

NOTICE OF THE NATHAN ADELSON HOSPICE 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.

DEFINITIONS

PROTECTED HEALTH INFORMATION (PHI): Protected Health Information is individually identifiable health information that is transmitted or maintained in any medium, including oral statements. PHI excludes health information that is covered under the Family Education Right and Privacy Act.

USE: Use refers to the sharing, employing, applying, utilizing, examining, or analyzing of individually identifiable health information by employees, volunteers and /or other staff of Nathan Adelson Hospice.

DISCLOSURE: Disclosure is the release, transfer and/or access to PHI.

USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

Nathan Adelson Hospice (NAH) may use your health information for purposes of providing you treatment obtaining payment for your care and conducting health care operations. Your health information may be used or disclosed only after the Hospice has obtained 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 USE AND DISCLOSED AFTER YOU HAVE PROVIDED YOUR WRITTEN CONSENT:

To Provide Treatment The Hospice may use 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, physicians involved in your care will need information about your symptoms in order to prescribe appropriate medications. The Hospice also may disclose your health care information to individuals

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outside of the Hospice involved in your care including family members, clergy whom you have designated, pharmacists, supplies of medical equipment of other health care professionals that the Hospice uses in order to coordinate your care.

To Obtain Payment The Hospice may include your health information in invoices to collect payment from third parties for the care you may receive from the Hospice. For example, the Hospice may be required by your health insurer to provide information regarding your health care status so that the insurer will reimburse you or the Hospice. The Hospice also may need to obtain prior approval from you insurer and may need to explain to the insurer your need for hospice care and the services that will be provided to you.

To Conduct Health Care Operations The Hospice may use and disclose health care information for its own operations in order to facilitate the function of the Hospice and as necessary to provide quality care to all 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 evaluations.
- ☐ 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.

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- ☐ Business planning and development including cost management and planning related analyses and formulary development.
- ☐ Business management and general administrative activities of the Hospice.
- ☐ Fundraising for the benefit of the Hospice and certain marketing activities.

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

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 facility in a Hospice directory while you are in the Hospice inpatient facility. The Hospice may disclose this information to people who you ask for by name. Please inform us if you do not want your information to be included in the directory.

For Community Outreach Activities The Hospice may use information about you including your name, address, phone number and the dates you received care at the Hospice in order to contact you or your family to raise money for the Hospice. The Hospice may also release this information to a related Hospice foundation. If you do not want the Hospice to contact you or your family, notify the NAH Foundation Department and indicate that you do not wish to be contacted.

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

When There Are Risks to Public Health 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.

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- ☒ To 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.
- ☒ To notify a person who has been exposed to communicable disease or who may be at risk of contracting or spreading a disease.
- ☒ To an employer about an individual who is a member of the workforce as legally required.

To Report 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.

To Conduct 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 actions. 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.

In Connection with 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.

For Law Enforcement Purposes The Hospice may disclose your health information to a law enforcement official for 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 identity or locating a suspect, fugitive, material witness or missing person.

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- ☒ 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.

To 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.

To 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 death.

For Organ, Eye or Tissue Donation 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.

For Research Purposes The Hospice may, under very select circumstances, use your health information for research. Before the Hospice discloses any of your health information for such research purposes, the project will be subject to an extensive approval process. The Hospice will ask your permission if any researcher will be granted access to your individually identifiable health information.

In the Event of a 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 the health and safety of the public.

For 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.

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

For Business Associates The Hospice may share 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. The Hospice requires our business associates to agree in writing to protect the privacy of your health information, to use and disclose your health information only as specified in that written agreement, and to notify the Hospice if a breach of your health information is discovered.

For Fundraising The Hospice may use certain health information about you (e.g., demographic information, dates of health care provided, department of service information, treating physician, outcome information and health insurance status) to contact you or your family to raise money for the Hospice. The Hospice may also 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 Hospice's contact person that you do not wish to be contacted.

AUTHORIZATION TO USE OR DISCLOSE HEALTH INFORMATION

Other than is stated above, the Hospice will not disclose your health information other than with your written authorization. If you or your representative authorizes the Hospice to use or disclose your health information, you may revoke the authorization in writing at any time.

YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION

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

- **Right to request restrictions** You may 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. However, the Hospice is not required to agree to your request. If you wish to make a request for restrictions, please contact the NAH Privacy Officer.

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- ☐ **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 member present. If you wish to receive confidential communications, please contact NAH Director of Admissions, Home Care or IPU. 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 protected health information, including billing records in a designated record set. A request to inspect and copy records containing your protected health information may be made to the NAH Health Information Department. If you request a copy of your health information, the Hospice may charge a reasonable fee for copying and assembling costs associated with your requests.

