COASTAL HOSPICE PRIVACY NOTICE
(HIPAA)

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.

OUR RESPONSIBILITIES

Coastal Hospice takes the privacy of your health information seriously. Coastal Hospice (the "hospice") is required by law to maintain that privacy and to provide you with this Notice of Privacy Practices. This Notice is provided to tell you about our duties and practices with respect to your information. The Hospice is required to abide by the terms of this Notice as are currently in effect.

HOW THE HOSPICE MAY USE AND DISCLOSURE YOUR HEALTH INFORMATION

The following categories describe different ways that the Hospice uses and discloses your health information. For each category, an explanation of the category is provided, in some cases with examples. Not every use or disclosure in a category will be listed. However, all of the ways the Hospice is permitted to use and disclose your health information will fall into one of these categories.

Treatment. The Hospice may use and disclose your health information to coordinate care within the Hospice and with others involved in your care, such as your attending physician, members of the Hospice interdisciplinary team and other health care professionals who have agreed to assist the Hospice in coordinating care. For example, the Hospice may disclose your health information to a physician involved in your care who needs information about your symptoms to prescribe appropriate medications. The Hospice also may disclose health information about you to individuals outside of the Hospice involved in your care, including family members, other relatives, close personal friends, pharmacists, suppliers of medical equipment or other health care professionals.

Payment. The Hospice may use and disclose your health information to receive payment for the care you receive from the Hospice. For example, the Hospice may be required by your health insurer to provide information regarding your health care status, your need for care and the care that the Hospice intends to provide to you so that the insurer will reimburse you or the Hospice.

Health Care Operations. The Hospice may use and disclose health information for its own operations to facilitate the functioning of the Hospice and as necessary to provide quality care to all of the Hospice's patients. Health care operations include such activities as:

- Quality assessment and improvement activities.

- Activities designed to improve health or reduce health care costs.
- Protocol development, case management and care coordination.
- Contacting health care providers and patients with information about treatment alternatives and other related functions that do not include treatment.
- Professional review and performance evaluation.
- Training programs, including those in which students, trainees or practitioners in health care learn under supervision.
- Training of non-health care professionals.
- Accreditation, certification, licensing or credentialing activities.
- Review and auditing, including compliance reviews, medical reviews, legal services and compliance programs.
- Business planning and development, including cost management and planning related analyses and formulary development.
- Business management and general administrative activities of the Hospice.

For example the Hospice may use your health information to evaluate its performance, combine your health information with other Hospice patients in evaluating how to more effectively serve all Hospice patients, disclose your health information to members of the Hospice workforce for training purposes, use your health information to contact you as a reminder regarding a visit to you, or contact you as part of general fundraising and community information mailings (unless you tell us you do not want to be contacted).

Facility Directory. The Hospice may disclose certain information about you, including your name, your general health status, your religious affiliation and where you are in the Hospice's facility, in a Hospice directory while you are in the Hospice inpatient facility. The Hospice may disclose this information to people who ask for you by name. Please inform us if you do not want your information to be included in the directory.

Appointment Reminders. The Hospice may use and disclose your health information to contact you as a reminder that you have an appointment for a home visit.

Treatment Alternatives. The Hospice may use and disclose your health information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

As Required by Law. The Hospice will disclose your health information when it is required to do so by any Federal, State or local law.

Public Health Risks. The 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 birth or 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 member of the employer's workforce in certain limited situations, as authorized by law.

Abuse, Neglect Or Domestic Violence. The Hospice is allowed to notify government authorities if the Hospice believes a patient is the victim of abuse, neglect or domestic violence. The Hospice will make this disclosure only when specifically required or authorized by law or when the patient agrees to the disclosure.

Health Oversight Activities. The Hospice may disclose your health information to a health oversight agency for activities including audits, civil administrative or criminal investigations, inspections, licensure or disciplinary action. The Hospice, 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.

Judicial And Administrative Proceedings. The 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 or in response to a subpoena, discovery request or other lawful process, but only when the Hospice makes reasonable efforts to either notify you about the request or to obtain an order protecting your health information.

Law Enforcement. As permitted or required by State law, the 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 the court order, warrant, subpoena or 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 the Hospice has a suspicion that your death was the result of criminal conduct, including criminal conduct at the Hospice.
- In an emergency in order to report a crime.

Coroners and Medical Examiners. The 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.

Funeral Directors. The Hospice 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, the Hospice may disclose your health information prior to and in reasonable anticipation of your death.

