

**HOSPICE OF THE WESTERN  
RESERVE, INC.  
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.**

## **APPLICATION OF THIS NOTICE**

In most cases, this Notice will be provided to the patient. Accordingly, throughout this Notice we use the terms “you” and “your” primarily with reference to the patient. In some cases, however, a patient representative such as a parent, guardian, agent under a power of attorney for healthcare, or conservator, will represent the patient. In those situations in which the patient is unable or unwilling to exercise certain patient rights regarding the control of medical information, “you” may pertain to the patient representative.

This notice applies to information and records regarding your health care maintained at Hospice of the Western Reserve (HWR), including medical records and payment information (medical information)

## **WHO MUST COMPLY WITH THIS NOTICE**

This notice describes our organization's practices and that of:

- Any health care professional authorized to enter information into your chart.
- All teams and units of the organization.
- Any member of a volunteer group we allow to help you while you are enrolled in a program within HWR.
- All employees of HWR.

## **USE AND DISCLOSURE OF HEALTH INFORMATION**

HWR may use your health information, information that constitutes protected health information as defined in the Privacy Rule of the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), for purposes of providing you treatment, obtaining payment for your care and conducting health care operations. HWR has established policies 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 AND DISCLOSED:**

**To Provide Treatment** Beginning at the time of admission, we are documenting your care and treatment in your patient record. Typically this record contains your health history, current symptoms, examination and test results, diagnoses, and treatment, and a plan for future care or treatment. This information, often referred to as your medical record serves as a:

- Basis for planning and coordinating your care and treatment.
- Means of communication among the many health professionals who contribute to your care.
- Legal document describing the care you received.
- Means by which you or a third-party payer can verify that you actually received the services billed for.
- A tool in medical and/or hospice education.

- A source of information for public health officials charged with improving the health of the regions they serve.
- A tool to assess the appropriateness and quality of care you received.
- A tool to improve the quality of healthcare and achieve better patient outcomes.

HWR may use your health information to coordinate care within HWR and with others involved in your care, such as your attending physician, members of the HWR transdisciplinary team and other health care professionals who have agreed to assist HWR in coordinating care. For example, physicians involved in your care will need information about your symptoms in order to prescribe appropriate medications.

HWR also may disclose your health care information to individuals outside of HWR involved in your care including family members, clergy who you have designated, pharmacists, suppliers of medical equipment or other health care professionals.

HWR may also disclose your health care information to community services organizations (e.g. Meals on Wheels or the Salvation Army) in order to obtain additional resources to assist you and your family.

We will also provide your physician, other healthcare professionals, or a subsequent healthcare provider with copies of your records to assist them in treating you if we are no longer providing services to you.

We will also contact you by mail or telephone at the address and telephone number given to provide you with additional information or to schedule visits.

**To Obtain Payment** HWR may include your health information in invoices to collect payment from third parties for the care you receive from HWR. This information on or accompanying the bill may include information that identifies you, your, diagnosis, treatment received, medications, and supplies used. For example, HWR may be required by your health insurer to provide information regarding your health care status so that the insurer will reimburse you or HWR. HWR 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 HWR**

may use and disclose health information for its own operations in order to facilitate the function of HWR and as necessary to provide quality care to all of the HWR patients. Health care operations includes such activities as:

- Quality assessment and improvement activities.
- Activities designed to improve health or reduce healthcare 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 of HWR staff.
- Training of non-healthcare 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.
- Fundraising for the benefit of the Hospice.

For example, HWR may use your health information to evaluate its staff performance, combine your health information with other HWR patients in evaluating how to more effectively serve all HWR patients, disclose your health information to HWR staff and contracted personnel for training purposes, and use your health information to contact you as part of general fundraising and community information mailings (unless you tell us you do not want to be contacted).

We provide some services through contracts with business associates. Examples include off-site storage of medical and billing records, billing services, and our attorneys. To protect your health information, however, we require the business associate to appropriately safeguard your information.

HWR may disclose certain information about you including your general health status and where you are in the HWR inpatient/residential facility when people ask for you by name either in person or on the telephone. Please inform us in writing if you do not want your information to be shared.

***Director of Planning and Evaluation/Privacy Officer  
Hospice of the Western Reserve, Inc.  
300 East 185<sup>th</sup> Street  
Cleveland, Ohio 44119***

**For Fundraising Activities** HWR may use information about you including your name, address, phone number and the dates you received care in order to contact you or your family to raise money for HWR. If you do not want HWR to contact you or your family, notify the Chief Development and Communications Officer in writing:

*Chief Development and Communications Officer  
Hospice of the Western Reserve, Inc.  
300 East 185<sup>th</sup> Street  
Cleveland, Ohio 44119*

**Communication with Family** Unless you object, health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care. Please inform us in writing if you do not want your information to be shared as described above. In cases of exception, you will be asked to specify in writing persons you have determined to be unacceptable recipients of your health information.

*Director of Planning and Evaluation/Privacy  
Officer*

*Hospice of the Western Reserve, Inc.*

*300 East 185<sup>th</sup> Street*

*Cleveland, Ohio 44119*

### **When Legally Required**

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

### **When There Are Risks to Public Health**

HWR 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 the conduct of public health surveillance, investigations and 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 their workforce as legally required.

