



## Notice of Hospice 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.**

### **Use and Disclosure of Health Information**

**Walla Walla Community Hospice** is required by law to maintain the privacy of your health information, to provide to you (or your representative) this Notice of our duties and privacy practices, and to notify you (or your representative) following a breach of your unsecured health information. Walla Walla Community Hospice is required to abide by the terms of this Notice as may be amended from time to time. Walla Walla Community Hospice has the right to change the terms of our Notice. Any revisions to this Notice will be effective for all health information that Walla Walla Community Hospice created or maintained in the past, and for any records Walla Walla Community Hospice may create or maintain in the future. You may request a copy of the current notice by calling Walla Walla Community Hospice at (509) 525-5561. Walla Walla Community Hospice also will post a copy of the current Notice on our website, [www.wwhospice.org](http://www.wwhospice.org).

**The following is a summary of the circumstances under which and purposes for which Walla Walla Community Hospice may use or disclose your health information:**

**To Provide Treatment.** Walla Walla Community Hospice may use your health information to treat you and coordinate care within Walla Walla Community Hospice. For example, your attending physician or members of the Walla Walla Community Hospice interdisciplinary team may use information about your symptoms in order to prescribe appropriate medications. Walla Walla Community Hospice also may disclose your health information to individuals outside of Walla Walla Community Hospice 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.** Walla Walla Community Hospice may use or disclose your health information in order to bill or collect payment for services and items you receive from Walla Walla Community Hospice. For example, Walla Walla Community Hospice may be required by your health insurer to provide information regarding your health care status so that the insurer will reimburse you or Walla Walla Community Hospice. Walla Walla Community Hospice 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 are provided to you.

**To Conduct Health Care Operations.** Walla Walla Community Hospice may use or disclose your health information for our own operations and as necessary to provide quality care to all of Walla Walla Community Hospice's patients. For example, Walla Walla Community Hospice may use your health information to evaluate our staff performance, combine your health information with other Walla Walla Community Hospice patients to evaluate how to more effectively serve all Hospice patients, disclose your health information to Walla Walla Community Hospice staff and contracted personnel for training purposes, or use your health information to contact you or your family as part of general information mailings. Walla Walla Community Hospice also may disclose your health information to a health

oversight agency performing activities authorized by law, such as investigations or audits. These agencies include governmental agencies that oversee the health care system, government benefit programs, and organizations subject to government regulation and civil rights laws. In addition, Walla Walla Community Hospice may disclose your health information to another health care provider subject to Federal privacy protection laws, as long as the provider has or has had a relationship with you and the health information is for that provider's health care operations.

**For Hospice Communications.** Walla Walla Community Hospice may contact you, your primary caregiver, or your family through mailing information such as newsletters or annual reports or fundraising literature to seek your authorization to use your name or your family's name in promotional publications or broadcasts, or in connection with certain events.

**For Fundraising.** In support of our charitable mission, Walla Walla Community Hospice may use certain health information about you (*e.g.*, demographic information, dates of health care provided, attending physician, outcome information and health insurance status) to contact you or your family to raise money for Walla Walla Community Hospice. Walla Walla Community Hospice may also release this information to an organizationally-related foundation for the same purpose. You may choose to "opt-out" of receiving these fundraising communications by notifying Walla Walla Community Hospice that you do not wish to be contacted by calling (509) 525-5561.

**For Appointment Reminders.** Walla Walla Community Hospice may use or disclose your health information to contact you to remind you that you have an appointment.

**To Inform You About Information That May be of Interest to You.** Walla Walla Community Hospice may use and disclose your health information to tell you about or recommend possible options or alternatives for your care, or to inform you of other health care information that may be of interest to you.

**Release of Information to Family/Friends.** Unless you specifically request in writing that Walla Walla Community Hospice not communicate with such person(s), Walla Walla Community Hospice may release your health information to a family member or friend who is involved in your treatment or who is helping you pay for your care.

**Business Associates.** Walla Walla Community Hospice may disclose your health information to our business associates that perform functions on our behalf or provide it with services if the information is necessary for them to provide such functions or services. Walla Walla Community Hospice requires our business associates to agree in writing to protect to privacy of your health information and to use and disclose your health information only as specified in that written agreement.

**The following is a summary of the circumstances under which and purposes for which Walla Walla Community Hospice may use or disclose your health information without your consent or authorization:**

**When Legally Required.** Walla Walla Community Hospice will disclose your health information to the extent that it is required to do so by any Federal, State, or local law.

