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# Notice of 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.**

This Notice of Privacy Practices is effective as of June 27, 2013.

This Notice of Privacy Practices is for the Sharon S. Richardson Community Hospice (SSRCH), including the Center and the In-Home Services (all of which will be referred to as the "Hospice" in this Notice for convenience) and healthcare professionals authorized to enter information in your Hospice charts, Hospice volunteers who are allowed to help you while you are in the Hospice and other Hospice personnel.

This Notice of Privacy Practices is required by regulations (the Privacy Rule) established under federal law (the Health Insurance Portability and Accountability Act). This notice is intended to inform you about the ways in which SSRCH may use and disclose your protected health information (PHI) and to describe your rights and other obligations the Hospice has regarding the use and disclosure of your PHI.

The Privacy Rule requires the Hospice to make sure that your PHI is kept confidential and not disclosed to anyone or used by anyone without your authorization or as specifically allowed by law. The Privacy rule requires the Hospice to give you this notice and to follow the terms of the notice that is currently in effect. The Privacy Rule is lengthy and extremely complex. This notice cannot be a complete and accurate account of the contents of the Privacy Rule. If you would like a copy of the Privacy Rule or if you have questions about this Notice, please contact SSRCH's Privacy Officer, (920) 467-1800.

## **OUR PLEDGE TO YOU**

We understand that PHI about you is personal. We are committed to protecting PHI about you. We create a record of care and services you receive to provide quality care and to comply with legal requirements. This notice applies to all of the records of your care that we maintain, whether created by our staff or your personal doctor. Your personal doctor may have different policies or notices regarding the doctor's use and disclosure of your PHI created in the doctor's office. We are required by federal and state law to keep PHI about you private. Federal law requires us to give this notice of our legal duties and privacy practices with respect to PHI about you. When state law is more protective of your PHI, we will abide by state law. Some of these situations are noted below. We will follow the terms of the Notice that is currently in effect unless stricter state law applies.

## **USES AND DISCLOSURES OF YOUR PHI**

Without your written authorization, we can use your health information for the following purposes:

- **To Provide Treatment.** The Hospice may use your PHI to coordinate care within the 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 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 PHI to individuals outside of the Hospice 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** The Hospice may use and disclose your PHI in billing to collect payment from third parties for the care you receive from the Hospice. For example, the Hospice may be required by your health insurer to provide information regarding your health care status so that the insurer will reimburse you or the Hospice. The Hospice 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.** The Hospice may use and disclose PHI for its own operations in order to facilitate the function of the Hospice and as necessary to provide quality care to all of the Hospice'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 the Hospice.
  - Family / Caregiver Satisfaction Surveys.
  - Fundraising for the benefit of the hospice.

For example the Hospice may use your PHI to evaluate its staff performance, combine your PHI 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, or use your PHI to contact you as a reminder regarding a visit to you.

The Hospice also may use and disclose limited PHI about you for certain directory and decision-making purposes, subject to your right to object to these uses or disclosures.

- **Hospice Directory** The Hospice may list certain information about you (your name, where you are in the Hospice Center, and a general description of your condition) in the Hospice directory while you are a patient. The Hospice can disclose this information to people who ask for you by name, including to the media, newspapers, radio, etc.
- **Persons Involved in Your Care or Payment for Your Care** The Hospice may disclose limited information about you to designated relatives or close friends who are helping with your care or helping you pay your medical bills. Unless you provide written authorization, the information disclosed to these people will be limited to your location within our facility or acknowledgement that you are in our In-Home services, your general condition, or death. You have the right to object to such disclosure, unless you are incapacitated. If family or friends are present while care is provided, we assume that they may hear the discussion unless you object. The Hospice may also disclose your PHI to an entity authorized to assist in disaster relief.
- **For Appointment Reminders.** The Hospice may use and disclose your PHI to contact you as a reminder that you have an appointment for an In-home visit.

The Privacy Rule and Wisconsin law allow the Hospice to use or disclose your PHI without your authorization for a number of functions and activities, discussed below.

- **As Required By Law** The Hospice will disclose your PHI when required to do so by federal, state, or local law.
- **Public Health Risks** The Hospice may disclose your PHI for public health activities, in order to:
  - Prevent or control disease, injury or disability, to report deaths, and for public health surveillance or 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.** The Hospice is allowed to notify appropriate 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 you agree to the disclosure.
- **To Conduct Health Oversight Activities.** The Hospice may disclose your PHI to a health oversight agency for activities including audits, in investigations, inspections, licensure or disciplinary action. The Hospice, however, may not disclose your PHI if you are the subject of an investigation that is not directly related to your receipt of health care or public benefits.
- **In Connection with Judicial and Administrative Proceedings.** The Privacy Rule allows the Hospice to disclose confidential PHI in response to a court or administrative order. The Hospice may also disclose your PHI in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, only if you agree to this disclosure or when required or authorized by law.
- **For Law Enforcement Purposes.** The Privacy Rule allows the Hospice to disclose PHI if asked to do so by a law enforcement official in the following circumstances:
  - In response to a court order, subpoena, warrant, summons, or similar process;
  - To identify or locate a suspect, fugitive, material witness, or missing person;
  - About the victim of a crime if, under certain limited circumstances, the Hospital is unable to obtain the person's agreement;
  - About a death the Hospice believes may be the result of criminal conduct;
  - About criminal conduct at the Hospice;
  - In emergency circumstances to report a crime, the location of the crime or victims, or the identity, description, or location of the person who committed the crime.

