

“Hospice of
Morrow County
gives hope,
comprehensive
and comforting
care to persons
and their
families toward
the end of life
through a
compassionate
team. “

HOSPICE MISSION STATEMENT



HIPAA Privacy Notice

**THIS NOTICE DESCRIBES HOW
MEDICAL INFORMATION MAY BE USED
AND DISCLOSED AND HOW YOU CAN
GET ACCESS TO THIS INFORMATION.**

PLEASE REVIEW IT CAREFULLY.

Our Duties

By law, Hospice of Morrow County, Inc. is required to maintain the privacy of protected health information and to provide you with notice of our legal duties and privacy practices with respect to protected health information. "Protected health information" includes any identifiable information that we obtain from you or others that relates to the patient's physical or mental health, the health care they have received, or payment for health care.

We are required to abide by the terms of this notice currently in effect. We reserve the right to change the terms of this notice and to make the new notice provisions effective for all protected health information that we maintain. In the event we revise the notice, we will provide you with a revised notice by mail.

Individual Rights

With respect to protected health information, each patient has the following rights:

1. The right to request restrictions on certain uses and disclosures of protected health information including the use and disclosures listed in this notice and permitted disclosures. However, we are not required to agree to a requested restriction;
2. The right to reasonably request to receive confidential communications of protected health information by alternative means or at alternative locations;
3. The right to inspect and copy protected health information in our records except for:



228 South Street
Mt. Gilead, OH 43338
Phone: 419-946-9822
Fax: 419-946-9971

Email: info@hospicemorrowcounty.org

www.hospicemorrowcounty.org

- psychotherapy notes;
- information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding;
- protected health information that is subject to a law prohibiting access to that information; or
- if the protected health information was obtained from someone other than us under a promise of confidentiality and the access requested would be reasonably likely to reveal the source of the information.

We may also deny a request to inspect and copy protected health information if:

- a licensed health care professional has determined that the access requested is reasonably likely to endanger the patient's life or physical safety or the life or physical safety of another person;
- the protected health information makes reference to another person and a health care professional has determined that the access requested is reasonably likely to cause substantial harm to such other person; or
- a licensed health care professional has determined that the access requested by the patient's personal representative is reasonably likely to cause substantial harm to the patient or another person.

If we deny access on one of the above three grounds, the patient has the right to have the denial reviewed in accordance with applicable law.

- The right to amend protected health information contained in our records. However, if the information was not created by us, is not part of medical or billing records, is not available for inspection, or the information is accurate and complete, we are not required to amend the information;
- The right to receive an accounting of disclosures of protected health information made by us in the six years prior to the date on which the accounting is requested, except for disclosures:
 - to carry out treatment, payment, and health care operations as provided below;
 - for notification purposes, as provided by law;
 - for national security or intelligence purposes, as provided by law;
 - to correctional institutions or law enforcement officials, as provided by law; or
 - that occurred prior to April 14, 2003; and

- The right to obtain a paper copy of this notice upon request if you are viewing this notice electronically.

Uses and Disclosures of Protected Health Information

Under Federal law, we are permitted to use and disclose protected health information for the purposes of treatment, payment, and health care operations.

●**Treatment.** Treatment refers to activities involved in the palliative care of the patient. Examples of uses and disclosures under this section include (1) sharing protected health information with members of the Interdisciplinary Team to coordinate the Plan of Care, (2) sharing protected health information with a business associate as part of a contracted agreement with Hospice of Morrow County to perform services deemed necessary under the plan of care, and (3) sharing protected health information with the primary caregiver to carry out the plan of care.

●**Payment.** Payment refers to activities involving collection and payment of claims. Examples of uses and disclosure under this section include (1) sharing protected health information with insurers to determine coordination of benefits, the administration of claims, and determining coverage; and (2) sharing protected health information with third party administrators, such as Medicare and Medicaid, for the processing of claims.

●**Operations.** Operations refers to the business functions necessary for us to operate, such as quality assurance activities, audits, and complaint responses. Examples of uses and disclosures under this section include (1) using protected health information to perform legal, actuarial, and auditing services, (2) disclosing protected health information when responding to complaints, and (3) use of protected health information for general data analysis and long term management and planning.

We may also use or disclose protected health information for other purposes permitted or required by law, including the following:

- to the patient, as the covered individual;
- to a personal representative designated by the patient to receive protected health information or personal representative designated by law such as the parent or legal guardian of a child, or the surviving family members or representative of the estate of a deceased individual;
- to the Secretary of Health and Human Services, or any employee thereof, as part of an investigation to determine our compliance with the HIPAA Privacy Rules;

- to a health oversight agency, such as the Ohio Department of Health or the Centers for Medicare and Medicaid Services, to respond to inquiries or investigations of the Hospice agency, requests to audit the Hospice agency, or to obtain necessary licenses;
- in response to a court order, subpoena, discovery request or other lawful judicial or administrative proceeding;
- as required for law enforcement purposes;
- as required to comply with Workers' Compensation or other similar programs established by law.

The examples of permitted uses and disclosures listed above are not provided as an all inclusive list of the ways in which protected health information may be used. They are provided to describe in general the types of uses and disclosures that may be made.

Other uses and disclosures of protected health information may be made only with the patient's written authorization unless otherwise permitted or required by law. The patient may revoke such authorization at any time by providing written notice to us that they wish to revoke an authorization. We will honor a request to revoke as of the day it is received and to the extent that we have not already used or disclosed protected health information in good faith with the authorization.

Complaints Regarding Privacy Rights

If you believe privacy rights have been violated, you may complain to the Secretary of Health and Human Services or you may file a complaint with us. Address your complaint to HIPAA Privacy Officer, 228 South St., Mt. Gilead, OH 43338. You will not be retaliated against by us for filing a complaint.

Contact Us

For further information regarding any matter covered by this notice, contact Julie Blankenship, Executive Director, 228 South St, Mount Gilead, OH 43338, email: Julie.blankenship@hospicemorrowcounty.org or call (419) 946-9822.

Effective Date

This notice became effective on April 14, 2003.

