

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 carefully.

Hospice of Larimer County (HLC) may use your health information for purposes of providing you treatment, obtaining payment for your care and conducting health care operations. Your health information may be used or disclosed only after HLC has obtained your written consent. HLC has established a policy to guard against unnecessary disclosure of your health information. The following is a summary of the circumstances under which and purposes for which your health information may be used after you have provided consent:

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YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION

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

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1. **To Provide Treatment.** HLC may use your health information to coordinate care within HLC and with others involved in your care, such as your attending physician, members of HLC interdisciplinary team and other health care professionals who have agreed to assist HLC in coordinating care. *For example*, physicians involved in your care will need information about your symptoms in order to prescribe appropriate medications. HLC also may appropriately disclose your health care information to individuals outside of HLC involved in your care including family members, clergy whom you have designated, pharmacists, suppliers of medical equipment or other health-care professionals that HLC uses in order to coordinate your care.
2. **To Obtain Payment.** HLC may include your health information in invoices to collect payment from third parties for the care you receive from HLC. *For example*, HLC may be required by your health insurer to provide information regarding your health care status so that the insurer will reimburse you or HLC for services provided. HLC 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.
3. **To Conduct Health Care Operations.** HLC may use and disclose health care information for its own operations in order to facilitate the function of the HLC and as necessary to provide quality care to all of HLC's patients. 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
 - Transfers to other facilities, hospitals, hospices
 - 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 HLC
 - Fundraising for the benefit of the HLC and certain marketing activities
 - Contacting airlines, family members, American Red Cross, etc. for emergency travel arrangements
 - Bereavement mailing for family and caregivers
 - Memorial wall at HLC's office and memorial lists.

For example, HLC may use your health information to evaluate its staff performance, combine your health information with other HLC patients in evaluating how to more effectively serve all HLC patients, disclose your health information to HLC staff and contracted personnel for training purposes, use your health information to contact

you as a reminder regarding a visit to you, or contact you or your family as part of general fundraising and community information mailings, and providing bereavement services (unless you tell us you do not want to be contacted).

4. **Inpatient Care Setting.** Hospice Care Center at McKee Hospital: HLC may share your name and room number with McKee Hospital. Please inform us if you do not want your information to be included in the directory.
5. **For Fundraising Activities.** HLC may aggregate patient information like patient age, days of service, etc., for fundraising like United Way. HLC may use your name to contact your family to raise money for HLC.
6. **Federal privacy rules.** Federal rules allow HLC to use or disclose your health information without your consent or authorization. HLC will disclose your health information when it is required to do so by any Federal, State or local law.
 - Prevention or disease control, injury or disability, report disease, injury, vital events such as birth or death and the conduct of public health surveillance, investigations and interventions
 - To 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
 - To notify a person who has been exposed to a communicable disease or who may be at risk of contracting or spreading a disease
 - To State of Colorado for safety issues.
7. **To Report Abuse, Neglect Or Domestic Violence.** HLC is obligated to notify government authorities if HLC believes a patient is the victim of abuse, neglect or domestic violence. HLC will make this disclosure only when specifically required or authorized by law or when the patient wishes to initiate such a disclosure.
8. **To Conduct Health Oversight Activities.** HLC may disclose your health information to a health oversight agency for activities including audits, civil administrative or criminal investigations, inspections, licensure or disciplinary action. HLC, 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.
9. **In Connection With Judicial And Administrative Proceedings.** HLC 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 HLC makes reasonable efforts to either notify you about the request or to obtain an order protecting your health information.
10. **For Law Enforcement Purposes.** HLC 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 HLC has a suspicion that your death was the result of criminal conduct including criminal conduct at HLC.
- In an emergency, in order to report a crime.

