



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 Salina, Inc.  
P.O. Box 2238  
Salina, KS 67402-2238

This Notice is effective April 14, 2003.

## Use and Disclosure of Your Health Information

**Hospice of Salina, Inc.** may use and disclose your health information for the purpose of providing you treatment, obtaining payment for your care, conducting health care operations, or as permitted by law. Your health information may be used or disclosed only after Hospice of Salina has obtained your written authorization, or as authorized by state or federal law. Hospice of Salina has established a policy to guard against unnecessary disclosure of your health information. The following is a summary of the circumstances under which your health information may be used and disclosed:

- v **To Provide Treatment.** Hospice of Salina may use your health information to coordinate care and treatment within Hospice of Salina and with others involved in your care and treatment activities, such as: your attending physician, members of Hospice of Salina Interdisciplinary Team consisting of hospice physicians, social workers, chaplains, nurses, home health aides, volunteers, or other health care professionals who have agreed to assist Hospice of Salina in coordinating your care. One example is physicians involved in your care will need information about you to prescribe appropriate medications. Hospice of Salina may disclose your health care information to individuals outside of Hospice of Salina involved in your care and treatment activities including family members, designated clergy, pharmacists, suppliers of medical equipment, or other health care professionals that Hospice of Salina uses to coordinate your care.
- v **To Obtain Payment.** Hospice of Salina may disclose your health information to collect payment from third parties for the care you receive from Hospice of Salina. For example, Hospice of Salina may be required by your health insurer to provide invoices or information regarding your health care status so that the insurer will reimburse you or Hospice of Salina. Hospice of Salina 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. Hospice of Salina may also disclose your health information to a health care provider outside of Hospice of Salina for that health care provider's payment activities.
- v **To Conduct Health Care Operations.** Hospice of Salina may use and disclose your health care information for its own operations in order to facilitate the function of Hospice of Salina and as necessary to provide quality care to all of Hospice of Salina patients. Health care operations include activities such 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, planning-related analyses, and formulary development.
  - ◆ Business management and general administrative activities of Hospice of Salina.
  - ◆ Fundraising for the benefit of Hospice of Salina and certain marketing activities.

Hospice of Salina may disclose your health information to another health care provider for the health care operations of that health care provider if Hospice of Salina and that health care provider has or had a relationship with you. The information disclosed will relate to that relationship and is for very limited purposes as permitted by law.

Hospice of Salina may use your health information to evaluate staff performance, combine your health information 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, 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. Please inform us if you do not want to be contacted.

- v **For Hospice of Salina Directory Purposes and to Family and Friends.** Hospice of Salina may disclose certain information to people inquiring about you by name, including your name, your general health status, your location in our facility or your location while you are under our care, or your religious affiliation. Your religious affiliation will only be provided to members of clergy and clergy do not have to ask for you by name. This information will be maintained in the Hospice of Salina directory. Please inform us if you do not want your information to be given to others.
- v **For Fundraising Activities.** Hospice of Salina may use information about you including your name, address, phone number, and the dates you received care at Hospice of Salina in order to contact you or your family to raise money for Hospice of Salina. Hospice of Salina may also

release this information to a related Hospice foundation. If you do not want Hospice of Salina to contact you or your family, notify the contact person identified at the end of this document and indicate that you do not wish to be contacted.

## Use and Disclosure of Your Protected Health Information without Your Permission

Federal privacy rules allow Hospice of Salina to use or disclose your health information without your permission or authorization for the following reasons:

