



JOINT 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.

This Joint Notice of Privacy Practices describes the privacy practices of HopeHealth and its affiliates. We are dedicated to maintaining the privacy of your Protected Health Information (PHI), as required by applicable federal and state laws. These laws require us to provide you with this Notice of Privacy Practices and to inform you of your rights and our obligations concerning PHI, which is information that identifies you and that relates to your physical or mental health condition. We are required to follow the privacy practices described below while this notice is in effect.

Throughout this notice, when we refer to "HopeHealth" we are referring to the family of HopeHealth affiliates, including:

- Hope Hospice & Palliative Care Rhode Island
- Visiting Nurse of HopeHealth
- Hope Palliative Care Center, *an affiliate of Hope Hospice & Palliative Care Rhode Island*
- HopeHealth Massachusetts, Inc.

From time to time, additional affiliates may be added to HopeHealth. Please see HopeHealthCo.org for the most current information.

Your HopeHealth provider will create a patient record containing your PHI, which may be shared with other HopeHealth affiliates to ensure that you are receiving high quality care.

A. Permitted Disclosures of PHI. We may disclose your PHI for the following reasons:

1. **Treatment.** We may disclose your PHI to a physician or other health care provider who provides treatment to you or who is involved with the administration of your care. The HopeHealth affiliates may share your PHI with each other to ensure continuity in care as you transition between levels of care and receive services from more than one affiliate. For example, if you are receiving home care services from Visiting Nurse of HopeHealth, and you transition to Hope Hospice & Palliative Care Rhode Island for hospice services, all of your information will be available to your hospice treatment providers. Similarly, if you are a Visiting Nurse of HopeHealth patient, and Hope Hospice & Palliative Care Rhode Island provides a palliative care assessment, the Hope Hospice & Palliative Care practitioner will have access to your PHI.
2. **Payment.** We may disclose your PHI to bill and collect payment for the services we provide to you. For example, we may send a bill to you or to a third party payer for the rendering of services by us. The bill may contain information that identifies you, your diagnosis and procedures and supplies used. We may need to disclose this information to insurance companies to establish insurance eligibility benefits for you. We may also provide your PHI to our business associates, such as billing companies, claims processing companies and others that process our health care claims.
3. **Health Care Operations.** We may disclose your PHI in connection with our health care operations. Health care operations include quality assessment activities, reviewing the competence or qualifications of health care professionals, evaluating provider performance, training programs, including those in which students, trainees or practitioners in health care learn under supervision, and other business operations. For example, we may use your PHI to evaluate the health care services you received, with the goal of improving quality, coordinating care and implementing identified process improvements. We may also provide your PHI to accountants, attorneys, consultants and others to make sure we comply with the laws that govern us. In addition, we may use your PHI for fundraising activities.
4. **Emergency Treatment.** We may disclose your PHI if you require emergency treatment or are unable to communicate with us.
5. **Family and Friends.** We may disclose your PHI to a family member, friend or any other person who you identify as being involved with your care or payment for care, unless you object.
6. **Required by Law.** We may disclose your PHI for law enforcement purposes and as required by state or federal law. For example, the law may require us to report instances of abuse, neglect or domestic violence; to report certain injuries such as gunshot wounds; or to disclose PHI to assist law enforcement in locating a suspect, fugitive, material witness or missing person. We will inform you or your representative if we disclose your PHI because we believe you are a victim of abuse, neglect or domestic violence, unless we determine that informing you or your representative would place you at risk. In addition, we must provide PHI to comply with an order in a legal or administrative proceeding. Finally, we may be required to provide PHI in response to a subpoena discovery request or other lawful process, but only if efforts have been made, by us or the requesting party, to contact you about the request or to obtain an order to protect the requested PHI.
7. **Serious Threat to Health or Safety.** We may disclose your PHI if we believe it is necessary to avoid a serious threat to the health and safety of you or the public.
8. **Public Health.** We may disclose your PHI to public health or other authorities charged with preventing or controlling disease, injury or disability, or charged with collecting public health data. We may also disclose your PHI, as needed and as authorized by law, to notify a person that he or she has been exposed to a communicable disease in order to prevent or control the spread of the disease.
9. **Health Oversight Activities.** We may disclose your PHI to a health oversight agency for activities authorized by law. These activities include audits; civil, administrative or criminal investigations or proceedings; inspections; licensure or disciplinary actions; or other activities necessary for oversight of the health care system, government programs and compliance with civil rights laws.
10. **Research.** We may disclose your PHI for certain research purposes, but only if we have protections and protocols in place to ensure the privacy of your PHI.
11. **Workers' Compensation.** We may disclose your PHI to comply with laws relating to workers' compensation or other similar programs.
12. **Specialized Government Activities.** If you are active military or a veteran, we may disclose your PHI as required by military command authorities. We may also be required to disclose PHI to authorized federal officials for the conduct of intelligence or other national security activities.

