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Effective May 2018

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

Use and disclosure of health information

Colorado Palliative & Hospice Care and its affiliated entities 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 (HIPAA), for purposes of providing you treatment, obtaining payment for your care and conducting health care operations. Colorado Palliative & Hospice Care has established policies to guard against unnecessary disclosure of your health information. Typically, your health information contains your medical history, symptoms, examination and test results, diagnosis, treatment, care plan, insurance and billing. This information serves as a basis for planning your care and treatment and is a vital means of communication among the many health professionals who contribute to your health care.

We are required by law to:

- Maintain the privacy of your health information
- Provide you with an additional current copy of this Notice upon request
- Abide by the terms of this Notice
- Notify you following a breach of unsecured protected health information in the event you are affected.

The following is a summary of circumstances under which, and purposes for, your health information may be used and disclosed under HIPAA without your written authorization. State law restrictions, if any, are set forth in the statement attachment.

- 1. To provide treatment:** Colorado Palliative & Hospice Care may use your health information to coordinate within Colorado Palliative & Hospice Care and with others involved in your care, such as your attending physician, members of the Colorado Palliative & Hospice Care interdisciplinary team and other healthcare professionals who have agreed to assist Colorado Palliative & Hospice Care in coordinating care. Colorado Palliative & Hospice Care also may disclose your health information to individuals outside of Colorado Palliative & Hospice Care involved in your care including family members, clergy who you have designated, pharmacists, suppliers of medical equipment or other healthcare professionals.
- 2. To obtain payment:** Colorado Palliative & Hospice Care may include your health information on invoices to collect payment from third parties for the care you receive from Colorado Palliative & Hospice Care. Information may also be shared with contracted business partners, including accountants, consultants,

attorneys or companies that provide billing, financial or management services on our behalf. We require all such business partners to appropriately safeguard your information.

- 3. For health care operations:** Your information may also be included, as necessary, to ensure quality care to all Colorado Palliative & Hospice Care patients through such activities as: quality assessment and improvement, protocol development, case management, professional review, performance evaluation, training programs, accreditation and certification, licensing or credentialing activities, review and auditing, business planning, development and management.

The following is a summary of circumstance under which, and purposes for which, your health information may also be used and disclosed.

- 1. When legally required:** Colorado Palliative & Hospice Care will disclose your health information when it is required to do so by Federal, State or Local Law.
- 2. When there are risks to public health:** Colorado Palliative & Hospice Care may disclose your health information for public activities and purposes in order to: prevent or control diseases, injury or disability; report disease, injury, or vital events such as birth and deaths and the the implementation of public health surveillance; investigations and interventions; adverse events reporting; product defects; track products or enable product recall repairs and replacement; implementation of post marketing surveillance and compliance with the requirements of the Food and Drug Administration; notification of persons who have been exposed to a communicable disease or who may be at risk of contracting or spreading a disease; and the notification of an employer about an individual who is a member of the workforce as legally required.
- 3. To report abuse, neglect, or domestic violence:** Colorado Palliative & Hospice Care is allowed to notify government authorities if Colorado Palliative & Hospice Care believes a patient is the victim of abuse, neglect or domestic violence. Colorado Palliative & Hospice Care mandates that under the guidance of applicable laws, verified violations of abuse, exploitation or neglect shall be reported to the state and local bodies having jurisdiction (including to the State survey and certification agency) within five (5) working days of becoming aware of the violation.
- 4. To conduct health oversight activities:** Colorado Palliative & Hospice Care will disclose your health information to an oversight agency for activities including audits, civil administrative or criminal investigation, inspection, licensure or disciplinary action. Colorado Palliative & Hospice Care, 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 healthcare or public benefits.

5. **In connection with judicial and administrative proceeding:** Colorado Palliative & Hospice Care 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 a response to a subpoena, discovery request or lawful process, but only when Colorado Palliative & Hospice Care makes reasonable efforts to either notify you about the request or to obtain an order protecting your health information.
6. **For law enforcement purposes:** As permitted or required by state law, Colorado Palliative & Hospice Care may disclose your health information to a law enforcement official for certain law enforcement purposes as follows: as required by law for reporting 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 or material witness or missing person; under certain limited circumstances, when you are the victim of the crime; or to a law enforcement official if Colorado Palliative & Hospice Care has a suspicion that your death was a result of a criminal conduct.
7. **To coroners and medical examiners:** Colorado Palliative & Hospice Care may disclose your health information to coroners and medical examiners for purposes of determining your cause of death or for other reasons as authorized by law.
8. **To funeral directors:** If necessary, Colorado Palliative & Hospice Care may disclose your health information to funeral directors consistent with applicable law to carry out their duties with respect to your funeral arrangements. If necessary to carry out their duties, Colorado Palliative & Hospice Care may disclose your health information prior to and in reasonable anticipation of your death.
9. **For organ, eye or tissue donation:** Colorado Palliative & Hospice Care may use or disclose your health information to organ procurement organizations or other entities engaged in the procurement, banking or transplantations of organs, eyes or tissues for the purpose of facilitating the donation and transplantation.
10. **For specified government functions:** In certain circumstances, Federal regulations authorize Colorado Palliative & Hospice Care to use or disclose your health information to facilitate government functions relating to the military and veterans, national security and intelligence activities, protective services for the President and others, medical suitability determinations and inmates and law enforcement custody.
11. **For workers compensation:** Colorado Palliative & Hospice Care may release your health information for worker's compensation or similar programs.
12. **For fundraising:** We may use and disclose your health information to our business associates for fundraising purposes. We may contact you in an effort to raise money for our programs, research and education. If you do not want us to

contact you for fundraising efforts, you must notify **Compliance Department, Colorado Palliative & Hospice Care,** _____.

