

# NOTICE OF HOSPICE OF MUSKEGON-OCEANA 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.**

**Hospice of Muskegon-Oceana** is dedicated to the protection of your health information. We are required by law to maintain the privacy of protected health information and to provide you with this notice of our legal duties and privacy practices with respect to this 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, on our website at: [www.yourhospice.org](http://www.yourhospice.org), and will make paper copies of this Notice available upon request.

## **HOW YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED:**

**Hospice of Muskegon-Oceana (hereafter referred to as *the Hospice*)** may use your health information for purposes of providing your treatment, obtaining payment for your care and conducting health care operations. Your health information may be used or disclosed only after the Hospice has obtained your written consent.

**To Provide Treatment:** Your health information may be used by members of the Hospice interdisciplinary team and other health care professionals who have agreed to assist the Hospice in coordinating care. For example, physicians involved in your care will need information about your symptoms in order to prescribe appropriate medications. The Hospice also may disclose your health care information to individuals outside of the Hospice involved in your care including family members, clergy whom you have designated, pharmacists, suppliers of medical equipment or other health care professionals that the Hospice uses in order to coordinate your care.

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**To Obtain Payment:** Your health information may also 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 by administrative personnel reviewing the quality and appropriateness of the care you receive to ensure Total Quality Management.

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

**When you are in a Hospice Inpatient Facility:** The Hospice may disclose, by means of a directory, certain information about you including: your name, your general health status, your religious affiliation and your location within the Hospice inpatient facility. The 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:** The Hospice may use information about you including your name, address, phone number and the dates you received care at the Hospice in order to contact you or your family to raise money for the Hospice. If you do not want the Hospice to contact you or your family, notify the Privacy Official and indicate that you do not wish to be contacted.

### **Federal privacy rules allow the 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:** The Hospice may disclose your health information for public activities including the reporting of disease, injury, vital events and the conduct of public health surveillance, investigation and/or intervention. The Hospice may disclose your information to a health oversight agency for oversight activities authorized by law, including audits, investigations, inspections, licensure or disciplinary actions, administrative and/or legal proceedings.

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

**To Conduct Health Oversight Activities:** The Hospice may disclose your health information to a health oversight agency for activities including audits, civil administrative or criminal investigations, inspections, licensure or disciplinary action. The Hospice, 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.

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**In Connection With Judicial And Administrative Proceedings:** The Hospice 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 the Hospice makes reasonable efforts to either notify you about the request or to obtain an order protecting your health information.

**For Law Enforcement Purposes:** The Hospice may disclose your health information to a law enforcement official for 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 the Hospice has a suspicion that your death was the result of criminal conduct including criminal conduct at the Hospice.
- In an emergency in order to report a crime.

**When Legally Required:** The Hospice will disclose your health information when it is required to do so by any Federal, State or local law.

### **The Hospice may disclose your health information for the following reasons:**

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

**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, the Hospice may disclose your health information prior to and in reasonable anticipation, of your death.

**For Organ, Eye Or Tissue Donation,** to organizations or other entities engaged in the procurement, banking or transplantation of organs, eyes or tissue for the purpose of facilitating the donation and transplantation.

**In the Event of A Serious Threat To Health Or Safety,** if the 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.

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

**For Worker's Compensation,** or similar programs.

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

### **AUTHORIZATION TO USE OR DISCLOSE HEALTH INFORMATION**

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

# NOTICE OF *HOSPICE OF MUSKEGON-OCEANA* PRIVACY PRACTICES

## YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION

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

**The right to request restrictions on certain uses and disclosures of your medical information:**

Hospice is not required to agree to your request, however.

**The right to receive confidential communications:** For example, you may ask that the Hospice only conduct communications pertaining to your health information with you privately with no other family members present. The 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 please contact the Privacy Official at the number listed below.

**The 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.

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

**The right to an accounting:** Disclosures of your health information made by the 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 seven 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 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 separate paper copy, please contact the Privacy Official. You or your representative may also obtain a copy of the current version of the Hospice's Notice of privacy practices at its website, [www.yourhospice.org](http://www.yourhospice.org)

You or your personal representative has the right to express complaints to the 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 the Hospice should be made in writing to the Privacy Official. The 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.

## CONTACT PERSON

The Hospice's contact person for all issues regarding patient privacy and your rights under the Federal privacy standards is the Privacy Official, 1050 W. Western Ave., Suite 400, Muskegon, MI. 49441, 231-728-3442, Fax 231-722-0708.

## EFFECTIVE DATE

This Notice is effective April 14, 2003.

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

**Privacy Official  
Hospice of Muskegon-Oceana  
1050 W. Western Ave., Suite 400  
Muskegon, MI 49441  
231-728-3442  
Fax 231-722-0708**