



## Hospice of Redmond Notice of 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 read it carefully.

**Understanding the type of information, we have:** We received medical information about you when you begin services with us. It includes your name, date of birth, sex, insurance information and other personal information. We also receive enrollment information from your health insurers and medical information from your other health care providers. When we visit you in your home, we also collect information about your condition, diagnosis and treatment.

**Our Privacy commitment to you:** *We care about your privacy.* The information we collect about you is private. We are required to give you a notice of our privacy practices. Only people who have both the need and the legal right may see your information. Unless you give us permission in writing, we will only disclose your information as listed below:

**Treatment:** We may use or disclose medical information about you to provide and coordinate your health care. For example, we may notify your regular doctor about changes in your health care status.

**Payment:** We may use and disclose information so the care you are given can be properly billed and paid for. For example, we may be required for payment purposes to send your health insurer information that explains physician ordered services we provided for you. If you pay for your Hospice services out of pocket, Hospice agrees to restrict your medical information to your health insurance plan, if so requested.

**Exceptions:** For certain kinds of records, your permission may be needed for release for treatment and/or payment.

**As required by law:** We will release information when we are required by law to do so or for other government functions. Examples of such releases would be for law enforcement or national security purposes, subpoenas or other court orders, communicable disease reporting, disaster relief, review of our activities by government agencies, to avert a serious threat to health or safety or in other kinds of emergencies.

**Public health and safety:** We may use or disclose information about you as required to prevent or reduce a serious threat to the health or safety of a person or the public. For example, we may disclose information about immunizations and certain diseases to public health officials.

**Fundraising:** We engage in fundraising activities; the donations are used to support the mission of the organization. We may contact you and/or your family asking you to consider giving a charitable gift. We would welcome any donation you or your family would like to make. If you do not wish to receive fundraising communications, please notify us and ask to be removed from our contact list.

**Contact:** We may contact you or your family after your discharge from our services for the purpose of obtaining feedback about our services and other information helpful to us as we seek to continue improving the services we provide.

**Family and friends:** We may disclose your information to family members, friends or others that you identify in writing.

**After death:** We may disclose your information as required by coroners or medical examiners and funeral homes after you are deceased.

**With your permission:** Hospice will not sell your health information for marketing or any other purposes without your written permission. If you give us permission in writing, we may use and disclose your personal information for purposes you list. If you give us permission, you have the right to change your mind and revoke it. This must be in writing too. We cannot take back any uses or disclosures already made with your permission.

*Our use and disclosure of your personal health information must comply not only with federal privacy regulations but also with applicable Oregon law. Oregon law provides certain additional protections to your personal health information.*



### Your Privacy Rights:

You have the following rights regarding the health information that we have about you. Your requests must be made in writing to us at: Hospice of Redmond, Executive Director, 732 SW 23<sup>rd</sup>, Redmond, OR 97756

**Your right to inspect and copy:** You have the right to request your health information. Hospice will make every attempt to provide it in the format requested or a mutually agreed upon format. In most cases you have the right to look at or get copies of your health records. You may be charged a fee to cover the cost of copying your records. You may need to make an appointment to look at your records to assure that we will have it available to you.

**Your right to amend:** You may ask us to change your records if you feel that there is a mistake. We can deny your request for certain reasons, but we must give you a written reason for our denial.

**Your right to a list of disclosures:** You have the right to ask for a list of certain disclosures made after April 14, 2003. This list will not include the time that information was disclosed for treatment, payment, or health care operations. The list will not include information provided directly to you or your family, or information that was sent with your permission. It will not include information released without your name or other data that would identify you.

**Your right to request restriction on our use or disclosure information:** You can ask for limits on how your information is used or disclosed. We are not required to agree to such requests but can if we believe it is reasonable to do so.

**Your right to request confidential communications:** You have the right to ask that we share information with you in a certain way or in a certain place. For example, you may ask us to send information to an alternate address instead of your home address. We will do our best to accommodate such a request.

**Changes to this notice:** Hospice reserves the right to change Notice of Patient Privacy at any time due to federal or state law requirements that may change and/or if the Hospice adds greater restrictions to the notice. Any new Notice changes will apply to all Health Information the Hospice manages. All individuals under Hospice care at the time of the Notice change will receive a copy of the new Notice.

**How to use your rights under this notice, file complaint or communicate with us:** If you want to exercise your rights under this notice or if you wish to communicate with us about privacy issues or if you wish to file a complaint, you can call us at 541-548-7483 or write to: Hospice of Redmond/ Sisters, 732 SW 23<sup>rd</sup>, Redmond, OR 97756. You will not be penalized for filing a complaint. If you need assistance in preparing a specific request in writing, we will help you prepare your written request.

**Complaints to the Federal Government:** If you believe that your privacy rights have been violated, you have the right to file a complaint with the Executive Director of Hospice, 732 SW 23<sup>rd</sup>, Redmond, OR 97756 in writing or by phone at 541-548-7483; or the Secretary of Health and Human Services, US Department of Health and Human Services, 200 Independent Ave SW, Washington, DC 20201 or phone 1-877-696-6775. Filing a complaint is your right and there will not be any retaliation if you do so.

**Breach of Health Information:** Hospice and all its business associates must abide by the federal requirements to disclose and risk of data breach of your health information to you. You will be notified of any breach in writing.

For more information contact the Executive Director of Hospice of Redmond at 541-548-7483.

Revised August 2013