



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.

Hospice of Marshall County, Inc., d.b.a. Shepherd's Cove Hospice (SCH) 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, for purposes of providing you treatment, obtaining payment for your care and conducting health care operations. SCH 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

SCH may use your health information to coordinate care within SCH and with others involved in your care, such as your attending physician, members of the SCH interdisciplinary team, including volunteers, and other health care professionals who have agreed to assist SCH in coordinating care. For example, physicians involved in your care will need information about your symptoms in order to prescribe appropriate medications. SCH also may disclose your health care information to individuals outside of SCH involved in your care including family members, friends or clergy whom you have designated, pharmacists, suppliers of medical equipment or other health care professionals. In addition, SCH may provide information on your behalf to community resources, such as utility providers, for provision of necessary services.

To Obtain Payment

SCH may include your health information in invoices to collect payment from third parties, such as Medicare or Blue Cross, for the care you receive. For example, SCH may be required by your health insurer to provide information regarding your health care status so that the insurer will pay benefits under your health plan. SCH also may need to obtain prior approval from your insurer for hospice enrollment 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

SCH may use and disclose health information for its own operations in order to facilitate the function of SCH and as necessary to provide quality care to all of SCH'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 SCH.

For Appointment Reminders or Coordination

SCH may use and disclose your health information to contact you as a reminder or to coordinate an appointment for a home visit or counseling.

For Treatment Alternatives

SCH 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.

YOU WILL BE ASKED TO SIGN A RELEASE FOR SCH TO USE YOUR INFORMATION FOR THE FOLLOWING:

SCH Education

For example SCH may use your health information to evaluate the performance of its staff, or combine your health information with that of other hospice patients in evaluating how to more effectively serve all hospice patients. SCH provides a training environment to students of area nursing, medical, and social worker schools who would be given access to patient information for learning purposes.

For Fundraising Activities

SCH 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 SCH. If you do not want SCH to contact you or your family, notify the Privacy Official.

SCH will also offer you a opt out option for these communications.

THE FOLLOWING ARE PRACTICES COMMON TO HOSPICE OPERATIONS FROM WHICH YOU HAVE THE OPTION OF BEING EXCLUDED:

Hospice Remembrance Event

SCH practices include an opportunity of remembrance at our annual Lights of Love annual event held in December. This is a time for families served to reflect and remember their loved one in SCH's chapel as well as have their loved ones name, along with others, scrolling and announced in a public area during the Lights of Love event. You may request that your (the patient's) or your loved one's name (if you are the next of kin) not be included in the roll-call by notifying the Privacy Official or completing and returning the form which will be provided to you at the appropriate time.

Hospice Donations

SCH may publish newsletters in which the names of persons making donations as well as the names of those being honored or remembered, including hospice patients, may be listed. The newsletter may be mailed to all staff, volunteers, SCH supporters, and those listed. You may request that your (the patient's) or your loved one's name (if you are the next of kin) not be listed in this fashion by notifying the Privacy Official.

THE FOLLOWING DISCLOSURES ARE ALSO REQUIRED OR OTHERWISE PERMITTED:

When Legally Required

SCH 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

SCH 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 the workforce as legally required.

To Report Abuse, Neglect, Or Domestic Violence

SCH is mandated to notify government authorities if SCH believes a patient is the victim of abuse, neglect or domestic violence. SCH will make this disclosure only when specifically required or authorized by law or when the patient agrees to the disclosure. Only the minimum amount of information necessary will be disclosed.

To Conduct Health Oversight Activities

SCH may disclose your health information to a health oversight officer, such as the Medicare surveyor for the Alabama Board of Health, for activities including audits, civil administrative or criminal investigations, inspections, licensure or disciplinary action. SCH, 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.

In Connection With Judicial And Administrative Proceedings

SCH 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 SCH 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, SCH 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 SCH has a suspicion that your death was the result of criminal conduct including criminal conduct at SCH.

- In an emergency in order to report a crime.

To Coroners And Medical Examiners

SCH 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.

To Funeral Directors

SCH may disclose your health information to funeral directors consistent with applicable law and as necessary to carry out their duties with respect to your funeral arrangements. If necessary to carry out their duties, SCH may disclose your health information prior to and in reasonable anticipation of your death.

For Organ, Eye Or Tissue Donation

SCH 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 which you or your representative request.

In the Event of A Serious Threat To Health Or Safety

SCH may, consistent with applicable law and ethical standards of conduct, disclose your health information if SCH, 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.

For Specified Government Functions

In certain circumstances, the Federal regulations authorize SCH 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.

For Worker's Compensation

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

AUTHORIZATION TO USE OR DISCLOSE HEALTH INFORMATION

Other than as stated above, SCH will not disclose your health information other than with your written authorization. You or your representative may revoke an authorization in writing at any time except to the extent action has already been taken on its authority.

YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION

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 SCH 's disclosure of your health information to someone who is involved in your care or the payment of your care. If SCH agrees to the restriction, it must abide by it with only certain exemptions. If you wish to make a request for restrictions, please contact the Privacy Official.

Right to receive confidential communications

You have the right to request that SCH communicate with you in a certain way. For example, you may ask that SCH only communicate with you in private, by calling a certain number, or at an alternate mailing address. If you wish to receive confidential communications, please contact the

Privacy Official. SCH will not request that you provide any reasons for your request and will attempt to honor 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 Privacy Official. If you request a copy of your health information, SCH may charge a reasonable fee for copying and assembling costs associated with your request.

Right to amend health care information

You or your authorized representative have the right to request that SCH 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 SCH. A request for an amendment of records must be made in writing to the Privacy Official. SCH 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 SCH, if the records you are requesting are not part of SCH'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 SCH, the records containing your health information are accurate and complete.

Right to an accounting

You or your authorized representative have the right to request an accounting of disclosures of your health information made by SCH 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 Privacy Official. 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. SCH 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.

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 Privacy Official. A copy of the current version of SCH's Notice of Privacy Practices may also be obtained at its website, <http://www.shepherdscovehospice.org>.

Right to lodge a complaint

You or your personal representative have the right to express complaints to SCH and to the Secretary of DHHS if you or your representative believe that your privacy rights have been violated. Any complaints to SCH should be made in writing to the Privacy Official. SCH 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.

Breach Notification

Should your information be leaked to the public, in any form. You will be notified immediately.

SCH 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. SCH is required to abide by the terms of this Notice which may be amended from time to time. SCH 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 SCH changes its Notice, SCH will provide a copy of the revised Notice to you or your appointed representative while actively enrolled in Shepherd's Cove Hospice care.

CONTACT PERSON

Please address all communications pertaining to privacy or to exercise your rights under the law to:

Attn: Privacy Official
Hospice of Marshall County, Inc.
d.b.a. Shepherd's Cove Hospice
408 Martling Road
Albertville, AL 35951

PHONE: (256) 891-7724 or 1-888-334-9336 (toll free)
FAX: (256) 891-7754