

CHERISH HOSPICE

2340 Plaza Del Amo # 230
Torrance, CA 90501

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**

OUR RESPONSIBILITIES

CHERISH HOSPICE is required by law to protect the privacy of your health information. We are required to provide you with this Notice of Privacy Practices to describe our legal duties and your rights with respect to your protected health information. We are also required to abide by the terms of this Notice which is currently in effect, and to notify you in the event of a breach of your unsecured health information.

HOW WE MAY USE AND DISCLOSURE YOUR HEALTH INFORMATION

The following describes the ways we may use and disclose your health information for treatment, payment and health care operations.

Treatment: CHERISH 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's interdisciplinary team and other health care professionals who have agreed to assist us in coordinating your care. For example, we may disclose your health information to a physician involved in your care who needs information about your symptoms to prescribe appropriate medications.

Payment: CHERISH HOSPICE may use and disclose your health information so that we or others may bill and receive payment for the care you receive from us. For example, we may be required by your health insurer to provide information regarding your health care status, your need for care and the care that CHERISH HOSPICE intends to provide to you so that the insurer will reimburse you or the hospice for services provided and received.

Health Care Operations: CHERISH 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 our patients. Health care operations may 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 CHERISH HOSPICE may use your health information to evaluate its performance, combine your health information with other patients in evaluating how to more effectively serve all hospice patients, or disclose your health information to members of the hospice's workforce for training purposes.

ADDITIONAL PERMITTED USES AND DISCLOSURES OF HEALTH INFORMATION

As Required by Law We will disclose your health information when we are required to do so by any Federal, State or local law.

Public Health Risks We 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

CHERISH HOSPICE

2340 Plaza Del Amo # 230
Torrance, CA 90501

- 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 We are allowed to notify government authorities if we believe a patient is the victim of abuse, neglect or domestic violence. We will make this disclosure only when specifically required or authorized by law or when the patient agrees to the disclosure.

Health Oversight Activities We may disclose your health information to a health oversight agency for activities including audits, civil administrative or criminal investigations, inspections, licensure or disciplinary action. However, we 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 We 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 we make reasonable efforts to either notify you about the request or to obtain an order protecting your health information. ***[Please Note: Some States require a court order for the release of any confidential health information and requirements may be more stringent than the Federal requirements.]***

Law Enforcement As permitted or required by State law, we 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 we have 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 We 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 We 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, we may disclose your health information prior to and in reasonable anticipation of your death.

Organ, Eye Or Tissue Donation We 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 We may, under certain circumstances, use and disclose your health information for research purposes. Before we disclose 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 we use or disclose 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 our organization, 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, we may disclose your health information to researchers after your death when it is necessary for research purposes

Limited Data Set We 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.

CHERISH HOSPICE

2340 Plaza Del Amo # 230
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Serious Threat To Health Or Safety We may, consistent with applicable law and ethical standards of conduct, disclose your health information if, in good faith, we believe 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 us 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 We may release your health information for worker's compensation or similar programs.

OTHER USES AND DISCLOSURES OF YOUR HEALTH INFORMATION TO WHICH YOU MAY AGREE OR OBJECT

Facility Directory: We 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. We may disclose this information to people who ask for you by name. Please inform us if you want to restrict or prohibit some or all of the information provided in the directory.

Persons Involved in Your Care: When appropriate, we may share your health information with a family member, other relative or any other person you identify if that person is involved in your care and the information is relevant to your care or the payment of your care. We also may notify your family about your location or general condition or disclose such information to an entity assisting in a disaster relief effort.

You may ask us at any time not to disclose your health information to any person(s) involved in your care. We will agree to your request unless circumstances constitute an emergency or if the patient is a minor.

Fundraising Activities CHERISH HOSPICE, our hospice foundation, or our business associate may use information about you, including your name, address, telephone number and the dates you received care, in order to contact you for fundraising purposes. You have the right to opt-out of receiving these communications from us. If you do not want us to contact you for fundraising purposes, notify **Edith F. Papilla at (310) 320-1677** and indicate that you do not wish to receive fundraising communications.