13. **Organ Donation.** If you are an organ donor, or have not indicated that you do not wish to be a donor, we may disclose your PHI to organ procurement organizations to facilitate organ, eye or tissue donation and transplantation.

14. **Coroners, Medical Examiners, Funeral Directors.** We may disclose your PHI to coroners or medical examiners for the purposes of identifying a deceased person or determining the cause of death, and to funeral directors as necessary to carry out their duties.

15. **Disaster Relief.** Unless you object, we may disclose your PHI to a governmental agency or private entity (such as FEMA or Red Cross) assisting with disaster relief efforts.

16. **Direct Contact with You.** We may use your PHI to contact you to remind you that you have an appointment or to inform you about treatment alternatives or other health-related benefits and services that may be of interest to you.

17. **Limited Data Set.** We may use a limited data set of your PHI, which is a subset of your PHI from which all identifying information has been removed, for purposes of research, public health or health care operations. Any recipient of the limited data set must agree to appropriately safeguard your PHI.

18. **Facility Directory.** If you are a hospice inpatient, we may disclose certain information about you, including your name, your general health status, your religious affiliation and your location in the hospice inpatient center in a facility directory. We may disclose this information to people who ask for you by name. Please inform us if you do not want your information included in the directory.

B. Disclosures Requiring Written Authorization.

1. **Not Otherwise Permitted.** In any other situation not described in Section A above, we may not disclose your PHI without your written authorization.

2. **Psychotherapy Notes.** We must receive your written authorization to disclose psychotherapy notes, if any, except for certain treatment, payment or health care operations activities.

3. **Marketing and Sale of PHI.** We must receive your written authorization for any disclosure of PHI for marketing purposes or for any disclosure which is a sale of PHI.

C. Your Rights.

1. **Right to Receive a Paper Copy of This Notice.** You have the right to receive a paper copy of this Notice upon request.

2. **Right to Access PHI.** You have the right to inspect and copy your PHI for as long as we maintain your medical record. You must make a written request for access to the privacy/compliance officer at the address listed at the end of this notice. We may charge you a reasonable fee for the processing of your request and the copying of your medical record pursuant to Rhode Island laws RIGL 5-37-22 and RIGL 23-1-48. In certain circumstances we may deny your request to access your PHI, and you may request that we reconsider our denial. Depending on the reason for the denial, another licensed health care professional chosen by us may review your request and the denial.

3. **Right to Request Restrictions.** You have the right to request a restriction on the use or disclosure of your PHI for the purpose of treatment, payment or health care operations, except for in the case of an emergency. You also have the right to request a restriction on the information we disclose to a family member or friend who is involved with your care or the payment of your care. However, we are not legally required to agree to such a restriction.

4. **Right to Restrict Disclosure for Services Paid by You in Full.** You have the right to restrict the disclosure of your PHI to a health plan if the PHI pertains to health care services for which you paid in full directly to us.

5. **Right to Request Amendment.** You have the right to request that we amend your PHI if you believe it is incorrect or incomplete, for as long as we maintain your medical record. We may deny your request to amend if (a) we did not create the PHI, (b) it is not information that we maintain, (c) it is not information that you are permitted to inspect or copy (such as psychotherapy notes), or (d) we determine that the PHI is accurate and complete.

6. **Right to Opt Out of Receiving Fundraising Communications.** From time to time, we may contact you to raise funds for one or more of the HopeHealth organizations. We will inform you how to opt out of receiving such notifications within each fundraising communication that we send to you.

7. **Right to an Accounting of Disclosures.** You have the right to request an accounting of disclosures of PHI made by us (other than those made for treatment, payment or health care operations purposes) during the six years prior to the date of your request. You must make a written request for an accounting, specifying the time period for the accounting, to the compliance officer at the address listed at the end of this notice.

8. **Right to Confidential Communications.** You have the right to request that we communicate with you about your PHI by certain means or at certain locations. For example, you may specify that we call you only at your home phone number and not at your work number. You must make a written request, specifying how and where we may contact you, to the compliance officer at the address listed at the end of this notice.

9. **Right to Notice of Breach.** You have the right to be notified if we or one of our business associates become aware of a breach of your unsecured PHI.

D. **Changes to this Notice.** We reserve the right to change this notice at any time in accordance with applicable law. Prior to a substantial change to this notice related to the uses or disclosures of your PHI, your rights or our duties, we will revise and distribute this notice.

E. **Acknowledgment of Receipt of Notice.** We will ask you to sign an acknowledgment that you received this notice.

F. **Questions and Complaints.** If you would like more information about our privacy practices or have questions or concerns, please contact us. If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made regarding the use, disclosure, or access to your PHI, you may complain to us by contacting the compliance officer at the address and phone number at the end of this notice. You may also submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file such a complaint upon request.

We support your right to the privacy of your PHI. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

Please direct any of your questions or complaints to:

Compliance Officer, HopeHealth, Inc., 1085 North Main Street Providence, RI 02904 (401) 415-4200

This notice is effective February 2017.