



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.

Our responsibilities

Hospice Care of Southwest Michigan (“Hospice”) takes the privacy of your health information seriously. Hospice is required by law to maintain that privacy and to provide you with this Notice of Privacy Practices. This Notice is provided to tell you about our duties and practices with respect to your information. Hospice is required to abide by the terms of this notice, which is currently in effect, and notify you in the event of a breach of your unsecured health information.

How hospice may use and disclose your health information

The following categories describe different ways that Hospice uses and discloses your health information. For each category, an explanation of the category is provided, in some cases with examples. Not every use or disclosure in a category will be listed. However, all of the ways hospice is permitted to use and disclose your health information will fall into one of these categories.

Treatment. Hospice may use and disclose your health information to coordinate care within Hospice and with others involved in your care, such as your attending physician, members of the Hospice interdisciplinary team and other health care professionals who have agreed to assist Hospice in coordinating care. For example, Hospice may disclose your health information to a physician involved in your care who needs information about your symptoms to prescribe appropriate medications.

Payment. Hospice may use and disclose your health information to receive payment for the care you receive from Hospice. For example, Hospice may be required by your health insurer to provide information regarding your health care status, your need for care, and the care that Hospice intends to provide to you, so that the insurer will reimburse you or Hospice.

Health care operations. Hospice may use and disclose health information for its own operations to facilitate the functioning of Hospice, and as necessary to provide quality care to all of Hospice’s clients. Health care operations include 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 clients 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.

For example, Hospice may use your health information to evaluate its performance, combine your health information with other Hospice clients in evaluating how to more effectively serve all Hospice clients, disclose your health information to members of the Hospice workforce 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 community information mailings (unless you tell us you do not want to be contacted).

Additional permitted uses and disclosures of health information

Appointment reminders. Hospice may use and disclose your health information to contact you as a reminder that you have an appointment.

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Treatment Alternatives. Hospice 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. For example, Hospice may use your name and address to notify you and your family of support groups or other programs.

As Required by Law. Hospice will disclose your health information when it is required to do so by any Federal, State or local law.

Public Health Risks. Hospice 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 to facilitate public health surveillance, investigations, and interventions.
- Report adverse events, product defects, track products, 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 employer's workforce in certain limited situations, as authorized by law.

Abuse, Neglect or Domestic Violence. Hospice is allowed to notify government authorities if Hospice believes a client is the victim of abuse, neglect, or domestic violence. Hospice will make this disclosure only when specifically required or authorized by law or when the client agrees to the disclosure.

Health Oversight Activities. 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. 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.

Judicial and Administrative Proceedings. 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 Hospice makes reasonable efforts to either notify you about the request or to obtain an order protecting your health information.

Law Enforcement. As permitted or required by State law, Hospice 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 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. Hospice 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.

Funeral Directors. Hospice 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 may disclose your health information prior to and in reasonable anticipation of your death.

Organ, Eye or Tissue Donation. Hospice may use or disclose your health information to organ procurement 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.

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Research purposes. Hospice may, under certain circumstances, use and disclose your health information for research purposes. Before Hospice discloses any of your health information for research purposes, the project will be subject to an extensive approval process. This process includes evaluating a proposed research project and its use of health information and trying to balance the research needs with your need for privacy. Before Hospice uses or discloses health information for research, the project will have been approved through this research approval process. Additionally, when it is necessary for research purposes and so long as the health information does not leave Hospice, it may disclose your health information to researchers preparing to conduct a research project, for example, to help the researchers look for individuals with specific health needs. Lastly, if certain criteria are met, Hospice may disclose your health information to researchers after your death when it is necessary for research purposes.

Limited data set. Hospice may use or disclose a limited data set of your 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. Prior to our release, any recipient of that limited data set must agree to appropriately safeguard your health information.

Serious threat to health or safety. Hospice may, consistent with applicable law and ethical standards of conduct, disclose your health information if Hospice, 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.

Specified government functions. In certain circumstances, the Federal regulations authorize 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.

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

Other uses or disclosures of your health information to which you may agree or object

Rose Arbor Hospice Residence facility directory. Hospice may disclose certain information about you, including your name, your general health status, your religious affiliation, room number, and phone information that allows us to connect a caller to your room while you are in the Rose Arbor Hospice Residence. 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.

Persons involved in your care. Hospice may disclose your health information to a family member, other relative, a close personal friend, or any other person identified by you when you are present for, or otherwise available prior to, the disclosure, if Hospice: (1) obtains your agreement; (2) provides you with the opportunity to object to the disclosure and you do not object; or (3) reasonably infers that you do not object to the disclosure. If you are not present, or the opportunity to agree or object to a use or disclosure cannot practicably be provided because of your incapacity or an emergency circumstance, Hospice may exercise its professional judgment to determine whether a disclosure is in your best interests. If Hospice discloses information to a family member, other relative, or a close personal friend, Hospice will disclose only information that it believes is directly relevant to the person's involvement with your health care or payment related to your health care. Hospice may also disclose your health information in order to notify (or assist in notifying) such persons of your location, general condition, or death. You may ask the Hospice at any time not to disclose your health information to any person(s) involved in your care. The Hospice will agree to your request unless circumstances constitute an emergency, or if the client is a minor.

Fundraising activities. Hospice or its Business Associate may use information about you, including your name, address, telephone number, and the dates you received care, in order to contact you or your family to raise money for our organization. You have the right to opt-out of receiving these communications from Hospice or its Business Associate. If you do not want us to contact you for fundraising purposes, notify the Director of Community Relations and Development at (269) 345-0273 and indicate that you do not wish to receive fundraising communications.

