

## Highway Christian Hospice -- Notice of Privacy Practices



**To Our Patients:** This notice describes how health information about you (as a patient of this hospice) may be used and disclosed, and how you can get access to your protected health information (PHI). This is required by the privacy regulations created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

**Our commitment to your privacy:** Our hospice is dedicated to maintaining the privacy of your health information. We are required by law to maintain the confidentiality of your health information. We realize that they laws are complicated, but we must provide you with the following important information:

### **Use and disclosure of your health information in certain special circumstances:**

The following circumstances may require us to use or disclose your health information:

1. To public health authorities and health oversight agencies that are authorized by law to collect information.
2. Lawsuits and similar proceedings in response to a court or administrative order.
3. If required to do so by a law enforcement official.
4. When necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. We will only make disclosures to a person or organization able to help prevent the threat.

5. If you are a member of the U.S. or foreign military forces (including veterans) and if required by appropriate authorities.
6. To federal officials for intelligence and national security activities authorized by law.
7. To correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official.
8. For Worker's Compensation and similar programs.

### **Your rights regarding your health information:**

1. Communications: You can request that our hospice communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than work. We will accommodate reasonable requests.
2. You can request a restriction in our use or disclosure of your health information for treatment, payment, or health care operations. Additionally, you have the right to request that we restrict our disclosure of your health information to only certain individuals involved in your care or payment for your care, such as family members or friends. We are not required to agree to your request; however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you. We are not required to notify your other providers of any disclosure restrictions. Wherefore, we encourage you to exercise this right with your other providers.

3. Your health information will not be used for marketing purposes, nor will it be sold for any reason.
4. You have the right to be notified following a data breach of unsecured PHI unless, after a completed risk assessment, a low probability of compromise has been demonstrated.
5. You have the right to request a copy (including electronic records) of the health information that may be used to make decisions about you, including patient medical records and billing records, but not including psychotherapy notes. You must submit your request in writing to **Highway Christian Hospice**. Call **602-274-1952** for further information. The records will be provided to you or an individual you specify, within 30 days.
6. You may ask us to amend your health information if you believe it is incorrect or incomplete, and as long as the information is kept by or for our practice. To request an amendment, your request must be made in writing and submitted to **Highway Christian Hospice**. Call **602-274-1952** for further information. You must provide us with a reason that supports your request for amendment.
7. A copy of this notice: You are entitled to receive a copy of this Notice of Privacy Practices. You may ask us to give you a copy of this Notice at any time. To obtain a copy of this notice, please call our office at 602-274-1952.
8. Right to file a complaint: If you believe your privacy rights have been violated, you may file a complaint with our hospice or with the Secretary of the Department of Health and Human Services. To file a complaint with us, contact **Highway Christian Hospice at 602-**

**274-1952**. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

9. Right to provide an authorization for other uses and disclosures not described herein. Our hospice will obtain your written authorization for all uses and disclosures that are not identified by this notice or permitted by applicable law. Authorizations may be revoked at any time.

If you have any questions regarding this Notice or our health information privacy practices, please contact Highway Christian Hospice at 602-274-1952 for further information.

**I hereby acknowledge that I have been presented with a copy of the Highway Christian Hospice Notice of Privacy Practices.**

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*Signature*

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*Date*

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*Patient's Name*