



Hospice of Charleston, Inc.

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.

USE AND DISCLOSURE OF HEALTH INFORMATION

Hospice of Charleston may use your health information, information that constitutes protected health information as defined in the Privacy Rule of the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996, for purposes of providing you treatment, obtaining payment for your care and conducting health care operations. Hospice of Charleston has established policies to guard against unnecessary disclosure of your health information.

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. Hospice of Charleston may use your health information to coordinate care within Hospice of Charleston and with others involved in your care, such as your attending physician, members of Hospice of Charleston interdisciplinary team and other health care professionals who have agreed to assist Hospice of Charleston in coordinating care. For example, physicians involved in your care will need information about your symptoms in order to prescribe appropriate medications. Hospice of Charleston also may disclose your health care information to individuals outside of Hospice of Charleston involved in your care including family members, clergy who you have designated, pharmacists, suppliers of medical equipment or other health care professionals.

To Obtain Payment. Hospice of Charleston may include your health information in invoices to collect payment from third parties for the care you receive from Hospice of Charleston. For example, Hospice of Charleston may be required by your health insurer to provide information regarding your health care status so that the insurer will reimburse you or Hospice of Charleston. Hospice of Charleston also may need to obtain prior approval from your insurer and may need to explain to the insurer your need for hospice care and the services that will be provided to you.

To Conduct Health Care Operations. Hospice of Charleston may use and disclose health information for its own operations in order to facilitate the function of Hospice of Charleston and as necessary to provide quality care to all of Hospice of Charleston's patients. Health care operations includes such activities as:

- Quality assessment and improvement activities.
- Activities designed to improve health or reduce health care costs.
- Protocol development, case management and care coordination.
- Contacting health care providers and patients with information about treatment 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 Hospice of Charleston.
- Fundraising for the benefit of Hospice of Charleston.

For example Hospice of Charleston may use your health information to evaluate its staff performance, combine your health information with other Hospice patients in evaluating how to more effectively serve all Hospice patients, disclose your health information to Hospice staff and contracted personnel for training purposes, use your health information to contact you as a reminder regarding a visit to you, or contact you as part of general fundraising and community information mailings (unless you tell us you do not want to be contacted).

HOC may disclose certain information about you including your name and under which program of care you are a patient in a Hospice of Charleston patient directory. If you are in the hospice inpatient facility your general health status and where you are in the facility may also be disclosed. HOC 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. Hospice of Charleston may use information about you including your name, address, phone number and the dates you received care in order to contact you or your family to raise money for Hospice of Charleston. Hospice of Charleston may also release this information to a related Hospice foundation. If you do not want Hospice of Charleston to contact you or your family, notify us at 843-529-3100 and indicate that you do not wish to be contacted.

For Appointment Reminders. Hospice of Charleston may use and disclose your health information to contact you as a reminder that you have an appointment for a home visit.

For Treatment Alternatives. Hospice of Charleston may use and disclose your health information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

THE FOLLOWING IS A SUMMARY OF THE CIRCUMSTANCES UNDER WHICH AND PURPOSES FOR WHICH YOUR HEALTH INFORMATION MAY ALSO BE USED AND DISCLOSED

When Legally Required. Hospice of Charleston 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. Hospice of Charleston may disclose your health information for public activities and purposes in order to:

- Prevent or control disease, injury or disability, report disease, injury, vital events such as birth or death and the conduct of public health surveillance, investigations and interventions.
- Report adverse events, product defects, to track products or enable product recalls, repairs and replacements and to conduct post-marketing surveillance and compliance 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. Hospice of Charleston is required to notify government authorities if Hospice of Charleston believes a patient is the victim of abuse, neglect or domestic violence. Hospice of Charleston will make this disclosure only when specifically required or authorized by law.

To Conduct Health Oversight Activities. Hospice of Charleston may disclose your health information to a health oversight hospice for activities including audits, civil administrative or criminal investigations, inspections, licensure or disciplinary action. Hospice of Charleston, 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. Hospice of Charleston may disclose your health information in the course of any judicial or administrative proceeding 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 of Charleston makes reasonable efforts to either notify you about the request or to obtain an order protecting your health information.

For Law Enforcement Purposes. As permitted or required by State law, Hospice of Charleston may disclose your health information to a law enforcement official for certain law enforcement purposes as follows:

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

To Coroners and Medical Examiners. Hospice of Charleston 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.

To Funeral Directors. Hospice of Charleston 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 carry out their duties, Hospice of Charleston may disclose your health information prior to and in reasonable anticipation of your death.

In the Event of A Serious Threat To Health Or Safety. Hospice of Charleston may, consistent with applicable law and ethical standards of conduct, disclose your health information if Hospice of Charleston, 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.

For Worker's Compensation. Hospice of Charleston may release your health information for worker's compensation or similar programs.