AUTHORIZATIONS TO USE OR DISCLOSE HEALTH INFORMATION

Other than the permitted uses and disclosures described above, CHERISH HOSPICE will not use or disclose your health information without an authorization signed by you or your personal representative. If you or your representative sign a written authorization allowing us to use or disclose your health information, you may cancel the authorization (in writing) at any time. If you cancel your authorization, we will follow your instructions except to the extent that we have already relied upon your authorization and taken action.

The following uses and disclosures for your health information will only be made with your signed authorization:

1. Uses and disclosures for marketing purposes;
2. Uses and disclosures that constitute a sale of health information;
3. Most uses and disclosures of psychotherapy notes, if we maintain psychotherapy notes; and
4. Any other uses and disclosures not described in this Notice.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

You have the following rights regarding your health information:

- **Right to request restrictions** You have the right to request restrictions on uses and disclosures of your health information for treatment, payment and health care operations. You have the right to request a limit on the disclosure of your health information to someone who is involved in your care or the payment of your care. We are 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 **Edith F. Papilla at (310) 320-1677**
- **Right to receive confidential communications** You have the right to request that we communicate with

CHERISH HOSPICE

2340 Plaza Del Amo # 230
Torrance, CA 90501

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 **Edith F. Papilla at (310) 320-1677**. We will not request that you provide any reasons for your request and will attempt to honor any reasonable requests for confidential communications.

- **Right of access 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 **Edith F. Papilla at (310) 320-1677**. If you request a copy of your health information, we may charge a reasonable fee for copying and assembling costs associated with your request.

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

- **Right to amend health care information** You or your representative have the right to request that we 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 us. A request for an amendment of records must be made in writing to **Edith F. Papilla at (310) 320-1677**. 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 us, if the records you are requesting are not part of our 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 our opinion, the records containing your health information are accurate and complete.
- **Right to an accounting** You or your representative has the right to receive an accounting of disclosures of your health information made by CHERISH HOSPICE for the previous six (6) years. The accounting will not include disclosures made for treatment, payment or health care operations unless we maintain your health information in an Electronic Health Record (EHR). The request for an accounting must be made in writing to **Edith F. Papilla HIPAA Officer at 2340 Plaza Del Amo # 230, Torrance, CA 90501**. The request should specify the time period for the accounting starting on or after April 14, 2003. We 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.

[Please Note: The HIPAA Omnibus Rule did not address HITECH related changes to the accounting of disclosures requirement and the proposed rule published in May 2011 has not been finalized. This section of the NPP may need to be revised when further rules are released.]

- **Right to opt-out of fundraising** You or your representative have the right to opt-out of receiving fundraising communications. Instructions for how to opt-out are included in each fundraising solicitation you receive.
- **Right to receive notification of a breach** You or your representative have the right to receive notification of a breach of your unsecured health information. If you have questions regarding what constitutes a breach or your rights with respect to breach notification, please contact **Edith F. Papilla at (310) 320-1677**.
- **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 **Edith F. Papilla at (310) 320-1677**. **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.cherishhospice.com**
- **CHANGES TO THIS NOTICE**

CHERISH HOSPICE reserves the right to change this Notice. We reserve 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 contains, at the end of this document, the effective date. In addition, if we revise the Notice, we will offer you a copy of the current Notice in effect.

CHERISH HOSPICE

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IF YOU HAVE ANY QUESTIONS REGARDING THIS NOTICE

CHERISH HOSPICE has designated the HIPAA OFFICER, **Edith F. Papilla** as its contact person for all issues regarding patient privacy and your rights under the Federal privacy standards. You may contact this person at **2340 Plaza Del Amo # 230, Torrance, CA, 90501, Phone number (310) 320-1677.**

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 CHERISH HOSPICE should be made in writing to **Edith F. Papilla, HIPAA Officer at 2340 Plaza Del Amo # 230, Torrance, CA 90501 at (310) 320-1677.** We encourage you to express any concerns you may have regarding the privacy of your information. You will not be penalized in any way for filing a complaint.

EFFECTIVE DATE

This Notice is effective **September 23, 2013.**