**When There Are Risks to Public Health.** Walla Walla Community Hospice 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 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 Walla Walla Community Hospice workforce member, as legally required.

**To Report Abuse, Neglect or Domestic Violence.** Walla Walla Community Hospice is allowed to notify government authorities if Walla Walla Community Hospice reasonably believes a patient is the victim of abuse, neglect or domestic violence. Walla Walla Community Hospice shall make this disclosure only when specifically required or authorized by law or when you authorize the disclosure.

**To Conduct Health Oversight Activities.** Walla Walla Community Hospice may disclose your health information to a health oversight agency or other organization for activities including audits, civil administrative or criminal investigations, inspections, licensure or disciplinary action. If you are the subject of a health oversight agency investigation, Walla Walla Community Hospice may disclose your health information only if it is directly related to your receipt of health care or public benefits.

**In Connection with Judicial and Administrative Proceedings.** Walla Walla Community Hospice 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. Under certain conditions, Walla Walla Community Hospice also may disclose your health information in response to a subpoena, discovery request or other lawful process.

**For Law Enforcement Purposes.** As permitted or required by State law, Walla Walla Community Hospice 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 a 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 Walla Walla Community Hospice has a suspicion that your death was the result of criminal conduct.
- To a law enforcement official if Walla Walla Community Hospice believes the information constitutes evidence of criminal conduct that occurred at Walla Walla Community Hospice.
- In an emergency in order to report a crime.

**To Coroners and Medical Examiners.** Walla Walla Community Hospice 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.** Consistent with applicable law, and if necessary to carry out their duties with respect to your funeral arrangements, Walla Walla Community Hospice may disclose your health information to funeral directors prior to and in reasonable anticipation of, or following, your death.

**For Organ, Eye or Tissue Donation.** Walla Walla Community Hospice 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.** Walla Walla Community Hospice may, under very select circumstances, use your health information for research. Before Walla Walla Community Hospice discloses any of your health information for such research purposes, the project shall be subject to an extensive approval process.

**In the Event of a Serious Threat to Health or Safety.** Walla Walla Community Hospice may, consistent with applicable law and ethical standards of conduct, disclose your health information if Walla Walla Community Hospice, 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 Walla Walla Community Hospice 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, correctional institutions, and other law enforcement custodial situations.

**For Worker's Compensation.** Walla Walla Community Hospice may release your health information for worker's compensation or similar programs.

### **Authorization to Use or Disclose Health Information**

Other than is stated above, Walla Walla Community Hospice will not use or disclose your health information other than with your written authorization. If you (or your representative) authorize Walla Walla Community Hospice to use or disclose your health information, you (or your representative) may revoke (*i.e.*, take back) that authorization at any time. Your revocation must be in writing. If you (or your representative) revoke your authorization, Walla Walla Community Hospice will no longer use or disclose your health information for the reasons described in the authorization. Your revocation will not, however, stop Walla Walla Community Hospice from any uses or disclosures that were made prior to your revocation.

Your authorization (or the authorization of your representative) is specifically required before Walla Walla Community Hospice: (i) uses or discloses your psychotherapy notes; (ii) uses your health information to make a marketing communication to you for which it receives financial remuneration from a third party, unless such communication is face-to-face or in other limited circumstances; or (iii) discloses your health information in any manner which constitutes the sale of such information under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). Also, some types of health information are particularly sensitive, and the law, with limited exceptions, may require that Walla

Walla Community Hospice obtain your authorization to use or disclose that information. Sensitive information may include information dealing with genetics, HIV/AIDS, mental health, developmental disabilities, and alcohol and substance abuse. If required by law, Walla Walla Community Hospice will ask that you (or your representative) sign an authorization before it uses or discloses such information.

### **Your Rights with Respect to Your Health Information**

You have the following rights regarding your health information that Walla Walla Community Hospice maintains:

