



NOTICE OF PRIVACY PRACTICES

This notice describes how your medical information may be used and disclosed by VNA Hospice Care, and how you can access your health information. Please review it carefully.

USE AND DISCLOSURE OF HEALTH INFORMATION:

VNA Hospice Care (VNAHC) may use your health information (i.e., 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. VNAHC has established policies to guard against unnecessary disclosure of your health information.

The following is a summary of the circumstances under which, and the purposes for which your health information may be used and/or disclosed by VNAHC:

TO PROVIDE TREATMENT:

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

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

TO OBTAIN PAYMENT:

VNAHC may include your health information in invoices to collect payment from third parties for the care you receive from us. For example, VNAHC may be required by your health insurer to provide information regarding your health care status so that the insurer will reimburse you or VNAHC. We 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:

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

- Performing Quality Assessment and Performance Improvement activities;
- Designing activities to improve health care or reduce health care costs;
- Developing protocols for case management and care coordination;
- Contacting health care providers and patients with information about treatment options, and other related functions that may not include treatment;
- Performing professional reviews and performance evaluations of our staff;
- Conducting training programs, including those in which students, trainees or health care practitioners learn under supervision;
- Training of non-health care professionals;

- Performing accreditation, certification, licensing or credentialing activities;
- Conducting reviews and audits, including compliance reviews, medical record reviews, legal services and compliance programs; and
- Performing business planning and development activities, including cost management, planning-related analyses, formulary development, business management, and general administrative activities of VNAHC.

For example VNAHC may use your health information to evaluate staff performance, combine your health information with other patients in evaluating how to more effectively serve all hospice patients, disclose your health information to VNAHC staff and contracted personnel for training purposes, or use your health information to contact you as a reminder regarding a visit to you.

The following is a summary of the circumstances under which and purposes for which your health information may also be used and disclosed.

WHEN LEGALLY REQUIRED:

VNAHC 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:

VNAHC may disclose your health information for public activities and purposes in order to:

- Prevent or control disease, injury or disability; report disease, injury, and vital events such as birth or death; and the conduct of public health surveillance, investigations and interventions.
- Report adverse events and 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:

VNAHC is mandated by the Massachusetts Department of Public Health to notify government authorities if we believe a patient is the victim of abuse, neglect or domestic violence. VNAHC 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:

VNAHC may disclose your health information to a health oversight organization for activities including audits, civil administrative or criminal investigations, inspections, licensure or disciplinary action. VNAHC, 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:

VNAHC 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 VNAHC 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, VNAHC may disclose your health information to a law enforcement official for certain 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;
- To a law enforcement official, if VNAHC has a suspicion that your death was the result of criminal conduct including criminal conduct by VNAHC; and
- In an emergency in order to report a crime.

To CORONERS AND MEDICAL EXAMINERS:

VNAHC 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:

VNAHC 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, VNAHC staff may disclose your health information prior to, and in reasonable anticipation of your death.

FOR ORGAN, EYE OR TISSUE DONATION:

As directed by you or your authorized representative, VNAHC 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:

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

IN THE EVENT OF A SERIOUS THREAT TO HEALTH OR SAFETY:

VNAHC may, consistent with applicable law and ethical standards of conduct, disclose your health information if our agency, 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, Federal regulations authorize VNAHC 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:

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

AUTHORIZATION TO USE OR DISCLOSE HEALTH INFORMATION:

Other than is stated above, VNAHC will not disclose your health information without your written authorization. If you (or your representative) authorize VNAHC 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 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 VNAHC's disclosure of your health information to someone who is involved in your care or the payment of your care. However, VNAHC is not required to agree to your request. To request a restriction, you may do so at any time in writing to the VNAHC Privacy Officer.

RIGHT TO RECEIVE CONFIDENTIAL COMMUNICATIONS:

You have the right to request that VNAHC communicate with you in a certain way. For example, you may ask that VNAHC 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 do so in writing to the VNAHC Privacy Officer. VNAHC 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 in writing to the VNAHC Privacy Officer. Your request should state specifically what medical information you want to inspect or copy. If you request a copy of your health information, VNAHC may charge a reasonable fee for copying and assembling costs associated with your request.

RIGHT TO AMEND HEALTH CARE INFORMATION:

You (or your representative) have the right to request that VNAHC amend your records, if you believe that your health information is incorrect or incomplete. That request may be made as long as the information was created and is maintained by VNAHC. A request for an amendment of records must be made in writing to the Privacy Officer. VNAHC may deny the request if it is not in writing, or if it does not include a reason for the amendment. The request also may be denied if your health information records were not created by VNAHC, if the records you are requesting are not part of Hospice'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 VNAHC, 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 VNAHC 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 VNAHC Privacy Officer. 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 seven (7) years. VNAHC 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.

RIGHT TO A PAPER COPY OF THIS NOTICE:

You or your representative have a right to request a separate paper copy of this *Notice of Privacy Practices* at any time, even if you or your representative have received this Notice previously. To obtain a separate paper copy, please contact the VNAHC Privacy Officer. You may also obtain a copy of the current version of VNAHC's *Notice of Privacy Practices* on VNAHC's website at www.hospicecarema.org.

DUTIES OF VNA HOSPICE CARE:

VNAHC is required by law to maintain the privacy of your health information, and to provide to you and/or your representative this Notice of its duties and privacy practices. VNAHC is required to abide by the terms of this Notice as may be amended from time to time. VNAHC 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 VNAHC changes its Notice, the agency will provide a copy of the revised Notice to you or your appointed representative. You or your personal representative have the right to express complaints to VNAHC, and to the Secretary of DHHS, if you or your representative believe that your privacy rights have been violated. Any complaints to VNAHC should be made in writing to the Privacy Officer. VNAHC 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:

VNA Hospice Care has designated the Privacy Officer as the contact person for all issues regarding patient privacy and your rights under the Federal privacy standards. You may contact this person at:

VNA Hospice Care
100 TradeCenter, G-500
Woburn, MA 01801
781-569-2888

EFFECTIVE DATE:

This Notice is effective April 14, 2003.

To file a complaint with the United States Secretary of Health & Human Services, send your complaint to:

Office of Civil Rights
United States Department of Health & Human Services
200 Independence Avenue, SW
Washington, D.C. 20201