- v **When Legally Required.** Hospice of Salina will disclose your health information when it is required to do so by any Federal, State, or local law.
- v **When There Are Risks to Public Health.** Hospice of Salina may disclose your health information for public activities and purposes in order to:
  - ◆ Prevent, control, or report disease, injury, or disability, 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 an employer about an individual who is a member of the workforce as legally required.
- v **To Report Abuse, Neglect, or Domestic Violence.** Hospice of Salina is allowed to notify government authorities if Hospice of Salina believes a patient is the victim of abuse, neglect, or domestic violence. Hospice of Salina will make this disclosure only when specifically required or authorized by law, or when the patient agrees to the disclosure.
- v **To Conduct Health Oversight Activities.** Hospice of Salina may disclose your health information to a health oversight agency for activities including audits, civil, administrative, or criminal investigations, inspections, licensure, or disciplinary action. Hospice of Salina, 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.
- v **In Connection With Judicial and Administrative Proceedings.** Hospice of Salina 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 Hospice of Salina makes reasonable efforts to either notify you about the request or to obtain an order protecting your health information or as permitted by law.
- v **For Law Enforcement Purposes.** Hospice of Salina may disclose your health information to an official of the law for law enforcement purposes as follows:
  - ◆ As required by law for reporting certain types of wounds or other physical injuries pursuant to the court order, warrant, subpoena, 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.
  - ◆ If Hospice of Salina has a suspicion that your death was the result of criminal conduct, including criminal conduct at Hospice of Salina.
  - ◆ In an emergency to report a crime.
- v **To Coroners and Medical Examiners.** Hospice of Salina 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.
- v **To Funeral Directors.** Hospice of Salina 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. Hospice of Salina may disclose your health information prior to and in reasonable anticipation of your death.
- v **For Organ, Eye, or Tissue Donation.** Hospice of Salina 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.
- v **For Research Purposes.** Hospice of Salina may, under very select circumstances, use your health information for research. Before Hospice of Salina discloses any of your health information for such research purposes, the project will be subject to an extensive approval process. Hospice of Salina will ask your permission if any researcher will be granted access to your individually identifiable health information.
- v **In the Event of a Serious Threat to Health or Safety.** Hospice of Salina may, consistent with applicable law and ethical standards of conduct, disclose your health information if Hospice of Salina, 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.
- v **For Specified Government Functions.** In certain circumstances, Federal regulations authorize Hospice of Salina 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.
- v **For Worker's Compensation.** Hospice of Salina may release your health information for worker's compensation or similar programs.

## Authorization to Use or Disclose Health Information

Other than what is stated above, Hospice of Salina will not disclose your health information without your written authorization. If you, or your representative, authorize Hospice of Salina 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 Hospice of Salina maintains:

- v **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 disclosures of your health information to those who are involved in your care or the payment of your care. However, Hospice of Salina is not required to agree to your request. If you do not want certain information shared with others, you must make a request for a restriction. If you wish to make a request for restrictions, please contact the person listed at the end of this document.
- v **Right to Receive Confidential Communications by Alternative Means or Location.** You have the right to request that Hospice of Salina communicate with you confidentially. For example, you may ask that Hospice of Salina only conduct communications pertaining to your health information with you privately, with no other family members present. If you wish to receive confidential communications, notify the contact person listed at the end of this document.

Hospice of Salina will not request that you provide any reasons for your request, and will attempt to honor your reasonable requests for confidential communications.

- v **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, maintained in your designated record set. A request to inspect and copy records containing your health information may be made to the contact person listed at the end of this document. If you request a copy of your health information, Hospice of Salina may charge a reasonable fee for copying and assembling your health records. In certain circumstances, we may deny your request to inspect and obtain a copy of your records.
- v **Right to Amend Health Care Information.** If you, or your representative, believe that your health information records are incorrect or incomplete, you may request that Hospice of Salina amend the records. That request may be made as long as the information is maintained by Hospice of Salina. A request for an amendment of records must be made in writing to the contact person listed at the end of this document. Hospice of Salina may deny the request if it is not in writing or does not include a reason for the amendment. The request may also be denied if your health information records were not created by Hospice of Salina, if the records you are requesting are not part of Hospice of Salina'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 Hospice of Salina, the records containing your health information are accurate and complete.
- v **Right to An Accounting.** You, or your representative, have the right to request an accounting of disclosures of your health information made by Hospice of Salina for any reason other than for treatment, payment, or health operations. The request for an accounting must be made in writing to the contact person listed at the end of this document. The request should specify the time period for the accounting starting on April 14, 2003. Accounting requests may not be made for periods of time in excess of six years. Hospice of Salina 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. This accounting will contain only the information as required by law.
- v **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 our contact person listed at the end of this document.

## Duties of Hospice of Salina

Hospice of Salina 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. Hospice of Salina is required to abide by terms of this Notice, as may be amended from time to time. Hospice of Salina 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 Hospice of Salina changes its Notice, Hospice of Salina will provide a copy of the revised Notice to you or your appointed representative if you request a copy. A copy of our current notice is also posted in each of our operating facilities. You, or your personal representative, have the right to express complaints to Hospice of Salina and to the Secretary of Health and Human Services if you, or your representative, believe that your privacy rights have been violated. Any complaints to Hospice of Salina should be made in writing to our contact person identified at the end of this document. Hospice of Salina 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.

- v **CONTACT PERSON:** Hospice of Salina's contact person for all issues regarding patient privacy and your rights under the Federal Privacy Standards is the Privacy Official (or designee) at (785) 825-1717.