- **Right to confidential communications.** You (or your representative) have the right to request that Walla Walla Community Hospice communicate with you about your health and related issues in a particular manner or at a certain location. Such requests shall specify the requested method of contact or the location where you wish to be contacted. For instance, you (or your representative) may ask that Walla Walla Community Hospice contact you on a cellular phone rather than a home phone. You must contact Walla Walla Community Hospice by calling (509) 525-5561 to make a request for confidential communications. Walla Walla Community Hospice will accommodate reasonable requests. You (or your representative) do not need to give a reason for your request.
- **Right to request restrictions.** You (or your representative) have the right to request restrictions on certain uses and disclosures of your health information. You (or your representative) have the right to request a limit on Walla Walla Community Hospice's disclosure of your health information to someone who is involved in your care or the payment of your care. You must contact Walla Walla Community Hospice at by calling (509) 525-5561 to make a request for restrictions. Walla Walla Community Hospice is not required to agree to your request; however, if we do agree, we are bound by that agreement except when otherwise required by law or in emergencies. Except as otherwise required by law, Walla Walla Community Hospice must agree to a restriction request if: (i) the disclosure is to a health plan for purposes of carrying out payment or health care operations (and not for purposes of carrying out treatment); and (ii) the health information pertains solely to a health care item or service for which Walla Walla Community Hospice has been paid out of pocket in full by you or someone else on your behalf (not the health plan). If you self-pay and request a restriction, it will apply only to those health records created on the date that you received the item or service for which you, or another person (other than the health plan) on your behalf, paid in full, and which document the item or service provided on such date.
- **Right to inspect and copy your health information.** You (or your representative) have the right to inspect and copy your health information, including billing records. All requests to inspect and copy records must be made in writing using the appropriate Walla Walla Community Hospice form. The form can be requested by contacting Walla Walla Community Hospice by calling (509) 525-5561. If you (or your representative) request a copy of your health information, Walla Walla Community Hospice will provide you (or your representative) copies of your health information in the format you request unless we cannot practicably do so. Walla Walla Community Hospice may charge a reasonable fee for copying and assembling costs associated with your request. Walla Walla Community Hospice may deny your request to inspect and/or copy your health information in certain limited circumstances. If Walla Walla Community Hospice denies your request, you (or your representative) may request that it provide you with a review of our denial. Reviews will be conducted by a licensed health care professional who Walla Walla Community

Hospice has designated as a reviewing official and who did not participate in the original decision to deny the request.

- **Right to amend health care information.** If you (or your representative) believe that your health information is incorrect or incomplete, you (or your representatives) have the right to request that Walla Walla Community Hospice amend your records. The request may be made so long as Walla Walla Community Hospice still maintains your records and it must include a reason for the amendment. All requests for an amendment of records must be made in writing using the appropriate Walla Walla Community Hospice form. The form can be requested by contacting Walla Walla Community Hospice by calling (509) 525-5561. Walla Walla Community Hospice 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 the requested amendment pertains to health information that was not created by Walla Walla Community Hospice, if the records you are requesting to amend are not part of Walla Walla Community 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 Walla Walla Community Hospice, 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 Walla Walla Community Hospice for certain reasons, including reasons related to public purposes authorized by law and certain research. All requests for an accounting must be made in writing using the appropriate Walla Walla Community Hospice form. The form can be requested by contacting Walla Walla Community Hospice by calling (509) 525-5561. The request should specify the time period for the accounting, which may not be in excess of six (6) years. Walla Walla Community Hospice 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 a separate paper copy of this Notice at any time even if you (or your representative) have received this Notice previously (either in paper or electronic format). To obtain a separate paper copy, please contact Walla Walla Community Hospice. **(A copy of the current version of Walla Walla Community Hospice's Notice of Privacy Practices may also be obtained at our website, [www.wwhospice.org](http://www.wwhospice.org).)**
- **Right to breach notification.** You (or your representative) have the right to be notified of any breach of your unsecured health information. Notification of a breach may be delayed or not provided if so required by a law enforcement official. If you are deceased and there is a breach of your health information, the notice will be provided to your next of kin or personal representative if Walla Walla Community Hospice knows the identity and address of such individual.

## **Questions or Concerns Regarding Your Health Information**

Walla Walla Community Hospice encourages you to ask questions or express any concerns you may have regarding the privacy of your information. Walla Walla Community Hospice has designated the *Chief Executive Officer* as our contact person for all issues regarding patient privacy and your rights under the Federal privacy standards. If you have any questions or feel that your privacy rights as stated in this Notice have been violated, please contact:

*Shelly McDiarmid*  
*Chief Executive Officer*  
*1067 Isaacs Ave.*  
*Walla Walla, WA 99362*  
*(509)525-5561*

## **Complaints**

You (or your representative) have the right to express complaints to Walla Walla Community Hospice or to the Secretary of Health and Human Services if you (or your representative) believe that your privacy rights have been violated. You will not be retaliated against in any way for filing a complaint. Complaints to Walla Walla Community Hospice may be directed to:

*Shelly McDiarmid*  
*Chief Executive Officer*  
*1067 Isaacs Ave.*  
*Walla Walla, WA 99362*  
*(509)525-5561*

## **Effective Date**

This notice is effective September 23, 2013.

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