

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 REVIEW IT CAREFULLY.

USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION (PHI)

Stein Hospice Service, Inc. "The Hospice" may use your protected health information (as defined by the Privacy Rule of The Administrative Simplification Act of 1996, HIPAA) for purposes of providing you treatment, obtaining payment for your care and conducting health care operations. Your health information may be used or disclosed under certain circumstances without your written consent and under other circumstances with your written consent. The Hospice has established a policy to guard against unnecessary disclosure of your health information.

THE FOLLOWING IS A SUMMARY OF THE CIRCUMSTANCES UNDER WHICH, AND PURPOSES FOR WHICH, YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED WITHOUT YOUR WRITTEN CONSENT.

- **To Provide Treatment** (coordinate care with other health care providers involved in your care and treatment)
- **To Obtain Payment** (as required by your insurance provider, Medicare or Medicaid)
- **To Conduct Health Care Operations** (care coordination, quality improvement, staff training, accreditation, certification, licensing, medical reviews, audits, management and general marketing)
- **When Legally Required by Federal, State or Local Law**
- **To Business Associates** (vendors and agents who create, maintain, or transmit PHI on our behalf)
- **To Family and Friends involved in your care** (Unless you object, we may disclose your PHI to a family member or close personal friend, including clergy, who is involved in your care or payment for your care.)
- **Personal Representative** (such as a legal guardian)
- **For Public Health** (for reporting disease, injury, vital events, defective medical devices or problems with medications, recalls of products, and the conduct of public health surveillance, investigation and /or intervention, or to notify a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition as permitted by law)
- **To Report Abuse, Neglect or Domestic Violence** (as required by law)
- **To Conduct Health Oversight Activities** (government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws)
- **Judicial and Administrative Proceedings** (such as responses to subpoenas, discovery request or other lawful process)
- **For Law Enforcement purposes** (for the purpose of identification and location of a suspect, fugitive or missing person, or disclosure under certain circumstances pertaining to victims of crime)
- **To Coroners, Medical Examiners, Funeral Directors, Organ Procurement Organizations**

- **Research** (information will be released without your authorization for research that has been reviewed and approved by a special Privacy Board or Institutional Review Board, or with your written authorization for all other research)
- **To Prevent a Serious Threat to Health or Safety** (only to someone able to help prevent the threat)
- **De-Identified Information** (PHI used by us or a Business Associate to create “de-identified” information by removing the information that identifies you, such as your name, birth date or social security number.)
- **Limited Data Set** (does not contain specific readily identifiable information about you)
- **Military and Veterans** (as required by military command authorities or appropriate foreign military authority)
- **For Specified Government Functions**
- **For Workers Compensation** (as required by law)
- **National Security and Intelligence Activities; Protective Services** (to authorized federal officials who are conducting national security and intelligence activities or as needed to provide protection to the President or other important officials)

OTHER USES OF YOUR PROTECTED HEALTH INFORMATION THAT REQUIRE YOUR WRITTEN CONSENT:

- **Fundraising** (you also may opt out or restrict future communications by writing to the address at the end of this notice:
- **Marketing, Treatment Alternatives and Health-Related Benefits** (Under no circumstances will we sell our patient lists or your health information to a third party without your consent.)
- **Other than stated above**, if you or your legal representative authorizes Hospice to disclose your personal health information for a specific purpose, stating what personal health information is to be released, to whom, and for what time period.

You will automatically be placed on our mailing list that will allow you to receive, among other things, newsletters, education programs and special events that may also serve as fundraisers. If you and/or your family do not want to be on Stein Hospice’s mailing list, please contact Stein Hospice to indicate that you do not want to be contacted.

YOU MAY REVOKE YOUR AUTHORIZATION AT ANY TIME PRIOR TO ANY ACTION HOSPICE HAS TAKEN ACTING ON THE RELIANCE OF THE AUTHORIZATION GIVEN.

RIGHTS THAT YOU HAVE

- Right to request restrictions of release of protected health information. (You may request restrictions; however, Hospice is not required to agree to your request.)
- Right to receive confidential communications. (Please advise Hospice in writing of your desire to receive confidential communication from your Hospice care team.)
- Access to your personal health information. (A charge may be assessed for copying and postage according to Ohio State Law.)
- Amendments to Your Personal Health Information. Must be in writing, signed by you or your legal representative, and must state the reasons for the amendment/correction request.

- Accounting of Disclosures of Your Personal Health Information. Must be in writing, signed by you or your legal representative. The first twelve month period will be provided free of charge. A fee will be assessed for periods requested beyond 12 months. Requests for information beyond six years will not be provided. Requests for these records will be acted upon within 30 days of receipt.
- Right to a paper copy of this notice.
- Right to be notified following a breach of unsecured PHI
- Right to opt out of receiving communications to raise funds
- Right to authorize or opt out of certain uses and disclosures of PHI (related to psychotherapy notes, or marketing, and/or sale of PHI)
- Right to restrict certain disclosures of PHI to a health plan when the individual (or any person other than the health plan) pays for treatment at issue out of pocket in full.

If you feel that your personal health information has been unlawfully disclosed or are requesting information, please contact the following individual(s):

Chief Executive Officer
Stein Hospice Service, Inc.
1200 Sycamore Line
Sandusky, Ohio 44870
419-625-5269

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