

HOSPICE OF KANKAKEE VALLEY

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBE SHOW 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 YOUR HEALTH INFORMATION

Hospice of Kankakee Valley (HKV) is required by law to maintain the privacy of your health information, to provide to you (or your representative) this Notice of our duties and privacy practices, and to notify you (or your representative) following a breach of your unsecured health information. HKV is required to abide by the terms of this Notice as may be amended from time to time. HKV has the right to change this Notice. Revisions to this Notice will be effective for all health information that HKV created or maintained in the past, and for any records that HKV may create or maintain in the future. You may request a current copy of this Notice at any time. HKV also will post a copy of the current Notice in a prominent location in our facility as well as on our website, www.hkvcares.org

THE FOLLOWING IS A SUMMARY OF THE CIRCUMSTANCES UNDER WHICH, AND THE PURPOSES FOR WHICH, HKV MAY USE OR DISCLOSE YOUR HEALTH INFORMATION:

To Provide Treatment HKV may use your health information to treat you and coordinate your care. For example, your attending physician or HKV staff members may use information about your symptoms in order to prescribe appropriate medications. HKV also may disclose your health information to individuals outside of HKV involved in your care, including family members or close personal friends, clergy who you have designated, pharmacists, suppliers of medical equipment or other health care professionals.

To Obtain Payment HKV may use or disclose your health information in order to bill or collect payment for services and items you receive from HKV. For example, HKV may be required by your health insurer to provide information regarding your health care status so that the insurer will reimburse you or HKV. HKV also may need to obtain prior approval from your insurer and may need to explain to your insurer your need for hospice care and the services that will be provided to you.

To Conduct Health Care Operations HKV may use or disclose your health information for our own operations and as necessary to provide quality care to all of HKV's patients. For example, HKV may use your health information to evaluate our staff performance, combine your health information with other HKV patients to evaluate how to more effectively serve all HKV patients, disclose your health information to HKV staff and contracted personnel for training purposes, or use your health information to send you or your family general information mailings. HKV also may disclose your health information to a health oversight agency performing activities authorized by law, such as investigations or audits. These agencies include governmental agencies that oversee the health care system, government benefit programs, and organizations subject to government regulation and civil rights laws. In addition, HKV may disclose your health information to another health care provider

subject to Federal privacy protection laws, as long as the provider has or has had a relationship with you and the health information is necessary for that provider's health care operations.

For Fundraising Activities In support of our charitable mission, HKV may use certain health information about you (e.g., demographic information, dates of health care provided, attending physician, outcome information and health insurance status) to contact you or your family to raise money for HKV. HKV also may release this information to an organizationally-related foundation for the same purpose. You may choose to "opt-out" of receiving these fundraising communications by notifying the HKV Privacy Officer that you do not wish to be contacted at: **815-939-4141** or Toll Free **855-871-4695**

For Appointment Reminders HKV may use or disclose your health information to contact you to remind you that you have an appointment.

To Inform You About Information That May be of Interest to You HKV may use or disclose your health information to tell you about or recommend possible options or alternatives for your care, or to inform you of other health care information that may be of interest to you.

Release of Information to Family/Friends Unless you specifically request in writing that HKV not communicate with such person(s), HKV may release your health information to a family member or friend who is involved in your treatment or who is helping to pay for your care.

Business Associates HKV may disclose your health information to our business associates that perform functions on our behalf or provide us with services if the information is necessary for them to provide such functions or services. HKV requires our business associates to agree in writing to protect the privacy of your health information and to use and disclose your health information only as specified in that written agreement.

THE FOLLOWING IS A SUMMARY OF THE CIRCUMSTANCES UNDER WHICH, AND THE PURPOSES FOR WHICH, HKV MAY USE OR DISCLOSE YOUR HEALTH INFORMATION WITHOUT YOUR CONSENT OR AUTHORIZATION.

When Legally Required HKV will disclose your health information to the extent that we are required to do so by any Federal, State or local law.

When There Are Risks to Public Health HKV 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 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 HKV staff member, as legally required.