11. **To Coroners And Medical Examiners.** HLC is required to provide your information to coroners and medical examiners for purposes of determining your cause of death and for other duties, as authorized by law.
12. **To Funeral Directors.** HLC 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, HLC may disclose necessary healthcare information prior to and in reasonable anticipation, of your death.
13. **For Organ, Eye Or Tissue Donation.** HLC 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.
14. **For Research Purposes.** HLC may, under very select circumstances, use your health information for research. Before HLC discloses any of your health information for such research purposes, the project will be subject to an extensive approval process. HLC will seek your prior permission if any researcher will be granted access to your individually identifiable health information.
15. **In the Event of A Serious Threat To Health Or Safety.** HLC may, consistent with applicable law and ethical standards of conduct, disclose your health information if HLC, 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.
16. **For Specified Government Functions.** In certain circumstances, Federal regulations authorize HLC to use or disclose your health information to facilitate specified government functions. These are related 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.
17. **For Worker's Compensation.** HLC may release your health information for worker's compensation or similar programs.

AUTHORIZATION TO USE OR DISCLOSE HEALTH INFORMATION

Other than is stated above, HLC will not disclose your health information other than with written authorization. If you or your representative authorizes HLC to use or disclose your health information, you may revoke that authorization in writing at any time and may amend your authorization to limit certain types of information exchange.

YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION

You have the following rights regarding your health information that HLC 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 HLC's disclosure of your health information to someone who is involved in your care or the payment of your care. However, HLC is not required to agree to your request. If you wish to make a request for restrictions, please contact **the Compliance and Privacy Officer (CPO)**.
2. **Right to receive confidential communications.** You have the right to request that HLC communicate with you in a certain way. For example, you may ask that the HLC only conduct communications pertaining to your health information with you privately with no other family members present. HLC will not request that you provide any reasons for your request and will attempt to honor your reasonable requests for confidential communications. If HLC cannot meet your care needs and also honor the restriction of information you request, then HLC will discuss how you would like this issue resolved. If you wish to receive confidential communications, please contact the **Compliance and Privacy Officer (CPO)**.
3. **Right to inspect and copy your health information.** You have the right to inspect and obtain a copy of your health information, including billing records. A request to inspect and copy records containing your health information may be made to the **CPO**. If you request a copy of your health information, HLC may charge a reasonable fee for copying and assembling costs associated with your request. HLC follows state guidelines on assessing such fees.
4. **Right to amend health care information.** If you or your representative believes that your health information records are incorrect or incomplete, you may request that HLC amend its records. That request may be made as long as the information is maintained by HLC. A request for an amendment of records must be made in writing to the **CPO**. HLC may deny the request if it is not in writing or does not include an appropriate reason for the amendment. The request also may be denied if your health information records were not created by HLC, if the records you are requesting are not part of HLC'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 HLC, the records containing your health information 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 HLC for any reason other than for treatment, payment or health operations. The request for an accounting must be made in writing to the **CPO**. The request should specify the time period for the requested accounting of records. Accounting requests may not be made for periods of time in excess of six years. HLC 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 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 **CPO**. *The HLC patient or legal representative may also obtain a copy of the current version of the HLC's Notice of privacy practices at its website, www.hlchospice.org/privacy.*

DUTIES OF HLC

HLC 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. HLC is required to abide by terms of this Notice as may be amended from time to time. HLC 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 HLC changes its Privacy Notice, HLC will provide a copy of the revised Notice to you or your appointed representative.

If you or your representative believe that your privacy rights have been violated, you or your personal representative have the right to express complaints to Hospice of Larimer County at 970-663-3500 or to the State of Colorado Home Care Agency at 1-800-842-8826. Any complaints to the HLC should be made in writing to ***Quality and Compliance Officer and/or the Chief Executive Officer at Hospice of Larimer County***. HLC 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

Hospice of Larimer County's contact person for all issues or questions regarding patient privacy and your rights under the Federal privacy standards is:

***Hospice of Larimer County
Quality and Compliance Officer
305 Carpenter Road, Fort Collins, CO 80525
Phone 970.663.3500.***

EFFECTIVE DATE

This Notice is effective March 12, 2003.

Notice revised on October 24, 2005 (agency address change).

Notice revised on August 2, 2006 (position title changes).