Organ, Eye Or Tissue Donation. If you are an organ donor, the 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.

Research Purposes. The Hospice may, under certain circumstances, use and disclose your health information for research purposes. Before the Hospice discloses any of your health information for research purposes, the project will be subject to an extensive approval process. This process includes evaluating a proposed research project and its use of health information and trying to balance the research needs with your need for privacy. Before the Hospice uses or discloses health information for research, the project will have been approved through this research approval process. Additionally, when it is necessary for research purposes and so long as the health information does not leave the Hospice, it may disclose your health information to researchers preparing to conduct a research project, for example, to help the researchers look for individuals with specific health needs. Lastly, if certain criteria are met, the Hospice may disclose your health information to researchers after your death when it is necessary for research purposes

Limited Data Set. The Hospice may use or disclose a limited data set of your health information, that is, a subset of your health information for which all identifying information has been removed, for purposes of research, public health, or health care operations. Prior to our release, any recipient of that limited data set must agree to appropriately safeguard your health information.

Serious Threat To Health Or Safety. The Hospice may, consistent with applicable law and ethical standards of conduct, disclose your health information if the 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.

Specified Government Functions. In certain circumstances, the Federal regulations authorize the 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 and inmates and law enforcement custody.

Worker's Compensation. The Hospice may release your health information for worker's compensation or similar programs.

OTHER USES OR DISCLOSURES OF HEALTH INFORMATION

Except as otherwise permitted or required by this Notice of Privacy Practices, the Hospice will not use or disclose your health information unless you provide written authorization. If you or your representative authorize the Hospice to use or disclose your health information, you may revoke that authorization, in writing, at any time. If you revoke your authorization, the Hospice will no longer use or disclose health information about you for the reasons covered by your written authorization, except to the extent that the Hospice has taken action in reliance thereon. You understand that the Hospice is unable to take back any disclosures it has already made under the authorization, and that the Hospice is required to retain our records of the care that it has provided you.

YOUR RIGHTS REGARDING 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 restrictions on certain uses and disclosures of your health information. 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. 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 health care operations (and is not for purposes of treatment) and the medical information you are requesting to be restricted from disclosure pertains solely to a health care item or service for which you have paid out of pocket in full. If you wish to make a request for restrictions, please contact the Privacy Officer.

• *Right to receive confidential communications*. You have the right to request that the Hospice communicate with you in a certain way. For example, you may ask that the Hospice 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 contact the Privacy Officer. The Hospice 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 to the Privacy Officer.

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.

You have the right to request that the Hospice provide you, an entity or a designated individual with an electronic copy of your electronic health record containing your health information, if the Hospice uses or maintains electronic health records containing patient health information. The Hospice may require you to pay the labor costs incurred by the Hospice in responding to your request.

• *Right to amend health care information*. You or your representative have the right to request that the Hospice amend your records, if you believe that your health information is incorrect or incomplete. That request may be made as long as the information is maintained by the Hospice. A request for an amendment of records must be made in writing to the Privacy Officer. The 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 your health information records were not created by the Hospice, if the records you are requesting are not part of the 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 the 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 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:

Coastal Hospice
Privacy Officer
P O Box 1733
Salisbury MD 21802
(410) 742-8732

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 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. To obtain a separate paper copy, please contact the Privacy Officer. The patient or a patient's representative may also obtain a copy of the current version of the Hospice's Notice of Privacy Practices at its website, www.coastalhospice.org.

CHANGES TO THIS NOTICE

The Hospice reserves the right to change this Notice. The Hospice reserves the right to make the revised Notice effective for health information we already have about you, as well as any health information we receive in the future. We will post a copy of the current Notice in a clear and prominent location to which you have access. The Notice also is available to you upon request. The Notice will contain, at the end of this document, the effective date. In addition, if the Hospice revises the Notice, the Hospice will offer you a copy of the current Notice in effect.

IF YOU HAVE ANY QUESTIONS REGARDING THIS NOTICE

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

Coastal Hospice
Privacy Officer
P O Box 1733
Salisbury MD 21802
(410) 742-8732

COMPLAINTS

You or your personal representative have the right to express complaints to the Hospice and to the Secretary of the U.S. Department of Health and Human Services if you or your

representative believe that your privacy rights have been violated. Any complaints to the Hospice should be made in writing to:

Coastal Hospice
Privacy Officer
P O Box 1733
Salisbury MD 21802
(410) 742-8732

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.

EFFECTIVE DATE
This Notice is effective February 17, 2010.