

# NOTICE OF HARBOR 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.**

**Harbor Hospice (hereafter referred to as Hospice)** is dedicated to the protection of your health information. We are required by law to maintain the privacy of protected health information, to provide you with this notice of our legal duties and privacy practices with respect to this information, and to notify you following a breach of unsecured protected health information. We are required by law to abide by the terms of this Notice. We reserve the right to change the terms of this Notice, making any revision applicable to all the protected health information we maintain. If we revise the terms of this Notice, we will post a revised notice at our office and on our website at: [www.HarborHospiceMI.org](http://www.HarborHospiceMI.org). We will provide a copy to all current patients, employees, volunteers, and business associates and will make paper copies of this Notice available upon request.

## **HOW HOSPICE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION:**

The following categories describe different ways that Hospice uses and discloses your health information. An explanation of the category is provided. Not every use or disclosure in a category will be listed. When we disclose information, even when authorized or required by law, the information has the potential to be further disclosed or “rediscovered” by the recipient and in some instances is no longer protected by the HIPAA Privacy Rule.

**To Provide Treatment:** Your health information may be used by Harbor Hospice and we may also disclose your health care information to individuals outside of Hospice involved in your care including but not limited to physicians, family members, close personal friends, pharmacists or medical equipment suppliers. Hospice may make your health information available to a sponsored Health Information Exchange (HIE) and to a regional and/or National Health Information Exchange. A HIE is the electronic transmission of healthcare-related information among facilities, health information organizations and government agencies. This provides a mechanism for healthcare providers to share information electronically, with the common goal to improve healthcare delivery and the quality of care for our patients while protecting the privacy and security of health information. We will ask your permission before we disclose your health information about HIV/AIDS, mental health treatment, genetic testing or substance abuse treatment.

**To Obtain Payment:** Your health information may be used by the billing department to process payment for the services you receive, and in order to obtain prior approval from your insurer.

**To Conduct Health Care Operations:** Your information may be used to facilitate the functioning of Hospice and includes such activities as:

- Quality assessment, improvement activities, activities designed to improve health, patient safety activities or reduce health care costs.
- Training programs, including those in which students, trainees or practitioners in healthcare learn under supervision.

- Accreditation, certification, licensing or credentialing activities.
- Professional review and performance evaluation.
- Business planning and development, including cost management.
- Review and auditing, including compliance reviews, medical reviews, legal services and compliance programs

**Hospice may also use, and/or disclose your information in accordance with federal and state laws for the following purposes:**

**When you are in the Hospice Inpatient Facility:** By means of a directory, your name, your general health status, your religious affiliation and your location within the Hospice inpatient facility. 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:** Including your name, address, phone number, the dates you received care at Hospice, department of service, treating physician, outcome information and health insurance status in order to contact you or your family to raise money for Hospice. Hospice may also release this information to a related Hospice foundation. If you wish to opt out of fundraising communications, notify the Privacy Official at the toll free number listed below.

**Communications from our office:** We may contact you, by telephone or mail, to remind you of an appointment and to provide you with treatment alternatives. If you do not want us to contact you by these methods, you can ask for alternative methods.

**Federal privacy rules allow Hospice to use or disclose your health information without your consent or authorization for a number of reasons:**

**When There Are Risks to Public Health:**

- To prevent or control disease, injury or disability, vital events such as birth or death and the conduct of public health surveillance, investigations and interventions.
- To report adverse events, product defects, enable product recalls in compliance with the Food and Drug Administration.
- To notify a person who has been exposed to a communicable disease or who may be at risk of contracting or spreading a disease.

**To Report Abuse, Neglect Or Domestic Violence:** Hospice will notify government authorities if Hospice believes a patient is the victim of abuse, neglect or domestic violence as required or authorized by law or when the patient agrees to the disclosure.

**To Conduct Health Oversight Activities:** For activities including but not limited to audits, civil administrative or criminal investigations, inspections, licensure or disciplinary action. Hospice 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:** 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 Hospice makes reasonable efforts to either notify you about the request or to obtain an order protecting your health information.

**Law Enforcement Purposes:**

- As required by law for reporting certain types of wounds or physical injuries pursuant to a court order, warrant, subpoena or summons or similar process.
- For the purpose of identifying or locating a suspect, fugitive, witness or missing person.
- Under certain limited circumstances, when you are the victim of a crime.
- To a law enforcement official if Hospice has a suspicion that your death was the result of criminal conduct including criminal conduct at Hospice.
- In an emergency in order to report a crime.

**Coroners and Medical Examiners**, for purposes of determining your cause of death or for other duties, as authorized by law.

**Funeral Directors:** consistent with applicable law and if necessary, to carry out their duties with respect to your funeral arrangements. If necessary to carry out their duties, Hospice may disclose your health information in reasonable anticipation of your death.