- ☐ **Right to amend health care information** If you or your representative believes that your protected health information records are incorrect or incomplete, you may request that the Hospice amend the records in a designated record set. That request may be made as long as the information is maintained by the Hospice. A request for an amendment of the records must be made in writing to the NAH 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 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 any reason other than for treatment, payment or health operations. The request for an accounting must be made writing to the NAH Privacy Officer. The request should specify the time period for the account starting on April 14, 2003. Accounting requests may not be made for periods of time in excess of six years. The Hospice would provide the first accounting you request during any 12-month period without

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charge. Subsequent accounting requests may be subject to be reasonable cost-based fee.

- ☞ **Right to a paper copy of this notice** You or your representative has 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 NAH Privacy Officer. The Hospice patient or a representative may also obtain a copy of the current version of the Hospice's Notice of Privacy Practices at it website, www.nah.org.
- ☞ **Right to receive notice of a breach** You (or your representative) have the right to be notified of any breach of your unsecured health information. A breach means the impermissible access, acquisition, use or disclosure of Unsecured Protected Health Information that compromises the security or privacy of the Protected Health Information such that the use or disclosure poses a significant risk of financial, reputational, or other harm to the affected individual with these exceptions: (1) the unintentional acquisition, access, or use of protected health information by a workforce member acting under the authority of a covered entity or business associate; (2) the inadvertent (unintentional) disclosure of protected health information from a person authorized to access protected health information at a covered entity or business associate to another person authorized to access protected health information at the covered entity or business associate. In both cases, the information cannot be further used or disclosed in a manner not permitted by the Privacy Rule; and (3) if the covered entity or business associate has a good faith belief that the unauthorized individual, to whom the impermissible disclosure was made, would not have been able to retain the information.

Unsecured Protected Health Information is Protected Health Information that has not been rendered unusable, unreadable, or indecipherable to unauthorized individuals through the use of a technology or methodology specified by the U.S. Department of Health and Human Services in guidance. We are only required to provide notification if the breach involved Unsecured Protected Health Information. Following a breach of Unsecured Protected Health Information we must provide notification of the breach to affected individuals, the Secretary, and, in certain circumstances, to the media. In addition, business associates must notify covered entities that a breach has occurred.

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In the event a breach of Unsecured Protected Health Information is discovered, we will notify you as soon as possible, but no later than 60 days following discovery of the breach. You will receive a written notice by first-class mail, or alternatively, by secure e-mail if you have agreed to receive such notices electronically and must include to the extent possible:

- a description of the breach,
- a description of the types of information that were involved in the breach,
- the steps you should take to protect yourself from potential harm,
- a brief description of what the covered entity is doing to investigate the breach, mitigate the harm, and prevent further breaches, and,
- contact information, including a toll-free number, email address, Website or postal address to permit you to ask questions to obtain additional information.

If the breach involved 10 or more individuals whose contact information is out of date, we will post a notice of the breach on the home page of our web site or in a major print or broadcast media. If the breach involved more than 500 individuals in the state of jurisdiction, we will send notices to prominent media outlets. If the breach involved more than 500 individuals, we are required to immediately notify the Secretary of Health and Human Services. We are also required to submit an annual report to the Secretary of a breach that involved less than 500 individuals during the year and will maintain a log of breaches involving less than 500 individuals. Notification to the Secretary will occur within 60 days of the end of the calendar year in which the breach was discovered.

DUTIES OF THE HOSPICE

The Hospice is required by law to maintain the privacy of your health information and to provide to you and your representative this Notice of its duties and privacy practices.

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REVISIONS TO THIS NOTICE

NAH reserves the right to change the terms of this notice. Such revisions will apply to all PHI maintained by NAH, not just PHI received after the revision date. NAH will revise and distribute a new notice whenever it makes a material change to the uses and disclosures. Except where the use or disclosure is required by law, a material change cannot be implemented before the effective date of the new notice.

REGISTERING COMPLAINTS WITH NATHAN ADELSON HOSPICE CONCERNING SUSPECTED VIOLATIONS OF PRIVACY RIGHTS

You or your personal representative has the right to express complaints to the Hospice and to the Secretary of Health and Human Services if you or your representative believes that you privacy rights have been violated. Any complaints of the Hospice must be in writing, name the person(s) involved, describe the actions taken in violation of HIPAA requirements and be filed with the NAH Privacy Officer within 90 days of the date the complainant became aware of the suspected violation. Complaints filed with the Secretary of Health and Human Services must be filed within 180 days of the date that the complainant became aware of the suspected violation. 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.

CONTACT PERSON

The Hospice's contact person for all issues regarding patient privacy and your rights under the Federal Privacy standards is the NAH Privacy Officer at 4141 S Swenson St, Las Vegas NV 89119 or at (702) 733-0320.

EFFECTIVE DATE

This Notice is effective September 22, 2013.

IF YOU HAVE ANY QUESTIONS REGARDING THIS NOTICE, PLEASE FEEL FREE TO CONTACT: The NAH Privacy Officer.