

# Hospice of Tennessee Valley

## Notice of Privacy Practices

Effective Date: September 23, 2013

***THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY.***

Your medical record may contain personal information about your health. This information may identify you and relate to your past, present or future physical or mental health condition and related health care services and is called Protected Health Information (PHI). This Notice of Privacy Practices describes how we may use and disclose your PHI in accordance with applicable law. It also describes your rights regarding how you may gain access to and control your PHI. We are required by law to maintain the privacy of PHI and to provide you with notice of our legal duties and privacy practices with respect to PHI. We are required to abide by the terms of this Notice of Privacy Practices. We reserve the right to change the terms of our Notice of Privacy Practices at any time. Any new Notice of Privacy Practices will be effective for all PHI that we maintain at that time. We will provide you with a copy of the revised Notice of Privacy Practices by posting a copy on our website, sending a copy to you in the mail upon request or providing one to you at our next visit.

### **How we may use and disclose health care information about you:**

**For Care or Treatment:** Your PHI may be used and disclosed to those who are involved in your care for the purpose of providing, coordinating, or managing your services. This includes consultation with clinical staff or other team members. Your authorization is required to disclose PHI to any other care provider not currently involved in your care. **Example:** *If another physician referred you to us, we may contact that physician to discuss your care. Likewise, if we refer you to another physician, we may contact that physician to discuss your care or they may contact us.*

**For Payment:** Your PHI may be used and disclosed to any parties that are involved in payment for care or treatment. If you pay for your care or treatment completely out of pocket with no use of any insurance, you may restrict **in writing** the disclosure of your PHI for payment. **Example:** *Your payer may require copies of your PHI during the course of a medical record request, chart audit or review.*

**For Business Operations:** We may use or disclose, as needed, your PHI in order to support our business activities including, but not limited to, quality assessment activities, employee review activities, licensing, and conducting or arranging for other business activities. We may also disclose PHI in the course of providing you with appointment reminders or leaving messages on your phone or at your home about questions you asked or test results. **Example:** *We may share your PHI with third parties that perform various business activities (e.g., regulatory or licensing bodies) provided we have a written contract with the business that requires it to safeguard the privacy of your PHI.*

**Required by Law:** Under the law, we must make disclosures of your PHI available to you upon your written request. In addition, we must make disclosures to the Secretary of the Department of Health and Human Services for the purpose of investigating or determining our compliance with the requirements of the Privacy Rule, if so required.

**Without Authorization:** Applicable law and ethical standards permit us to disclose information about you without your authorization only in a limited number of other situations. **Examples** of some of the types of uses and disclosures that may be made without your authorization are those that are:

- Required by Law, such as - mandatory reporting of child abuse, neglect, or domestic violence; for public health purposes; mandatory government agency audits or investigations; for law enforcement purposes; for administrative or judicial proceedings; to assist coroners, medical examiners, and funeral directors with their official duties; to facilitate organ donation; for limited, approved research projects; to avert a serious threat to health or safety; for purposes of worker's compensation, as permitted by law.

**Fundraising:** We may contact you for fundraising efforts, at which time you will be given the opportunity to opt out of future communications.

**Verbal Permission:** We may use or disclose your information to family members that are directly involved in your receipt of services with your verbal permission.

**With Authorization:** Uses and disclosures not specifically permitted by applicable law will be made only with your written authorization, which you may revoke except to the extent that action may have already been taken. Your explicit authorization is required to release psychotherapy notes. Your authorization is required to release PHI for the purposes of marketing, subsidized treatment communication, and for the sale of such information.

### **Your rights regarding your PHI**

You have the following rights regarding PHI we maintain about you. To exercise any of these rights, please submit your request in writing to our Privacy Officer:

- **Right of Access to Inspect and Request a Copy.** You have the right to request a copy of your PHI that may be used to make decisions about service provided. This request may be restricted only in exceptional circumstances or with documents released to us. A copy may be made available to you either in paper or electronic format if we use an electronic health format. A reasonable fee may be charged for copying your PHI.
- **Right to Amend.** If you feel that the PHI we have about you is incorrect or incomplete, you may ask us to amend the information although we are not required to agree to the amendment.
- **Right to an Accounting of Disclosures.** You have the right to request an accounting of certain of the disclosures that we make of your PHI. We may charge you a reasonable fee if you request more than one accounting in any 12-month period.
- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the use or disclosure of your PHI for services, payment, or business operations. We are not required to agree to your request.
- **Right to Request Confidential Communication.** You have the right to request that we communicate with you about PHI matters in a specific manner (e.g. telephone, email, postal mail, etc.)
- **Right to a Copy of this Notice.** You have the right to a copy of this notice.

### **Website Privacy**

Any personal information you provide us with via our website, including your e-mail address, will never be sold or rented to any third party without your express permission. If you provide us with any personal or contact information in order to receive anything from us, we may collect and store that personal data. We do not automatically collect your personal e-mail address simply because you visit our site. In some instances, we may partner with a third party to provide services such as newsletters, surveys to improve our services, health or company updates, and in such case, we may need to provide your contact information to said third parties. This information, however, will only be provided to these third-party partners specifically for these communications, and the third party will not use your information for any other reason. While we may track the volume of visitors on specific pages of our website and download information from specific pages, these numbers are only used in aggregate and without any personal information. This demographic information may be shared with our partners, but it is not linked to any personal information that can identify you or any visitor to our site.

Our site may contain links to other outside websites. We cannot take responsibility for the privacy policies or practices of these sites and we encourage you to check the privacy practices of all internet sites you visit. While we make every effort to ensure that all the information provided on our website is correct and accurate, we make no warranty, express or implied, as to the accuracy, completeness or timeliness, of the information available on our site. We are not liable to anyone for any loss, claim or damages caused in whole or in part, by any of the information provided on our site. By using our website, you consent to the collection and use of personal information as detailed herein. Any changes to this Privacy Policy will be made public on this site so you will know what information we collect and how we use it.

### **Breaches:**

If we receive information that there has been a breach involving your PHI, you will be notified no later than sixty (60) days after discovery of a breach

### **Complaints:**

If you have questions or would like additional information, please contact our Privacy Officer at 256 767-1322. If you believe your privacy rights have been violated, you can file a complaint in writing with our Privacy Officer at Hospice of Tennessee Valley or to the Secretary of the U.S. Department of Health and Human Services. No retaliatory action will be taken against you for filing a complaint