



Hospice of Salina, Inc.

P.O. Box 2238 ♦ Salina, KS 67402-2238

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YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION

You have the following rights regarding your health information that Hospice of Salina 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 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.
- **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.
- **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.
- **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.
- **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.
- **Right to a Paper Copy of The Notice of Privacy Practices.** 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.