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Memorials. Hospice may use your name to acknowledge donations made to Hospice in your honor.

Authorizations to use or disclose your health information

Other than the permitted uses and disclosures described above, Hospice will not use or disclose your health information without an authorization signed by you or your personal representative. If you or your representative sign a written authorization allowing Hospice to use or disclose your health information, you may cancel the authorization (in writing) at any time. If you cancel your authorization, Hospice will follow your instructions, except to the extent that Hospice has already relied upon your authorization and taken action.

The following uses and disclosures to your health information will only be made with your signed authorization:

1. Uses and disclosures for marketing purposes;
2. Uses and disclosures that constitute a sale of your health information;
3. Most uses and disclosures of psychotherapy notes, if we maintain psychotherapy notes, and
4. Any other uses and disclosures not described in this Notice.

Your rights regarding your health information

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

- **Right to request restrictions.** You have the right to request restrictions on certain uses and disclosures of your health information. You have the right to request a limit on Hospice's disclosure of your health information to someone who is involved in your care or the payment of your care. Hospice is not required to agree to your request, unless your request is for a restriction on a disclosure to a health plan for purposes of payment or health care operations (and is not for purposes of treatment), and the medical information you are requesting to be restricted from disclosure pertains solely to a health care item or service for which you have paid out of pocket in full. If you wish to make a request for restrictions, please contact the Director of Compliance at (269) 345-0273.
- **Right to receive confidential communications.** You have the right to request that Hospice communicate with you in a certain way. For example, you may ask that Hospice 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 Director of Compliance at (269) 345-0273. Hospice will not request that you provide any reasons for your request and will attempt to honor your reasonable requests for confidential communications.
- **Right of access 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 Director of Compliance at (269) 345-0273. If you request a copy of your health information, Hospice may charge a reasonable fee for copying and assembling costs associated with your request. You have the right to request that Hospice provide you, an entity, or a designated individual with an electronic copy of your electronic health record containing your health information, if Hospice uses or maintains electronic health records containing client health information. Hospice may require you to pay the labor costs incurred by Hospice in responding to your request.
- **Right to amend your health care information.** You or your representative have the right to request that Hospice 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. A request for an amendment of records must be made in writing to the Director of Compliance at 222 North Kalamazoo Mall, Suite 100, Kalamazoo, Michigan 49007. Hospice 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, if the records you are requesting are not part of Hospice'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, the records containing your health information are accurate and complete.

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• **Right to an accounting.** You or your representative have the right to request an accounting of disclosures of your health information made by Hospice for the previous seven (7) years. The accounting will not include disclosures made for treatment, payment, or health care operations unless we maintain your health information in an electronic health record. This request for an accounting must be made in writing to the Director of Compliance at 222 North Kalamazoo Mall, Suite 100, Kalamazoo, Michigan 49007. The request should specify the time period for the accounting starting on or after April 14, 2003. Hospice will 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 the Director of Compliance at (269) 345-0273. The client or a client's representative may also obtain a copy of the current version of Hospice's Notice of Privacy Practices at its website, www.hospiceswmi.org.

• **Right to opt out of fundraising.** You or your representative have the right to opt-out of receiving fundraising communications. Instructions for how to opt-out are included in each fundraising solicitation you receive.

• **Right to receive notification of breach.** If Hospice determines that there has been a breach of your health information, Hospice will provide you or your representative with notice by first class mail or by email if you agree to receive electronic notices. The notification will be provided as soon as possible but no later than 60 calendar days following the discovery of the breach, except as required by law enforcement. The notification will include a description of the breach; description of the type of information involved in the breach; the steps that you or your representative should take to protect you from harm; a brief description of what Hospice is doing to investigate the breach, mitigate the harm, and prevent further breaches; and the contact information for Hospice. Hospice may notify you by telephone as well as written notice in cases deemed by Hospice to require urgency because of possible imminent misuse of your health information.

• **Right to have genetic health information kept private.** In accordance with the Genetic Information Nondiscrimination Act (GINA) of 2008, Hospice considers genetic information your personal health information and will not use it to determine eligibility for coverage of hospice services, nor report to companies for underwriting purposes.

Changes to this Notice.

Hospice reserves the right to change this Notice. Hospice reserves the right to make the revised Notice effective for health information Hospice already has about you, as well as any health information Hospice receives in the future. Hospice will post a copy of the current Notice in a clear and prominent location to which you have access. The Notice also is available to you upon request. The Notice will contain, at the end of this document, the effective date. In addition, if Hospice revises the Notice, Hospice will offer you a copy of the current Notice in effect.

If you have any questions regarding this Notice.

Hospice has designated the Director of Compliance at (269) 345-0273 as its contact person for all issues regarding client privacy and your rights under the Federal privacy standards. You may contact this person at Hospice Care of Southwest Michigan, 222 North Kalamazoo Mall, Suite 100, Kalamazoo, Michigan 49007.

Complaints You or your personal representative have the right to express complaints to Hospice and to the Secretary of the U.S. Department of Health and Human Services if you or your representative believe that your privacy rights have been violated. Any complaints to Hospice should be made in writing to the Director of Compliance, Hospice Care of Hospice Michigan, 222 N. Kalamazoo Mall, Suite 100, Kalamazoo, Michigan 49007. 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 September 23, 2013.