To Report Abuse, Neglect Or Domestic Violence HKV is allowed, and sometimes required as a mandated reporter, to notify government authorities if HKV reasonably believes a patient is the victim of abuse, neglect or domestic violence. HKV will make this disclosure only when specifically required or authorized by law or when you authorize such disclosure.

To Conduct Health Oversight Activities HKV may disclose your health information to a health oversight agency or other organization for activities including audits, civil administrative or criminal investigations, inspections, licensure or disciplinary action. If you are the subject of a health oversight agency investigation, HKV may disclose your health information only if it is directly related to your receipt of health care or public benefits.

In Connection With Judicial And Administrative Proceedings HKV 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. Under certain conditions,

HKV also may disclose your health information in response to a subpoena, discovery request, or other lawful process.

For Law Enforcement Purposes As permitted or required by State law, HKV may disclose your health information to a law enforcement official for certain law enforcement purposes as follows:

- As required by law for the reporting of certain types of wounds or other physical injuries.
- Pursuant to a court order, warrant, subpoena, 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 HKV suspects that your death was the result of criminal conduct.
- To a law enforcement official if HKV believes the information constitutes evidence of criminal conduct that occurred at HKV.
- In an emergency in order to report a crime.

To Coroners And Medical Examiners HKV 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.

To Funeral Directors Consistent with applicable law, and if necessary to carry out their duties with respect to your funeral arrangements, HKV may disclose your health information to funeral directors prior to and in reasonable anticipation of your death.

For Organ, Eye Or Tissue Donation HKV 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.

In the Event of A Serious Threat to Health Or Safety HKV may, consistent with applicable law and ethical standards of conduct, disclose your health information if HKV, 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 or safety of the public.

For Specified Government Functions In certain circumstances, Federal regulations authorize HKV to use or disclose your health information to facilitate specified government functions relating to the military and veterans, national security and intelligence activities, protective services for the President and others, medical suitability determinations, correctional institutions, and other law enforcement custodial situations.

For Worker's Compensation HKV may disclose your health information for worker's compensation or similar programs.

CIRCUMSTANCES REQUIRING AUTHORIZATION TO USE OR DISCLOSE YOUR HEALTH INFORMATION

Other than as stated above, HKV will not use or disclose your health information unless it obtains your written authorization (or the authorization of your representative). Your authorization (or the authorization of your representative) is specifically required before HKV: (i) uses or discloses your psychotherapy notes; (ii) uses your health information to make a marketing communication to you for which it received financial remuneration from a third party, unless such communication is face-to-face or in other limited circumstances; or (iii) discloses your health information in any manner which constitutes the sale of such information under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). Also, some types of health information are particularly sensitive, and the law, with limited exceptions, may require that HKV obtain your authorization to use or disclose that information. Sensitive information may include information dealing with genetics, HIV/AIDS, mental health, developmental disabilities, and alcohol and substance abuse. If required by law, HKV will ask that you (or your representative) sign an authorization before we use or disclose such information.

If you (or your representative) sign an authorization to use or disclose your health information, you (or your representative) may revoke (*i.e.*, take back) that authorization at any time. Your revocation must be in writing. If you (or your representative) revoke the authorization, HKV will no longer use or disclose health information about you for the reasons covered by your written authorization. However, your revocation will not stop HKV from any uses or disclosures that HKV made before you (or your representative) revoked your authorization.

YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION

You have the following rights regarding your health information that HKV maintains:

