



THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

MARKETING COMMUNICATIONS OR FUNDRAISING

As a non-profit organization, The Elizabeth Hospice may use information about you including your name, address, phone number and the dates you received care from us, in order to contact you or your family for the purpose of raising awareness about our services or soliciting charitable funds. The Elizabeth Hospice will **not** release this information to any party outside of The Elizabeth Hospice organization. If you do not want the Hospice to contact you or your family for this purpose, notify The Elizabeth Hospice Privacy Officer or send an email to nocontact@ehospice.org and indicate that you do not wish to be contacted.

AUTHORIZATION TO USE OR DISCLOSE 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
- To obtain payment
- To conduct health care operations
- When legally required
- When there are risks to public health
- To report abuse, neglect or domestic violence
- To conduct health oversight activities
- In connection with judicial and administrative proceedings
- For law enforcement purposes
- To Coroners and Medical Examiners
- To Funeral Directors
- For organ, eye or tissue donation
- For research purposes
- In an event of a serious threat to health or safety
- For specified government functions
- For worker's compensation

Other than stated above, the Hospice will not disclose your health information other than with your written authorization. If you or your representative authorizes the Hospice to use or disclose your health information, you may revoke that authorization in writing at any time.

YOUR RIGHTS

You have the following rights regarding your health information maintained by the Hospice:

- **Right to request restrictions** – you have the right to request a limit on the Hospice's disclosure of your health information to someone who is involved in your care or the payment of your care. However, the Hospice is not required to agree to your request, unless your request is for a restriction on a disclosure to a health plan for purposes of payment or healthcare operations and is not for purposes of treatment, and the medical information you are requesting to be restricted from disclosure pertains solely to a healthcare item or service for which you have paid out-of-pocket in full.
- **Right to receive confidential communications** – you have the right to request communications in a certain way, or at a certain location, but you must specify how or where you wish to be contacted.



- **Right to inspect and copy your health information** – you have the right to inspect and copy your health information, including billing records. If you request a copy of your health information, the Hospice may charge a reasonable fee for copying and assembling costs associated with your request.
- **Right to amend health care information** – you or your representative has the right to request that the Hospice amend your records, if you believe that your health information is incorrect or incomplete. The Hospice may deny the request if it is not in writing, does not include a reason for the amendment, or the records were not created by the Hospice.
- **Right to an accounting** – you or your representative have the right to request an accounting of disclosures of your health information made by the Hospice for certain reasons, including reasons related to public purposes authorized by law and certain research. The request for accounting must be made in writing to the 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 six (6) years. The Hospice will provide the first accounting you request during any 12-month period without charge. Subsequent accounting requests may be subject a reasonable cost-based fee.
- **Right to a paper copy of this notice** – A copy of this notice will be provided at the time of admission. You or your representative may also obtain a copy of the current version of the Hospice’s Notice of Privacy Practices at its website www.elizabethhospice.org.

REQUIREMENTS REGARDING THIS NOTICE

The Hospice is required by law to maintain the privacy of your health information and to provide to you or your representative this Notice of its duties and privacy practices. The Hospice is required to abide by the terms of this Notice as may be amended from time-to-time. The Hospice 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 the Hospice changes its Notice, the Hospice will provide a copy of the revised Notice to you or your representative.

COMPLAINTS

You or your representative have the right to express complaints to the Hospice and to the Office of Civil Rights (<https://www.hhs.gov/hipaa/filing-a-complaint/index.html>) if you or your representative believe that your privacy rights have been violated. To mail a complaint, write to: Office for Civil Rights-DHHS, 90 7th St., Ste. 4-100, San Francisco, CA 94103.

Any complaints to the Hospice should be made in writing to the Privacy Official. The Hospice 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.

The Hospice has designated the Privacy Official as its contact person for all issues regarding patient privacy and your rights under the Federal privacy standards. You may contact this person at: The Elizabeth Hospice, 500 La Terraza Blvd., STE. 130, Escondido, CA 92025. Phone: 1.800.797.2050.

EFFECTIVE DATE

This Notice is effective March 2018