

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.

**If you have any questions about this Notice, please contact:
Amy Smith at 716-686-8270**

This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights and our obligations regarding your protected health information. "Protected Health Information" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition, including information concerning medical history, treatment progress, laboratory test results, communicable diseases such as Human Immune Deficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS), drug/alcohol abuse, psychiatric diagnosis and treatment records and/or other health care services.

Home Care Buffalo is required by law to maintain the privacy of your Protected Health Information and to abide by the terms of this Notice of Privacy Practices. We reserve the right to change the terms of this Notice, and will notify you or your personal representative by letter if we make any material changes to the Notice. The new notice will be effective for all Protected Health Information that we maintain at that time. You can obtain a copy of our Notice of Privacy Practices or revised Notice of Privacy Practices by accessing our website at www.hospicebuffalo.com, calling the office and requesting that a copy be sent to you in the mail or by hand delivery. Our Notice of Privacy Practices will also be posted in our office.

This Notice applies to all information and records related to your care that our workforce members and Business Associates (described below) have received or created in both medical and financial records. It also applies to health care professionals, such as physicians, nurses and aides that provide care to you.

ARTICLE I. Typical Uses and Disclosures of Protected Health Information

- A. **Uses and Disclosures of Protected Health Information Based upon Your Written Consent.** You will be asked Hospice Buffalo to sign a consent form. Your consent allows Hospice Buffalo to use and disclose your Protected Health Information for treatment, payment and health care operations. We will use or disclose your Protected Health Information as described in this Section. Your Protected Health Information may be used and disclosed by our office staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you. Your Protected Health Information may also be used and disclosed to pay your health care bills and to support our health care operations.
1. **Treatment.** We will use and disclose your Protected Health Information to provide, coordinate, or manage your health care and any related services. The following people in our organization will have access to your information.
 - a. Our medical care providers, including physicians, physician assistants, nurses and aides;
 - b. Reception Staff/Support Staff;
 - c. Administrative Staff; and
 - d. Medical Records personnel.
 2. We have established standards and procedures that limit various staff members'

access to your health information according to their primary job functions. These standards and procedures may change from time to time. All our staff is required to sign a confidentiality statement.

3. We will share your health care information with other healthcare providers involved in your care including:
 - a. any physician providing your care;
 - b. any assisted living or personal care facility of which you are a resident;
 - c. any hospital, nursing home or other health care facility involved in your care or to which you may be admitted.
4. We will also disclose Protected Health Information to physicians who may be treating you when we have the necessary permission from you to disclose your Protected Health Information. For example, your Protected Health Information may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you.
5. In addition, we may disclose your Protected Health Information from time-to-time to another physician or health care provider (e.g., a specialist or laboratory) who, at the request of your physician, becomes involved in your care by providing assistance to your physician with your health care diagnosis or treatment.
6. We will share your health care information with other people associated with your care. These include:
 - a. Family members who are part of your hospice/home care plan for service;
 - b. Friends you choose to include in your care;
 - c. Other family members or caregivers you choose to involve in your care;
 - d. Other parties actively involved in your care.

B. Payment: Your Protected Health Information will be used, as needed, to obtain payment for your health care services. This may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services we recommend for you such as; making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities.

1. In this context, these parties include:
 - a. Our business office staff;
 - b. The insurance organization involved in your care;
 - c. An organization that mails our statements to you;
 - d. If one is required, the collection agency we use to collect unpaid balances;
 - e. Other firms that become involved in the process of processing or reviewing payment activities.

C. Healthcare Operations: We may use or disclose your Protected Health Information in order to support the business activities of our organization.

1. These activities include, but not limited to:
 - a. Quality assessment activities.

7. **Legal Proceedings:** We may disclose Protected Health Information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), in certain conditions in response to a subpoena, discovery request or other lawful process.

8. **Law Enforcement:** We may also disclose Protected Health Information, so long as Applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include: (1) legal processes and otherwise as required by law; (2) limited information requests for identification and location purposes; (3) pertaining to victims of a crime; (4) suspicion that death has occurred as a result of criminal conduct; (5) in the event that a crime occurs on the premises of the organization; and (6) medical emergency (not on the organization's premises) and it is likely that a crime has occurred.
 9. **Coroners, Funeral Directors, and Organ Donation:** We may disclose Protected Health Information to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose Protected Health Information to a funeral director, as authorized by law, in order to permit the funeral director to carry out their duties. We may disclose such information in reasonable anticipation of death. Protected Health Information may be used and disclosed for cadaver organ, eye or tissue donation purposes.
 10. **Research:** In general, we will request that you sign a written authorization before using your Protected Health Information or disclosing it to others for research purposes. However, we may use or disclose your health information without your written authorization for research purposes provided that the research has been reviewed and approved by a special Privacy Board or Institutional Review Board.
 11. **Criminal Activity:** Consistent with applicable federal and state laws, we may disclose your Protected Health Information, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose Protected Health Information if it is necessary for law enforcement authorities to identify or apprehend an individual.
 12. **Military Activity and National Security:** When the appropriate conditions apply, we may use or disclose Protected Health Information of individuals who are Armed Forces personnel: (1) for activities deemed necessary by appropriate military command authorities; (2) for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits, or (3) to foreign military authority if you are a member of that foreign military services. We may also disclose your Protected Health Information to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or others legally authorized.
 13. **Worker's Compensation:** Your Protected Health Information may be disclosed by us as authorized to comply with workers' compensation laws and other similar legally-established programs.
 14. **Inmates:** We may use or disclose your Protected Health Information if you are an inmate of a correctional facility and we created or received your Protected Health Information in the course of providing care to you.
- I. Required Uses and Disclosure:** Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of federal law.

ARTICLE II. Your Privacy Rights

Following is a statement of your rights with respect to your Protected Health Information and a brief description of how you may exercise these rights.

For further information regarding filing a complaint with Hospice Buffalo or the Secretary of Health and Human Services, contact Amy Smith at 716-686-8270. We will not retaliate against you for filing a complaint.