Wisconsin law generally requires a court order for the release of confidential PHI in these circumstances, and may be considered more protective of your privacy than the Privacy Rule. However, Wisconsin law does allow the release of PHI when a crime occurs on the premises and a victim is threatened with bodily harm. Wisconsin law also requires that gunshot wounds or other suspicious wounds, including burns, that are reasonably believed to have occurred as the result of a crime, must be reported to the local police or sheriff. The report must include the nature of the wound and the patient's name.

- **To Coroners and Medical Examiners.** The Hospice may disclose your PHI to coroners and medical examiners for purposes of determining your cause of death or for other duties, as authorized by law.

- **To Funeral Directors.** The Hospice may disclose your PHI to funeral directors consistent with applicable law. And if necessary to carry out their duties, the Hospice may disclose your PHI prior to and in reasonable anticipation of your death.
- **For Organ, Eye or Tissue Donation.** The Hospice may disclose your PHI 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.
- **In the Event of a Serious Threat to Health or Safety.** If there is a serious threat to your health and safety or the health and safety of the public or another person, the Hospice may use and disclose your PHI to someone able to help prevent the threat.
- **For Specified Government Functions.** In certain circumstances, the Privacy Rule authorizes the Hospice to use or disclose your PHI to facilitate specified government functions relating to military and veterans, national security and intelligence activities and protective services for the President and others.
- **For Worker's Compensation.** The Hospice may release your PHI for worker's compensation or similar programs.

### **AUTHORIZATION TO USE OR DISCLOSE PHI**

Other uses and disclosures of PHI not covered by this notice or the laws that apply to the Hospice will be made only with your written authorization. If you authorize the Hospice to use or disclose your PHI, you may revoke that authorization in writing at any time except to the extent that the Hospice has already taken action in reliance on it. If you revoke your authorization, the Hospice will no longer use or disclose your PHI as specified by the revoked authorization.

### **YOUR RIGHTS REGARDING YOUR PHI**

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

- **Right to Request Restrictions.** You have the right to request restrictions or limitations on the Hospice's uses or disclosures of PHI about you for treatment, payment, or healthcare operations. You also have the right to request a limit on the Hospice's disclosure of your PHI to someone who is involved in your care or the payment for your care. A request for restrictions should be made in writing by contacting the Hospice Privacy Officer at 920/467-1800. In your request, please tell the Hospice (1) what information you want to limit; (2) whether you want to limit its use, disclosure, or both; and (3) to whom you want the limits to apply.
- **The Hospice is Not Required to Agree to Your Request.** For example, some disclosures are mandated by Wisconsin Law. If the Hospice does agree, it will comply with your request unless mandated by Wisconsin Law.
- **Right to Request Confidential Communications.** You have the right to request that the Hospice communicate with you about medical matters through specific channels, that is, in a certain way or at a certain location. For example, you can ask that the Hospice only contact you at work, or only at home, or only by mail. You may also ask that the Hospice only conduct communications pertaining to your PHI 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. A request for confidential communications should be made in writing to the Hospice Privacy Officer.

- **Right to inspect and copy your health information.** You have the right to inspect and copy your PHI, including billing records. A request to inspect and copy records containing your PHI may be made to the Privacy Officer at the Hospice at 920-467-1800. If you request a copy of your PHI, the Hospice may charge a reasonable fee for copying and assembling costs associated with your request.
- **Right to amend health care information.** You or your legal representative has the right to request that the Hospice amend your records, if you believe that your PHI is incorrect or incomplete. That request may be made as long as the information is maintained by the Hospice. A request for an amendment of records must be made in writing to the Hospice Privacy Officer. The 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 PHI records were not created by the Hospice, if the records you are requesting are not part of the Hospice's records, if the PHI you wish to amend is not part of the PHI you or your legal representative are permitted to inspect and copy, or if, in the opinion of the Hospice, the records containing your PHI are accurate and complete.
- **Right to an accounting.** You or your legal representative have the right to request an accounting of disclosures of your PHI made by the Hospice 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 Hospice Privacy Officer. The request should specify the time period for the accounting starting on or after February 5, 2007. Accounting requests may not be made for periods of time in excess of six (6) years. The 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 have a right to a paper copy of this Notice at any time even if you or your legal representative received this Notice previously. To obtain a separate paper copy, please contact the Hospice Privacy Officer at 920-467-1800.

### **AMENDMENTS TO THIS NOTICE**

The Hospice reserves the right to amend this Notice at any time. The Hospice is required to amend the Notice as made necessary by changes in the Privacy Rule. Each version of the Notice will have an effective date on the first page. The Hospice reserves the right to make the amended notice effective for PHI the Hospice has at the time the amendment is made, as well as any PHI the Hospice may receive or create in the future.

### **COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with the Hospice or with the Secretary of the Department of Health and Human Services. Complaints should be made in writing to the Hospice Privacy Officer.

You will not be intimidated, threatened, coerced, discriminated against, or otherwise retaliated against for filing a complaint.

### **CONTACT PERSON**

The Hospice's contact person for issues regarding patient privacy and the Privacy Rule is: **Hospice Privacy Officer, W2850 State Road 28, Sheboygan Falls, WI 53085 or at 920-467-1800.**