- **Right to Confidential Communications** You (or your representative) have the right to request that HKV communicate with you about your health and related issues in a particular manner or at a certain location. Such requests shall specify the requested method of contact or the location where you wish to be contacted. For instance, you may ask that HKV contact you on a cellular phone rather than a home phone. All requests for confidential communications must be made in writing using the appropriate HKV form. The form can be requested by contacting the ***HKV Privacy Officer at 815-939-4141*** or Toll Free ***855-871-4695***. HKV will accommodate reasonable requests. You (or your representative) do not need to give a reason for your request.
- **Right to Request Restrictions** You (or your representative) may request restrictions on certain uses and disclosures of your health information. You (or your representative) have the right to request a limit on HKV's disclosure of your health information to someone who is involved in your care or in the payment of your care. All requests for restrictions must be made in writing using the appropriate HKV form. The form can be requested by contacting the ***HKV Privacy Officer at 815-939-4141*** or Toll Free ***855-871-4695***. HKV is not required to agree to your request; however, if we do agree, we are bound by that agreement except when otherwise required by law or in emergencies. HKV must agree to a restriction request if: (i) the disclosure is to a health plan for purposes of carrying out payment or health care operations (and not for purposes of carrying out treatment); and (ii) the health information pertains solely to a health care item or service for which HKV has been paid out-of-pocket in full by you or someone else on your behalf (not the health plan). If you self-pay and request a restriction, it will apply only to those health records created on the date that you received the item or service for which you, or another person (other than the health plan) on your behalf, paid in full, and which document the item or service provided on such date.
- **Right to Inspect and Copy your Health Information** You (or your representative) have the right to inspect and copy your health information, including billing records. All requests to inspect and copy records containing your health information must be made in writing using the appropriate HKV form. The form can be requested by contacting the ***HKV Privacy Officer at 815-939-4141*** or Toll Free ***855-871-4695***. If you (or your representative) request a copy of your health information, HKV will provide you (or your representative) copies of your health information in the format you request unless we cannot practicably do so. HKV may charge a reasonable fee for the copying and assembling costs associated with your request. HKV may deny your request to inspect and/or copy your health information in certain limited circumstances. If HKV denies your request, you (or your representative) may request that we provide you with a review of our denial. Reviews will be conducted by a licensed health care professional who we have designated as a reviewing official and who did not participate in the original decision to deny the request.
- **Right to Amend Health Care Information** If you (or your representative) believe that your health information is incorrect or incomplete, you (or your representative) have the right to request that HKV amend your records. The request may be made so long as HKV still maintains your records and it must include a reason for the amendment. All requests for an amendment of

records must be made in writing using the appropriate HKV form. The form can be requested by contacting the **HKV Privacy Officer at 815-939-4141** or Toll Free **855-871-4695**. HKV may deny the request if it is not in writing or does not include a reason for the amendment. The request also maybe denied if the requested amendment pertains to health information that was not created by HKV, if the records you are requesting to amend are not part of HKV'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 HKV, 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 HKV for certain reasons, including reasons related to public purposes authorized by law, and certain research. All requests for an accounting must be made in writing using the appropriate HKV form. The form can be requested by contacting the **HKV Privacy Officer at 815-939-4141** or Toll Free **855-871-4695**. The request should specify the time period for the accounting, which may not be in excess of six (6) years. HKV will 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 (either in paper or electronic format). To obtain a separate paper copy, please contact the **HKV Privacy Officer at 815-939-4141** or Toll Free **855-871-4695**. A copy of the current version of HKV's Notice of Privacy Practices also may be obtained at our website, www.HKVcares.org.
- **Right to Breach Notification** You (or your representative) have a right to be notified of any breach of your unsecured health information. Notification of a breach may be delayed or not provided if so required by a law enforcement official. If you are deceased and there is a breach of your health information, the notice will be provided to your next of kin or personal representative if HKV knows the identity and address of such individual.

QUESTIONS OR CONCERNS REGARDING THIS NOTICE

HKV encourages you to call **HKV's Privacy Officer at 815-939-4141** or Toll Free **855-871-4695** if you have any questions or concerns regarding the privacy of your health information.

COMPLAINTS

If you believe that HKV may have violated your privacy rights or you disagree with any action HKV has taken with regard to your health information, you may file a complaint with HKV or the Office of Civil Rights of the Department of Health and Human Services. HKV will provide you with the necessary assistance and paperwork to do this. You will not be retaliated against in any way for filing a complaint.

To express a complaint directly to HKV, please call the **HKV Privacy Officer at 815-939-4141** or Toll Free **855-871-4695** or write to the HKV Privacy Officer at the following address:

**HKV Privacy Officer
Hospice of Kankakee Valley
482 Main Street NW
Bourbonnais, IL 60914**

EFFECTIVE DATE

This Notice is effective September 23, 2013.