**Organ, Eye Or Tissue Donation:** to organizations engaged in the procurement, banking or transplantation of organs, eyes or tissue for the purpose of donation / transplantation.

**Limited Data Set:** Hospice may use or disclose some of our health information, that is, a subset of your health information for which all identifying information has been removed, for purposes of research, public health, or health care operations. Any recipient of that limited data set must agree to appropriately safeguard your health information.

**Serious Threat to Health or Safety:** if Hospice, in good faith, believes that such disclosure is necessary, and consistent with applicable law and ethical standards of conduct, to prevent or lessen a serious and imminent threat to your health or safety or to the health and safety of the public.

**Specified Government Functions:** Federal regulations authorize Hospice to use or disclose your health information to facilitate some government functions relating to military, veterans, national security and intelligence activities, protective services for the President and others, medical suitability determinations and inmates and law enforcement custody.

**Worker's Compensation:** or similar programs.

**Research Purposes:** Your health information may, under very select circumstances, be used for research. Before Hospice discloses any of your health information for such research purposes, the project will be subject to an extensive approval process. Hospice will ask your permission if any researcher will be granted access to your individually identifiable health information.

**Hospice will require your written authorization for reasons including, but not limited to:**

**Psychotherapy Notes:** Your written authorization is required for us to use or disclose psychotherapy notes except as necessary for treatment, payment, and health care operations, for our own training programs, or to defend ourselves in legal actions or proceedings brought by you.

**Marketing:** Any use or disclosure involving marketing except for face-to-face communications made by us to you or promotional gifts of nominal value from us to you. Your written authorization is also required for any marketing that involves financial remuneration to us from a third party.

**Sale of PHI:** A disclosure of PHI by Hospice or a business associate where direct or indirect remuneration from or on behalf of the recipient of the PHI is made in exchange for the PHI.

**Reproductive Health Care:** We may not use or disclose protected health information to conduct any investigation related to the mere act of someone seeking, obtaining, providing, or facilitating reproductive health care, to impose any liability regarding the same, or to identify any person for any such purpose. An authorization is not required if the use or disclosure is made for health oversight activities, law enforcement purposes, or pursuant to a judicial or administrative proceeding, and a valid attestation is provided to us from the person requesting the use or disclosure for such a purpose.

**Revocation of Authorization:** If you or your representative authorizes Hospice to use or disclose your health information, you may revoke that authorization in writing at any time. You understand that Hospice is unable to take back any disclosures it has already made under the authorization.

## **Your rights regarding your health information**

**Right to request restrictions:** Hospice is not required to agree to your request except your request to restrict disclosure to your health plan if you pay out of pocket in full for health care service or if disclosure is not required by other law. If we do agree, we will comply with your request unless the information is necessary to provide emergency treatment. You must make your request in writing to the Privacy Official.

**Right to receive confidential communications:** For example, you may ask that Hospice only conduct communications pertaining to your health information with you privately with no other family members present. Hospice will not request that you provide any reasons for your request and will attempt to honor your reasonable requests for confidential communications. If there are specific individuals that you would like to exclude from communications you must make your request in writing to the Privacy Official.

**Right to inspect and copy your health information:** This right is subject to certain specific exceptions and you may be charged a reasonable fee for and copies of your records. You also have the right to be provided with an electronic copy of your health record. Hospice may require you to pay the labor costs in responding to your request.

**Right to amend health care information:** Hospice may deny your request for amendments to your health information for certain specific reasons. If denied, Hospice will provide you with a written explanation for the denial and information regarding further rights you would have at that point.

**Right to an accounting:** Disclosures of your health information made by Hospice for any reason other than for treatment, payment or health operations, may be requested. The request should specify the time period for the accounting. Accounting requests may not be made for periods of time in excess of six years. The first accounting you request during any 12-month period will be provided without charge. Subsequent accounting requests may be subject to a reasonable cost-based fee.

**Right to Breach Notification:** You will be notified of any breach of your unsecured PHI.

**Right to a paper copy of this notice:** You or your representative has a right to a separate paper copy of this Notice at any time even if you or your representative has received this Notice previously. To obtain a paper copy, please contact the Privacy Official. You may also obtain a copy at [www.HarborHospiceMI.org](http://www.HarborHospiceMI.org).

You or your personal representative has the right to express complaints to Hospice and to the Secretary of Health and Human Services if you or your representative believes that your privacy rights have been violated. Any complaints to Hospice should be made in writing to the Privacy Official (contact information below). 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.

#### **EFFECTIVE DATE**

This Notice is effective April 14, 2003

#### **IF YOU HAVE ANY QUESTIONS REGARDING THIS NOTICE, PLEASE CONTACT:**

**Harbor Hospice Privacy Official**  
**1050 W. Western Ave., Suite 400, Muskegon, MI 49441**  
**Toll Free (800) 497-9559**  
**FAX (231) 722-0708**

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