### **To Report Abuse, Neglect Or Domestic**

**Violence** HWR is allowed to notify government authorities if HWR believes a patient is the victim of abuse, neglect or domestic violence. HWR 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** HWR may disclose your health information to a health oversight agency for activities including audits, civil administrative or criminal investigations, inspections, licensure or disciplinary action. HWR, however, may not disclose your health information if you are the subject of an investigation and your health information are not directly related to your receipt of health care or public benefits.

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

**For Law Enforcement Purposes** As permitted or required by State law, HWR 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.

- When you are the victim of a crime, under certain limited circumstances.
- To a law enforcement official if HWR has a suspicion that your death was the result of criminal conduct including criminal conduct at HWR.
- In an emergency in order to report a crime.

**To Coroners And Medical Examiners** HWR may disclose your health information to coroners and medical examiners for purposes of determining your cause of death or for other duties, as authorized or required by law.

**To Funeral Directors** HWR 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, HWR may disclose your health information prior to and in reasonable anticipation of your death.

**For Organ, Eye Or Tissue Donation** HWR 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.

**For Research Purposes** HWR may, under very select circumstances, use your health information for research. Before HWR discloses any of your health information for such research purposes, the project will be subject to an approval process.

**In the Event of A Serious Threat To Health Or Safety** HWR may, consistent with applicable law and ethical standards of conduct, disclose your health information if HWR, 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 HWR staff, or of the public.

**For Specified Government Functions** In certain circumstances, the Federal regulations authorize HWR 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. This also includes disclosure of your health information to Department of Health and Human Services (DHHS) as necessary for them to determine compliance with HIPAA standards.

**For Worker's Compensation** HWR may release your health information for worker's compensation or similar programs established by law.

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

Other than is stated above, HWR will not disclose your health information without 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.

## **YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION**

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

**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 HWR's disclosure of your health information to someone who is involved in your care or the payment of your care. However, the hospice is not required to agree to your request. If you wish to make a request for restrictions, please contact the Director of Planning and Evaluation/Privacy Officer, Hospice of the Western Reserve, 300 East 185<sup>th</sup> Street, Cleveland, Ohio, 44119.

**Right to receive confidential communications** You have the right to request that the hospice communicate with you in a certain way. 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. If you wish to receive confidential communications, please contact the Director of Planning and Evaluation/Privacy Officer, Hospice of the Western Reserve, 300 East 185<sup>th</sup> Street,

Cleveland, Ohio, 44119. HWR will not request that you provide any reasons for your request and will attempt to honor your reasonable requests for confidential communications.

**Right 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 Planning and Evaluation/Privacy Officer, Hospice of the Western Reserve, 300 East 185<sup>th</sup> Street, Cleveland, Ohio, 44119. If you request a copy of your health information, HWR may charge a reasonable fee for copying and assembling costs associated with your request.

**Right to amend health care information** You or your representatives have the right to request that HWR 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 HWR. A request for an amendment of records must be made in writing to the Director of Planning and Evaluation/Privacy Officer, Hospice of the Western Reserve, 300 East 185<sup>th</sup> Street, Cleveland, Ohio, 44119.

HWR 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 HWR, if the records you are requesting are not part of the HWR 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 HWR, the records containing your health information are accurate and complete.

**Right to an accounting** You or your representative have the right to request an accounting of disclosures of your health information made by HWR 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 Director of Planning and Evaluation/Privacy Officer, Hospice of the Western Reserve, 300 East 185<sup>th</sup> Street, Cleveland, Ohio, 44119. The request should specify the time period for the accounting starting on or after April 14, 2003. Accounting requests may not be made for periods of time in excess of six (6) years. HWR 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. Requests will be acted upon within 60 days.

**Right to a paper copy of this notice.** You or your representatives 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 Planning and Evaluation/Privacy Officer, Hospice of the Western Reserve, 300 East 185<sup>th</sup> Street, Cleveland, Ohio, 44119.

*The patient or a patient's representative may also obtain a copy of the current version of the Hospice's Notice of Privacy Practices at its website, [www.hospicewr.org](http://www.hospicewr.org).*

## **DUTIES OF THE HOSPICE**

HWR 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. HWR is required to abide by the terms of this notice as may be amended from time to time. HWR 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 HWR changes its notice, HWR will provide a copy of the revised notice to you or your appointed representative. You or your personal representative has the right to express complaints to:

HWR and to the Secretary of DHHS 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 Director of Planning and Evaluation/Privacy Officer, Hospice of the Western Reserve, 300 East 185<sup>th</sup> Street, Cleveland, Ohio, 44119.

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**

HWR has designated the Director of Planning and Evaluation/Privacy Officer as its contact person for all issues regarding patient privacy and your rights under the Federal privacy standards. You may contact this person at:

Hospice of the Western Reserve, 300 East 185<sup>th</sup> Street, Cleveland, Ohio, 44119, 216-383-3745.

## **EFFECTIVE DATE**

This Notice is effective April 14, 2003.

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

*Director of Planning and Evaluation/Privacy Officer  
Hospice of the Western Reserve, Inc.  
300 East 185<sup>th</sup> Street  
Cleveland, Ohio 44119  
216-383-3745*

# NOTES