated and written complaint to Mary Kay Tyler at the address above. You may also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/. We will not retaliate against you for filing a complaint.

YOUR CHOICES

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory
- *If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

In these cases, we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

OUR RESPONSIBILITIES

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.
- For more information:
www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

CHANGES TO THE TERMS OF THIS NOTICE

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available on our web site or by written request.

- This Notice of Privacy Practices is effective 1 January 2017.
- We will never share any substance abuse treatment records without your or your agent's written permission.