

Notice of Privacy Practices

"PROTECTING THE PRIVACY OF YOUR HEALTH INFORMATION"

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.

USE AND DISCLOSURE OF HEALTH INFORMATION

The Hospice of the Florida Suncoast, Inc., and all of its affiliates, including The Hospice Foundation of the Florida Suncoast, Inc., The Hospice Institute of the Florida Suncoast, Inc. and the AIDS Services Association of Pinellas, Inc. hereinafter known as HFSC, may use your health information for purposes of providing you treatment, obtaining payment for your care and conducting health care operations. HFSC has established policies to protect health information as defined by the Privacy Rule of the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996. HFSC also has established policies to guard against unnecessary disclosures of your health information.

USE AND DISCLOSURE OF HEALTH INFORMATION FOR TREATMENT, PAYMENT AND HEALTH CARE OPERATIONS

To Provide Treatment.

HFSC may use your health information to coordinate care within HFSC and with others involved in your care, such as your attending physician, members of the HFSC interdisciplinary team and other health care professionals who have agreed to assist HFSC in coordinating care. For example, physicians involved in your care will need information about your symptoms in order to prescribe appropriate medications. HFSC also may disclose your health care information to individuals outside of HFSC who are involved in your care including family members, clergy who you have designated, pharmacists, suppliers of medical equipment or other health care professionals.

To Obtain Payment.

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



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To Conduct Health Care Operations.

HFSC may use and disclose health information for its own operations in order to facilitate the function of HFSC and as necessary to provide quality care to all of HFSC's patients. Health care operations includes 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 HFSC.
- Fundraising for the benefit of HFSC.

For example HFSC may use your health information to evaluate its staff performance, combine your health information with other HFSC patients in evaluating how to more effectively serve all HFSC patients, disclose your health information to HFSC 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 as part of general fundraising and community information mailings (unless you tell us you do not want to be contacted).

If you are in a HFSC inpatient or residential facility, HFSC may disclose certain information about you in a HFSC directory, including your name, your general health status, your religious affiliation and your location while you are in the facility. HFSC may disclose this information to people who ask for you by name and may also disclose your religious affiliation to members of the clergy. Please inform us if you do not want your information to be included in the directory.

For Fundraising Activities.

HFSC may use information about you including your name, address, phone number and the dates you received care in order to contact you or your family to raise money for HFSC. HFSC may also release this information to a related HFSC foundation. If you do not want HFSC to contact you or your family, notify HFSC using the information at the bottom of this page and indicate that you do not wish to be contacted.



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For Appointment Reminders.

HFSC may use and disclose your health information to contact you as a reminder that you have an appointment for a visit.

For Treatment Alternatives. HFSC may use and disclose your health information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

OTHER USES AND DISCLOSURES OF HEALTH INFORMATION

When Legally Required.

HFSC 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.

HFSC 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.
- 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 workforce as legally required.

To Report Abuse, Neglect Or Domestic Violence.

HFSC is allowed to notify government authorities if HFSC believes a patient is the victim of abuse, neglect or domestic violence. HFSC 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.

HFSC may disclose your health information to a health oversight agency for activities including audits, civil administrative or criminal investigations, inspections, licensure or disciplinary action. HFSC, 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.

HFSC 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 HFSC makes reasonable efforts to either notify you about the request or to obtain an order protecting your health information.

For Law Enforcement Purposes.

As permitted or required by State law, HFSC 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 HFSC has a suspicion that your death was the result of criminal conduct including criminal conduct at HFSC.
- In an emergency in order to report a crime.

To Family & Friends.

HFSC may disclose your health information to a member of your family or to someone else who is involved in your medical care or payment for care. HFSC may notify family or friends if you are in the hospital and tell them your general condition. In the event of a disaster, we may provide information about you to a disaster relief organization so they can notify your family of your condition and location. HFSC will not disclose your information to family or friends if you object. We may also disclose to your legal representatives who have authority to act on your behalf (for example, to parents of minors or to legal guardians).

To Coroners And Medical Examiners. HFSC 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.

HFSC 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, HFSC may disclose your health information prior to and in reasonable anticipation of your death.

For Organ, Eye Or Tissue Donation.

In the event you have chosen to be a donor, HFSC 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.



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For Research Purposes.

HFSC may, under very select circumstances, use your health information for research. Before HFSC discloses any of your health information for such research purposes, the project will be subject to an extensive approval process.

In An Emergency.

In an emergency, HFSC may use or disclose limited health information if it believes, in its professional judgment, that the disclosure is in your best interests.

In the Event of A Serious Threat To Health Or Safety.

HFSC may, consistent with applicable law and ethical standards of conduct, disclose your health information if HFSC, 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 and safety of the public.

For Specified Government Functions.

In certain circumstances, the Federal regulations authorize HFSC 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.

For Worker's Compensation.

HFSC may release your health information for worker's compensation or similar programs.

AUTHORIZATION TO USE OR DISCLOSE HEALTH INFORMATION

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

YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION

You have the following rights regarding your health information that HFSC 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 HFSC 's disclosure of your health information to someone who is involved in your care or the payment of your care. However, HFSC is not required to agree to your request. If you wish to make a request for restrictions, please contact HFSC by using the information at the bottom of this page.

Right to receive confidential communications.

You have the right to request that HFSC communicate with you in a certain way. For example, you may ask that HFSC 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 HFSC by using the information at the bottom of this page. HFSC 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 health information, including billing records. A request to inspect and copy records containing your health information may be made by contacting HFSC using the information at the bottom of this page. If you request a copy of your health information, HFSC may charge a reasonable fee for copying and assembling costs associated with your request.

Right to amend health care information.

You or your representative have the right to request that HFSC 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 HFSC. A request for an amendment of records must be made in writing to HFSC by using the information at the bottom of this page. HFSC may deny the request if it is not in writing or does not include a reason for the amendment. The request will be denied if your health information records were not created by HFSC, if the records you are requesting are not part of HFSC'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 HFSC, 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 HFSC for certain reasons, including reasons related to public purposes authorized by law and certain research. The request for an accounting must be made in writing to HFSC by using the information at the bottom of this page. The request should specify the time period for the accounting starting on or after April 14, 2003. Accounting requests may not be made for periods of time in excess of six (6) years. HFSC 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 copy of this Notice at any time even if you or your representative have received this Notice previously. To obtain a separate copy, please contact HFSC by using the information at the bottom of this page. Patients and/or their personal representatives may also obtain a copy of the current version of HFSC's Notice of Privacy Practices at its website, www.thehospice.org



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DUTIES OF HFSC

HFSC 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. HFSC is required to abide by the terms of this Notice as may be amended from time to time. HFSC reserves the right to change the terms of its Notice and to make the new Notice provisions effective for all health information that it maintains. If HFSC makes material changes to its Notice, HFSC will make a copy of the revised Notice available to you or your appointed representative. You or your personal representative have the right to express complaints to HFSC and to the Secretary of Department of Health and Human Services if you or your representative believe that your privacy rights have been violated. Any complaints to HFSC should be made in writing by using the information at the bottom of this page. HFSC 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

HFSC has designated the Vice President of Planning as its contact person for all issues regarding patient privacy and your rights under the Federal privacy standards.

FOR QUESTIONS OR COMMENTS REGARDING THIS NOTICE, PLEASE CONTACT:

The Hospice of the Florida Suncoast, Inc.
Vice President of Planning
5771 Roosevelt Blvd.
Clearwater, Florida 33760
(727) 586-4432

EFFECTIVE DATE

This Notice is effective April 14, 2003.

Our employees and volunteers respect your right to privacy and are committed to safeguarding the privacy of your health information.



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