Center For Compassionate Care
of The Elizabeth Hospice

Notice of Privacy Practices

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

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.
- For Research Purposes.
- In the Event of a Serious Threat To Health or Safety.
- For Specified Government Functions.
- For Worker's Compensation

For Fundraising Activities. The hospice may use information about you including your name, address, phone number and the dates you received care in order to contact you or your family to raise money for the hospice. Hospice may also release this information to a related Hospice Foundation.

Authorization to use or disclose health information. Other than is 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 with respect to your health information. You have the following rights regarding your health information that the hospice maintains:

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 representatives have 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 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 an accounting must be made in writing to the Director of Clinical Operations. 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 would provide the first accounting requests may be subject to a reasonable cost-based fee.

Right to a paper copy of this notice. You or your representative may obtain a copy of the current version of the hospice's Notice of Privacy Practices at its website.

Requirements regarding this notice. The hospice 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. 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 appointed representative.

Complaints. You or your personal representative has the right to express complaints to the hospice and to the Secretary of DHHS (dhhs.gov) if you or your representative believes that your privacy rights have been violated. Any complaints to the hospice should be made in writing to the Director of Clinical Operations. 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 complaint.

Contact person. 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 (800) 797-2050.

I certify that I have received a copy of the HIPAA Privacy Practices, and my signature affirms my understanding of the provisions set forth in this document.

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(Print Name) *(Signature)*