13. **Incidental Uses and Disclosures:** There are certain incidental uses or disclosures of your health information that occur while we are providing services to you or conducting our business. For example, other people in the same waiting area may hear a doctor or nurse call your name. We will make reasonable efforts to limit these incidental uses and disclosures.
14. **When the Individual is Deceased.** If the individual is deceased, Colorado Palliative & Hospice Care may disclose to a family member, or other persons who were involved in the individual's care or payment for health care prior to the individual's death, protected health information of the individual that is relevant to such person's involvement, unless doing so is inconsistent with any prior expressed preference of the individual that is known to the covered entity.

Authorization to Use or Disclose Health Information

Other than what is stated above, Colorado Palliative & Hospice Care will not disclose your health information other than with your written authorization. If you or your representative authorized Colorado Palliative & Hospice Care to use or disclose your health information, you may revoke that authorization in writing at any time.

The following uses and disclosures will only be made with your written authorization:

1. Uses and disclosures not listed above as permitted without your written authorization;
2. Most uses and disclosures of psychotherapy notes;
3. Uses and disclosures for marketing purposes; and
4. Disclosures that constitute a sale of your health information.

Your rights with respect to your health information: You have the following rights regarding your health information that Colorado Palliative & Hospice Care maintains:

1. **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 Colorado Palliative & Hospice Care disclosure of your health information to someone who is involved in your care or the payment of your care. However, Colorado Palliative & Hospice Care is not required to agree to your request with one exception. If we agree to a voluntary restriction, the restriction may be lifted if use of the information is necessary to provide emergency treatment.

We are required to agree to your request that we not disclose certain health information to your health plan for payment or health care operations purposes, if you pay in full for all expenses related to that service prior to your request and the

disclosure is not otherwise required by law. Such a restriction will only apply to records that relate solely to the service for which you have paid in full.

If you wish to make a request for restrictions, please contact the Clinical Director.

2. **Right to receive confidential communications:** You have the right to request that Colorado Palliative & Hospice Care communicate with you in a certain way. For example, you may ask that Colorado Palliative & Hospice Care 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 Clinical Director.
3. **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 copy and inspect records containing your health information may be made to the **Clinical Director**. Colorado Palliative & Hospice Care will usually act on your request within 30 days, but it can extend the time for a response by an additional 30 days upon notice to you. If you request a copy of your health information, Colorado Palliative & Hospice Care may charge a reasonable fee for copying and assembling costs associated with your request. If there are state specific charges, they are set forth on the state disclosure attachment, but may not exceed a reasonable fee.
4. **Right to amend healthcare information:** If you believe your health information is incorrect or incomplete, you or your representative have the right to request that Colorado Palliative & Hospice Care amend any records maintained by Colorado Palliative & Hospice Care. **The request must be made in writing** to the Colorado Palliative & Hospice Care Clinical Director and must include a reason for the amendment. Colorado Palliative & Hospice Care may deny the request if it is not in writing or does not include a reason for the amendment; the request may also be denied if the records in question were not created by Colorado Palliative & Hospice Care, or if Colorado Palliative & Hospice Care believes the records are accurate and complete.
5. **Right to an accounting:** You or your representative have the right to request an accounting of disclosures of your health information made by Colorado Palliative & Hospice Care 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 Clinical Director**. Accounting requests may not be made for periods of time in excess of six (6) years. Colorado Palliative & Hospice Care 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.
6. **Right to a paper copy of this notice:** You or your representative have the 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 copy, please contact the **Clinical Director**.

Duties of Hospice:

Colorado Palliative & Hospice Care 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 periodically. Colorado Palliative & Hospice Care is required to abide by the terms of this Notice as it may be amended from time to time. Colorado Palliative & Hospice Care 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 Colorado Palliative & Hospice Care changes its notice, Colorado Palliative & Hospice Care 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 Colorado Palliative & Hospice Care and to your state’s Department of Health and Senior Services (See BACK INSIDE COVER for phone numbers) if you or your representative believe that your privacy rights have been violated. **Any complaints to should be made by writing to: Compliance Department, Colorado Palliative & Hospice Care** _____

Colorado Palliative & Hospice Care 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 Information:

Colorado Palliative & Hospice Care has designated its Compliance Department as its contact person for all issues or questions regarding patient privacy and your rights under the Federal privacy standards. You may contact this person at:

Compliance Department:

Colorado Palliative & Hospice Care

Address
Phone
Fax