For Genetic Information Disclosures. Hospice of Charleston may disclose genetic information without consent only when:

- As necessary for the purpose of a criminal or death investigation, a criminal or judicial proceeding, an inquest, or a child fatality review, or for purposes of the State DNA Database.
- To determine paternity of a person.
- Pursuant to an order of a court of competent jurisdiction specifically ordering disclosure of the genetic information.
- Where genetic information concerning a deceased individual will assist in medical diagnosis of blood relatives of the decedent.
- To law enforcement or other authorized agency for the purpose of identifying a person or a dead body.
- As specifically authorized or required by state or federal statute.

AUTHORIZATION TO USE OR DISCLOSE HEALTH INFORMATION

Other than is stated above, Hospice of Charleston will not disclose your health information other than with your written authorization. If you or your representative authorizes Hospice of Charleston to use or disclose your health information, you may revoke that authorization in writing at any time.

YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION

You have the following rights regarding your health information that Hospice of Charleston maintains:

- **Right to request restrictions.** You may request restrictions on certain uses and disclosures of your health information. You have the right to request a limit on Hospice of Charleston 's disclosure of your health information to someone who is involved in your care or the payment of your care. However, Hospice of Charleston is not required to agree to your request. If you wish to make a request for restrictions, please contact the Outcomes Manager at 843-266-3476.
- **Right to receive confidential communications.** You have the right to request that Hospice of Charleston communicate with you in a certain way. For example, you may ask that Hospice of Charleston only conduct communications pertaining to your health information with you privately with no other family members present. If you wish to receive confidential communications, please contact the Outcomes Manager at 843-266-3476. Hospice of Charleston 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 your health information.** You have the right to inspect and copy your health information, including billing records. A request to inspect and copy records containing your health information may be made to the Outcomes Manager at 843-266-3476. If you request a copy of your health information, Hospice of Charleston may charge a reasonable fee for copying and assembling costs associated with your request.
- **Right to amend health care information.** You or your representative have the right to request that Hospice of Charleston amend your records, if you believe that your health information is incorrect or incomplete. That request may be made as long as the information is maintained by Hospice of Charleston. A request for an amendment of records must be made in writing to the Outcomes Manager, 3870 Leeds Avenue, Suite 101, North Charleston, South Carolina 29405. Hospice of Charleston 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 health information records were not created by Hospice of Charleston, if the records you are requesting are not part of Hospice of Charleston's records, if the health information you wish to amend is not part of the health information you or your representative are permitted to inspect and copy, or if, in the opinion of Hospice of Charleston, the records containing your health information are accurate and complete.
- **Right to an accounting.** You or your representative have the right to request an accounting of disclosures of your health information made by Hospice of Charleston for certain reasons, including reasons related to public purposes authorized by law and certain research. The request for an accounting must be made in writing to the Outcomes Manager, 3870 Leeds Avenue, Suite 101, North Charleston, South Carolina, 29405. 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 seven (7) years. Hospice of Charleston would provide the first accounting you request during any 12-month period without charge. Subsequent accounting requests may be subject to a reasonable cost-based fee.
- **Right to a paper copy of this notice.** You or your representative have a right to a separate paper copy of this Notice at any time even if you or your representative have received this Notice previously. To obtain a separate paper copy, please contact Outcomes Manager, 843-266-3476. (*You or your representative may also obtain a copy of the Notice of Privacy Practices from our web site, www.hospiceofcharleston.org*)

DUTIES OF HOSPICE OF CHARLESTON

Hospice of Charleston is required by law to maintain the privacy of your health information and to provide to you and your representative this Notice of its duties and privacy practices. Hospice of Charleston is required to abide by the terms of this Notice as may be amended from time to time. Hospice of Charleston 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 Hospice of Charleston changes its Notice, Hospice of Charleston will provide a copy of the revised Notice to you or your appointed representative. You or your personal representative have the right to express complaints to Hospice of Charleston and to the Secretary of DHHS if you or your representative believe that your privacy rights have been violated. Any complaints to Hospice of Charleston should be made in writing to Outcomes Manager, 3870 Leeds Avenue, Suite 101, North Charleston, South Carolina, 29405. Hospice of Charleston 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.

CONTACT PERSON

Hospice of Charleston has designated the Outcomes Manager as its contact person for all issues regarding patient privacy and your rights under the Federal privacy standards. You may contact this person at 3870 Leeds Avenue, Suite 101, North Charleston, South Carolina 29405, telephone number 843-266-3476.

EFFECTIVE DATE

This Notice is effective November 1, 2005.

IF YOU HAVE ANY QUESTIONS REGARDING THIS NOTICE, PLEASE CONTACT Outcomes Manager, 3870 Leeds Avenue, Suite 101, North Charleston, South Carolina 29405, telephone number 843-266-3476.